

NURSING TRAUMA FLOW SHEET

Arrival Time: _____ Time Seen by RN _____ Initial VS: BP _____ P _____ R _____ T _____ Oral Axillary Rectal
SaO2: RA _____ CO₂ _____ L _____ Arrival Mode: Ambulated WC Carried Stretcher
By: Private Auto Ambulance 911 Rescue Accompanied by: Self Relative Friend Law Enforcement Other _____
Non Urgent Urgent Emergent Trauma COR
PCP _____ Time Notified _____ Covering Physician _____ Admit Physician _____

NURSING DX/ CHIEF COMPLAINT: _____

EVENTS/MECHANISM: Date _____ Time _____ Auto: Driver Passenger Restrained: Lap Shoulder Air Bag Motorcycle ATV
Bicycle Helmet Pedestrian Skier Fall Assault GSW Wound _____
Description of events: _____

TRAUMA TEAM ACTIVATION: Time _____ Y _____ N _____ Alert I or II

PERSONNEL	EDP	H.S./ 2nd RN	Trauma Surgeon	Consult	KRF	X-ray	Lab	RT	CT
NOTIFIED:	Time Called _____								
	Time Arrived _____								
	TS on call _____	Consult on call _____				KRF called _____			

PRE-HOSPITAL: NA CPR ETT/NTT O₂ via: NC Mask BVM C-spine immobilized Backboard Mast Pants
IV'S _____ Amount Infused: _____ Other _____ Medications: _____

ALLERGIES: NKDA NKFA Latex Unknown List/Reaction: _____

MEDICATIONS: None List: _____

PAST MEDICAL HX: Denies DM Heart Disease Hypertension Pulmonary Seizure Other _____
Notes _____

LAST MEAL/FLUIDS: Date _____ Time _____ **LAST TETANUS:** Never < 5 Yrs > 5 Yrs Unknown

WEIGHT: _____ KG/LB **FDLMP:** _____ PREGNANT / EDC: _____ GRAVIDA _____ PARA _____

AIRWAY Denies C/O Airway: Patent Obstructed By: _____

ASSESSMENT: Trachea: Midline Deviated: L R Other: _____
Notes _____

ACTION: Insert Airway: Chin Lift Head Tilt Jaw Thrust Oral Nasal
Intubated: PTA Oral Nasal Time _____ Size _____ Inserted To _____ 5 Difficulty
Chest Rise Noted CXR Vomiting Aspirations Chipped Teeth Laryngospasm
ETT Position Verified Notes _____

BREATHING ASSESSMENT: Resp. Effort: Normal Apnea Dyspnea Agonal Accessory Muscles Retractions
Breath Sounds: Equal
Left: Clear to Auscultation Decreased Rales Rhonchi Flail Sucking Wound
Penetrating Trauma Wheezes Other _____
Right: Clear to Auscultation Decreased Rales Rhonchi Flail Sucking Wound
Penetrating Trauma Wheezes Other _____
Notes _____

ACTION: Oxygen By: NC NRB ETT BVM T Piece _____ Liters _____
Pulse Ox: _____ Continuous Intermittent ABG's: O₂ _____ Site _____ Allen Test Done
Notes _____

CIRCULATION ASSESSMENT: Denies C/O Heart Tones: S1 S2 S3 Reg Irregular Distant
Other _____ Monitor/Rhythm _____
Cap. Refill: <2-3 Seconds > 3 Seconds Absent Neck Veins: WNL Flat JVD
Skin: Warm Pink Dry Cold Hot Moist Flushed Pale Cyanotic Jaundiced
Notes _____

ADDRESSOGRAPH

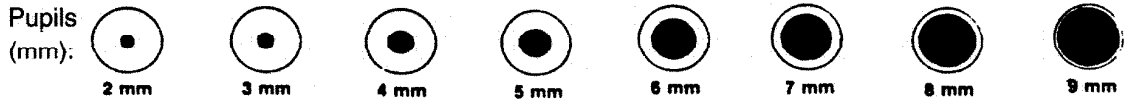
SIGNATURES:
TRIAGE NURSE _____

NEURO/L.O.C.

