

# Trauma Medical Record Review Form

MRN: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Admit	Transfer	Expired	Mode of Arrival
<input type="radio"/> Yes <input type="radio"/> Observation <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No Facility: _____	<input type="radio"/> Yes <input type="radio"/> No Funeral Home: _____	<input type="radio"/> EMS <input type="radio"/> POV ED Arrival Date: _____ ED Arrival Time: _____ ED Discharge Time: _____ LOS: _____
Unit/Room # _____			

Mechanism of Injury: \_\_\_\_\_

## Pre Hospital Information

Provider: \_\_\_\_\_ EMS Scene Time: \_\_\_\_\_ minutes Run Sheet Present?  Yes  No  
 BP \_\_\_\_\_ HR \_\_\_\_\_ Resp \_\_\_\_\_ GCS \_\_\_\_\_ Intubation?  Yes  No Size: \_\_\_\_\_  No  
 Extrication?  Yes  No Spinal Immobilization?  Yes  No C-Collar?  Yes  No  
 Oxygen?  Yes  No Method? \_\_\_\_\_ IV: \_\_\_\_\_

Notes/Comments:

## Clinical Information

Trauma Team activation?  Yes  No Appropriate?  Yes  No Why? \_\_\_\_\_  
 ED provider notified @ \_\_\_\_\_ ED provider arrived @ \_\_\_\_\_  
 Transfer to:  Level I  Level II  Level III  Level IV  Not designated  
 Time transfer initiated: \_\_\_\_\_ Mode:  Air  EMS  POV Provider: \_\_\_\_\_

Notes/Comments:

### Documentation

Initial VS @ \_\_\_\_\_  BP  HR  Resp  GCS  SpO2

Serial Vital Signs?  Yes  No

Final VS @ \_\_\_\_\_  BP  HR  Resp  GCS  SpO2

Notes/Comments:

### Treatment

IV x \_\_\_\_\_ Central Line?  Yes  No Chest Tube?  Yes  No Foley?  Yes  No

Crystalloid infused \_\_\_\_\_ cc Blood T&C?  Yes  No Units Transfused: \_\_\_\_\_

Oxygen?  Yes  No NG/OG?  Yes  No Other Tx: \_\_\_\_\_

Notes/Comments:

### Diagnostics

**Lab** Labs drawn @ \_\_\_\_\_ H/H  CBC  CMP/BMP  PT/PTT  ETOH  UDS

**X ray** Done @ \_\_\_\_\_  Chest  Pelvis  C-spine  Extremities

Other x-rays: \_\_\_\_\_

**CT** Done @ \_\_\_\_\_  Head  Facial Bones  Chest  Abdomen  Pelvis  C-spine

Notes/Comments:

PI Process

Level of Review: \_\_\_\_\_

Problems Identified:

Loop Closure Activities:

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Trauma Program Manager / Trauma Medical Director Signature

Date