William Newton Hospital

PATIENT IDENTIFICATION

EMERGENCY DEPARTMENT TRAUMA FLOW SHEET

NOTIFICATION STATUS

DATE	TRAUMA ALERT ☐ YES ☐ NO	ARRIVAL TIME	ROOM #
TIME OF EMS NOTIFICATION		ACTIVATION TIME	☐ LEVEL 1 ☐ LEVEL 2

MODE OF ARRIVAL

☐ AMBULANCE ☐ AUTO ☐ POLICE ☐ WALK IN ☐ OTHER ____________

PRE - HOSPITAL CARE

OXYGEN THERAPY ☐ NONE VIA AT LITERS

GCS

LOC ☐ Y ☐ N ☐ UNKNOWN

AIRWAY ☐ NONE ☐ EOA ☐ ETT ☐ ORAL

ACLS ☐ ECG ☐ CPR TIME ______ ☐ DEFIB ☐ MEDS ☐ OTHER ☐ IV'S

MEDICATIONS GIVEN ☐ NONE

BACKBOARD ☐ NONE ☐ SOFT COT ☐ LONG ☐ SHORT ☐ SCOOP ☐ OTHER

CERVICAL COLLAR ☐ YES ☐ NO

DRESSINGS ☐ NONE

SPLINTS ☐ NONE

TRAUMA TEAM RESPONSE	NAME	ARRIVED TIME/CALLED IN
ED PHYSICIAN		
SURGEON		
HOUSE SUPERVISOR		
ED TRAUMA RN #1		
ED TRAUMA RN #2		
ED TRAUMA RN #3		
LAB		
ANESTHESIA		
RADIOLOGY		
RESPIRATORY THERAPY		

CONSULT/DISCIPLINE	NAME	TIME CALLED	TIME ARRIVED

FAMILY NOTIFIED	
TIME:	
ARRIVAL:	
NAME:	

MECHANISM OF INJURY

INJURY DATE: _____ / _____ / __________ TIME: ____________

☐ ASSAULT COMMENTS: ____________

☐ BURN ☐ FRONT ☐ BACK ☐ OTHER: ____________

☐ CRUSH COMMENTS: ____________

☐ DROWN COMMENTS: ____________

☐ FALL DISTANCE: ____________ ON: ____________

☐ GSW LOCATION: ____________

☐ MVC ☐ BICYCLE ☐ MOTORCYCLE ☐ RESTRAINED ☐ UNRESTRAINED

☐ NO HELMET ☐ HELMET ☐ STEERING WHEEL ☐ FRONT AIRBAG ☐ SIDE AIRBAG

☐ EJECTED ☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN

☐ STABBING LOCATION: ____________

☐ ANIMAL ATTACK COMMENTS: ____________

☐ DEATH ON SCENE COMMENTS: ____________

DETAILS OF INJURY *(INCLUDE SPECIFIC LOCATION)* ____________

RACE __________ ETHNICITY _________ HT _______ WT ______

SIGNIFICANT PAST MEDICAL HISTORY ____________

MEDICINES ____________

ALLERGIES ____________

LAST MEAL ____________

LAST TETANUS ____________

LMP ____________

UPT ____________ TIME DONE ____________

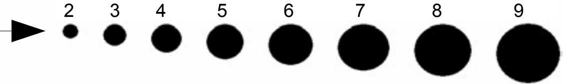
PART OF THE MEDICAL RECORD

MEDICATIONS

TIME	DRUG	DOSE	ROUTE	SITE	INITIALS	MEDICATION RESPONSE

PUPIL LEGEND D=Dilated E=Equal F=Fixed P=Pinpoint

PUPIL GAUGE (mm)



VITAL SIGNS

TIME	1:	2:	3:	4:	5:
BP					
PULSE:					
RESP RATE					
TEMP					
O^2 SAT					
GCS					
PUPILS L / R	/	/	/	/	/

TIME	6:	7:	8:	9:	10:
BP					
PULSE:					
RESP RATE					
TEMP					
O^2 SAT					
GCS					
PUPILS L / R	/	/	/	/	/

PROCEDURES

INPUT							OUTPUT					
SOLUTION	START	SITE	BY	STOP	AMOUNT	TOTAL	SOURCE	TIME	AMOUNT	TIME	AMOUNT	TOTAL

INTERVENTIONS

INTERVENTION	TIME	COMMENTS / RE-EVALUATION

PART OF THE MEDICAL RECORD

INITIAL ASSESSMENT

A — AIRWAY

AIRWAY PATENT: ☐ YES ☐ NO — SPONT. RESP. EFFORT ☐ YES ☐ NO
ARTIFICIAL AIRWAY: ☐ NA ☐ ORAL ☐ NT ☐ EOA ☐ TRACH ☐ ETT
TIME PLACED: ☐ PTA________ BY________

CERVICAL COLLAR: ☐ NONE ☐ PTA TYPE ________
TIME PLACED ________ BY ________
TIME REMOVED ________ BY ________
BACKBOARD: ☐ NONE ☐ PTA TYPE ________
TIME PLACED ________ BY ________
TIME REMOVED ________ BY ________

B — BREATHING

CHEST MOVEMENT:

PULSE OX ________
O2 THERAPY TIME STARTED ________

☐ NC @ ________ L/M
☐ NRBM @ ________ L/M
☐ BVM @ ________ L/M
☐ ETT

VENTILATION

TV	FIO2
RATE	PEEP/CPAP

TIME INTUBATED ________ BY ________
SIZE TUBE ________ TAPED AT ________
PLACEMENT CONFIRMED BY

RESPIRATORY EFFORT:

☐ NORMAL ☐ AGONAL
☐ SHALLOW ☐ NASAL FLARING
☐ STRIDOR ☐ TACHYPNEA
☐ DYSPNEA ☐ GRUNTING
☐ RETRACTING ☐ ABSENT
☐ INTERCOSTAL ☐ PARADOXICAL
☐ SUBSTERNAL ☐ COUGH
☐ FLAIL

C — CIRCULATION

SKIN COLOR: ☐ PINK ☐ DUSKY ☐ PALE ☐ CYANOTIC
SKIN: ☐ WARM ☐ DRY ☐ COOL ☐ MOIST
CAP REFILL: ☐ ABSENT ☐ < 2 SEC ☐ > 2 SEC ☐ PALLOR
APICAL HEART TONES: ☐ CLEAR ☐ MUFFLED
JVD: ☐ ABSENT ☐ PRESENT ________
CPR: TIME STARTED ________ BY ________

PULSES	R	L
CARTOID		
BRACHIAL		
RADIAL		
FEMORAL		
POPLITEAL		
DORSALIS		
PEDIS		

S=Strong W=Weak
D=Doppler A=Absent

D — NEUROLOGICAL EFFECTS

ALERT
VERBAL
PAIN
UNCONSCIOUS

PUPIL GAUGE (mm) → 2 3 4 5 6 7 8 9

PUPILS:

BRISK CONSTRICTED
SLUGGISH DILATED
FIXED SIZE R ____ L ____

LOC

☐ ORIENTED X4
☐ PERSON
☐ PLACE
☐ TIME

☐ EVENT RECALL
☐ CONFUSED
☐ DISORIENTED

☐ SOMNOLENT
☐ OBTUNDED
☐ STUPOROUS
☐ UNCONSCIOUS
☐ TRANSIENT LOSS OF CONSCIOUSNESS

GLASCOW COMA SCALE		INITIAL	DC
EYES OPEN	Spontaneously	4	4
	To Speech	3	3
	To Pain	2	2
	None	1	1
BEST VERBAL RESPONSE	Oriented	5	5
	Confused	4	4
	Inappropriate Sounds	3	3
	Incomprehensible	2	2
	None	1	1
BEST MOTOR RESPONSE	Obeys Command	6	6
	Localizes Pain	5	5
	Withdraws to Pain	4	4
	Flexes to Pain	3	3
	Extends to Pain	2	2
	None	1	1
	GLASCOW COMA TOTAL		
	Paralytic Agents On Board?	Y / N	Y / N
	Suspected Substance Abuse?	Y / N	Y / N

EXTREMITY MOVEMENT		
RIGHT ARM	MOVEMENT	☐ YES ☐ NO
	DEFORMITY	☐ YES ☐ NO
	DNV INTACT	☐ YES ☐ NO
LEFT ARM	MOVEMENT	☐ YES ☐ NO
	DEFORMITY	☐ YES ☐ NO
	DNV INTACT	☐ YES ☐ NO
RIGHT LEG	MOVEMENT	☐ YES ☐ NO
	DEFORMITY	☐ YES ☐ NO
	DNV INTACT	☐ YES ☐ NO
LEFT LEG	MOVEMENT	☐ YES ☐ NO
	DEFORMITY	☐ YES ☐ NO
	DNV INTACT	☐ YES ☐ NO

PART OF THE MEDICAL RECORD

E
EXPOSE PATIENT

☐ CLOTHING REMOVED ☐ CHAIN OF CUSTODY PRESERVED ☐ GOWN APPLIED

☐ RAPID HEAD TO TOE ASSESSMENT ____________________

F
FAHRENHEIT

☐ WARM FLUID ☐ ROOM TEMPERATURE INCREASED ☐ BLANKETS

☐ BAIRHUGGER ☐ NOT DONE D/T ____________________

G
GET FULL SET (vs.) TIME

OPEN CARDIAC MASSAGE

CODE BLUE SHEETS

INTERNAL DEFIB

CRIC

BP R ARM ______ BP L ARM ______ HEART RATE ______ RATE ______

ORAL/RECTAL TEMPERATURE ____________________

MONITOR STRIPS ☐ DONE

PRINTOUT OF VITALS ☐ DONE

		TIME	BY	INITIAL OUTPUT
☐	ELECTROCARDIOGRAM / 12 LEAD			
☐	PERITONEAL LAVAGE			
☐	CHEST TUBE #1 SITE: SIZE:			
☐	CHEST TUBE #2 SITE: SIZE:			
☐	FOLEY SIZE			
☐	NG TUBE SIZE			
☐	CENTRAL LINE / IV			
☐	SPLINTING			
	DNV POST SPLINT INTACT	☐ YES ☐ NO		

H
HEAD TO TOE

BLEEDING

CSF -

EARS

NOSE

☐ NEEDLE DECOMPRESSION ☐ LARGE BORE IV

☐ PERICARDIOCENTESIS ☐ LARGE BORE IV

☐ NORMAL / INTACT SKIN ☐ CENTRAL LINE

☐ GAUGE: ____________

A= ABRASION L= LACERATION

B= BURN M= AMPUTATING

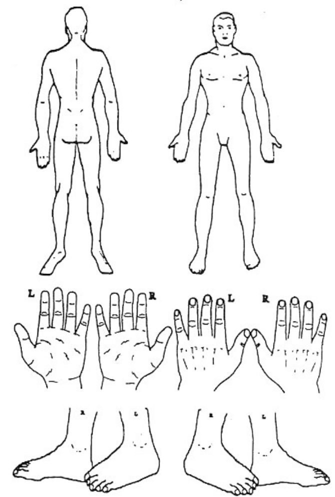
C= CLOSED/SUSPECTED FRACTURE O= OPEN FRACTURE

P= PAIN

D= DEFORMITY S= STABWOUND

E= ECCHYMOSIS V= AVULSION

G= GUNSHOT WOUND Z= OTHER: ____________



ABDOMEN: ☐ VOMITING ☐ DISTENDED ☐ BOWEL SOUNDS

☐ NON-TENDER ☐ TENDER ☐ SOFT ☐ FIRM

PELVIS: ☐ STABL STOOL GUAIC:______ RECTAL TONE:______

☐ UNSTABLE TO PALPITATION ☐ PAIN TO PALPITATION

GENITOURINARY: ☐ SPONT. VOID ☐ INCONTINENT

URINE: ☐ COLORLESS ☐ YELLOW ☐ RED ☐ BROWN

☐ UPT ☐ CLOUDY ☐ NONE ☐ URINE DIP

VAGINAL BLEEDING: ☐ NO ☐ YES PRIAPISM: ☐ NO ☐ YES

I
INSPECT BACK

INSPECT THE BACK: TIME ____________

LOG ROLL: INJURIES ____________

C-SPINE MAINTAINED BY: ____________________

PART OF THE MEDICAL RECORD

PATIENT DISPOSITION

GCS: _______

☐ **ADMITTED:**

DIAGNOSIS: ______
ADMIT ORDER: ______
TIME REPORT CALLED: ______
TIME LEFT ED: ______
BELONGINGS: ______
ADMITTING: ______
ROOM #: ______
NURSE: ______
TX CONTINUED: ☐ IVF ☐ O2 ☐ CARDIAC MONITORING ☐ VENT/BIP/AP/CPAP ☐ MEDS/DRIPS ☐ OTHER

☐ **TRANSFERRED:**

TO: ______
VIA: ______
TRANSFER ORDERED BY: ______
TRANSFER FORM COMPLETED: ☐ YES ☐ NO
TIME LEFT ED: ______
DOCTOR: ______
TIME TRANSFER ORDER: ______
TIME EMS NOTIFIED: ______
TIME EMS AT BEDSIDE: ______
BELONGINGS: ______
TX CONTINUED: ☐ IVF ☐ O2 ☐ CARDIAC MONITORING ☐ VENT/BIP/AP/CPAP ☐ MEDS/DRIPS ☐ OTHER

☐ **DEATH:**

TIME OF DEATH: ______
TIME PMD NOTIFIED: ______
CORONER NOTIFIED? ☐ YES ☐ NO
CORONER NAME: ______
MIDWEST (MTN) NOTIFIED? ☐ YES ☐ NO
BODY RELEASED TO: ______
PRONOUNCED BY: ______
CODE BLUE SHEET COMPLETED? ☐ YES ☐ NO
TIME CORONER NOTIFIED: ______
DONOR FORM COMPLETED? ☐ YES ☐ NO
MTN REFERENCE NUMBER: ______
AT: ______

☐ **POLICE/HOMICIDE:**

TIME NOTIFIED: ______
OFFICER NAME: ______
TIME RESPONDED: ______

PATIENT BELONGINGS RELEASED TO LAW ENFORCEMENT? ☐ YES ☐ NO
PATIENT BELONGINGS SECURED IN A PAPER BAG? ☐ YES ☐ NO
PATIENT STICKER APPLIED AND ITEMS LISTED? ☐ YES ☐ NO

PHYSICIAN'S SIGNATURE: ______
DATE: _____ / _____ / __________

PRIMARY NURSE'S SIGNATURE: ______
DATE: _____ / _____ / __________

PATIENT BELONGINGS

☐ CLOTHING: ______
☐ PURSE
☐ WALLET
☐ JEWELRY: ______
☐ ITEMS PACKED SEPARATELY IN INDIVIDUAL BAGS
☐ WET ITEMS LEFT OUT TO DRY PRIOR TO PACKING
☐ PATIENT ITEMS RELEASED TO:

NAME: ______
RELATIONSHIP: ______

ADDITIONAL INFORMATION: ______

NURSING STAFF SIGNATURE: ______

MEDICAL STAFF

INITIALS	SIGNATURE	PRINTED NAME

PART OF THE MEDICAL RECORD

NURSES NOTES

NAME:

DATE / TIME:	COMMENTS:

RN SIGNATURE / TITLE

RN SIGNATURE / TITLE

PRINT NAME

PRINT NAME

PART OF THE MEDICAL RECORD