AAOx3 AAO to: Person Place Time

ASSESSMENT: L Pupil: Size _____ Reactive Sluggish Disconjugate

R Pupil: Size _____ Reactive Sluggish Disconjugate



Grasp: Equal R>L L>R Gag Reflex: WNL Weak Absent Posturing: Flexion Extension

Sensory Distal To Injury: WNL Decreased Absent Motor Distal To Injury: WNL Decreased Absent

Area _____ Level of Deficit _____

Notes _____

GCS:(✓)

Eyes Open:		Verbal:		Motor:	
Spontaneously	4	Oriented	5	Obeys	6
Verbal Command	3	Disoriented	4	Localizes	5
Pain	2	Inappropriate	3	Withdrawal	4
No Response	1	Incomprehensible	2	Decorticate	3
		No Response	1	Decerbrate	2
GCS TOTAL		No Response 1			

PEDIATRIC TRAUMA SCORE (✓) (0-2 yrs)

Weight	Airway	Blood Pressure	Level of Consciousness	Open Wound	Fractures
>44 lbs (>20 kg) +2	Normal +2	>90 mm Hg +2	Completely Awake +2	None +2	None +2
22-44 lbs (10-20 kg) +1	Oral or nasal Airway +1	50-90 mm Hg +1	Obtunded or any LOC +1	Minor +1	Minor +1
<22 lbs (<10 kg) -1	Intubated, tracheotomy -1	<50 mm Hg -1	Comatose -1	Major or penetrating -1	Open or multiple fx -1
					PTS TOTAL

TRAUMA SCORE:(✓)

Resp	10-29	4	Systolic BP >89	4	GCS 13-15	4
	>29	3	76-89	3	9-12	3
	6-9	2	50-75	2	6-8	2
	1-5	1	1-49	1	4-5	1
	0	0	0	0	3	0
						TS TOTAL

PEDIATRIC GCS (✓) (0-2 yrs)

Eyes Open:		Verbal:		Motor:	
Spontaneous	4	Social smile, orientates to sound, follows objects	5	Spontaneous	6
To Voice	3	Cries-consolable	4	Localizes pain	5
To Pain	2	Inappropriate persistent cry	3	Withdraws (pain)	4
No response	1	Agitated/restless	2	Flexion (pain)	3
		No response	1	Extension (pain)	2
				No response	1
					PED GCS TOTAL

HEAD/FACE

Denies C/O No deformities noted Description of Injury: _____

ASSESSMENT: Visual Acuity: R _____ L _____ Both _____ c Correction s Correction

Notes _____

NECK

Denies C/O No Deformities Noted Other _____

ASSESSMENT: Notes _____

CHEST

Denies C/O No Deformities Noted Symmetrical Crepitus R L

ASSESSMENT: Paradoxical Movement R L SQ Emphysema R L Wounds _____

Notes _____

ABDOMEN/GI

Denies C/O

ASSESSMENT: Bowel Sounds x4 or x____ Hypoactive Hyperactive Absent Nausea Vomiting: Bile

Coffee Ground Frank Blood Food Contents Fecal Pill Fragments Other: _____

Palpation: Non-tender Soft Semi-firm Firm Guarding Distended Tender

Rebound tenderness Rectal: Hemepositive Hemenegative Other _____

Notes _____

ACTION:

NG Tube Size _____ Type _____ Time _____ Position Verified Epistaxis Aspiration

Clamped Lavaged: Normal Contents Coffee Grounds Frank Blood Bile Fecal

Pill Fragments Other _____ Notes _____

PELVIS

Denies C/O No Deformities Noted Non-tender To Palp Pain To Palp Lacerations

ASSESSMENT: Contusions Palp. Deformity Other _____

Notes _____

GU

Denies C/O Negative Blood at Meatus Priapism Urine: Clear Cloudy Pink Bloody

ASSESSMENT: Concentrated Notes _____

ACTION: Foley: Time _____ Size _____ Initial Urine Output _____ Other _____

Notes _____

ADDRESSOGRAPH

SIGNATURES:

