Place Patient Label Here

EMERGENCY DEPARTMENT

# TRAUMA INITIAL ASSESSMENT AND RESUSCITATION

| Date and Time of Incident | Location of Incident | Date and Time of Assessment |
|---|---|---|
| ☐ Trauma Team Activation: ☐ Pre-Hospital ☐ In-Hospital<br>☐ Trauma Consult/Work-up<br>Pediatric Trauma Score: ______ (see reverse side) | Emergency Physician: ____________________<br>Trauma Team Leader: ____________________ | ☐ Scene Admit ☐ Bedline ☐ Yes ☐ No<br>Sending Facility ____________________<br>Sending Physician ____________________<br>Family Physician ____________________ |

## MECHANISM OF INJURY *(Check ☑ boxes, comment where necessary)*

### MOTOR VEHICLE

***Number MV:*** ☐ Single ☐ Multiple

***Vehicle Type:*** ____________________

***Speed:*** ________ km/hr

***Patient:*** ☐ Driver ☐ Front Passenger ☐ Rear Passenger ☐ Pedestrian ☐ Cyclist ☐ Unknown

***Other Occupants*** ☐ None ☐ Uninjured ☐ Injured ☐ Died

***Impact:*** ☐ Head-on ☐ Lateral ☐ Rear-end ☐ Rollover ☐ Other

***Extrication:*** ☐ Self ☐ EHS ☐ Fire service Time:________min

***Restraints:*** ☐ None ☐ 2-point ☐ 3-point ☐ Airbag ☐ Helmet

☐ Ejected _______m ☐ Thrown _______m ☐ LOC _________min ☐ Amnesia

***Carseat:*** ☐ Rear Facing ☐ Front Facing ☐ Infant ☐ Child ☐ Booster

### BLUNT INJURY

☐ ***Fall*** From: ____________________ Distance __________m Onto ________

☐ ***Assault*** Weapon(s) ____________________

☐ ***Occupational*** Type ____________________

☐ ***Sports/Recreation*** Type ____________________

### PENETRATING INJURY

☐ ***Stab*** ☐ ***Firearm***

Weapon ____________________

Size/Calibre ________________

Site ____________________

### THERMAL INJURY

☐ Explosion ☐ Electrical ☐ Burn ☐ Cold (see adult or ped % calc sheet)

### EXPOSURE

☐ Radiation ☐ Chemical ☐ Hot Gas

### OTHER MECHANISMS

Type: ____________________

____________________

***Comments:***

**Concerns:** Child / Elder Abuse ☐ Domestic violence ☐ Self-Harm? Yes ☐ No ☐ Unknown ☐

## PRE-HOSPITAL OR REFERRING HOSPITAL MANAGEMENT

***Airway*** ☐ Own ☐ Assisted: Type: ____________________

***Breathing*** ☐ Spontaneous ☐ Assisted: Type: ____________________ ☐ Chest Tube(s): ☐ R Size: ________Size: ________ ☐ L Size: ________Size: ________

***Circulation*** Pulse: ____________ BP: ______________ IV: Number: __________ Size:______________

***Adjuncts***
☐ Rigid Collar (C-Spine Prec.)
☐ Aspen Collar (Semi Rigid)
☐ Clamshell
☐ Spine Board
☐ Nasogastric Tube
☐ Urinary Catheter
☐ X-rays

***Intravenous***
☐ Crystalloid: Volume __________mL
☐ PRBCs: ________________units
☐ FFP: ________________units
☐ Other: ________________units
☐ Drugs: ________________
☐ Tranexamic Acid given:____________

***Comments:***

## MEDICAL HISTORY

***Past Illnesses***
☐ Nil of note
☐ Yes
List:

NPO: ________________

Wt: __________________kg

***Special Considerations***
☐ Hepatitis ☐ B ☐ C
☐ HIV
☐ Ischemic Heart Disease
☐ COPD
☐ Diabetes
☐ Renal Failure
☐ Malignancy
☐ Pregnancy
☐ Chronic Disorder(s)

***Medications***
☐ None
☐ Yes
List: ____________________

____________________

***Allergies***
☐ None
☐ Yes List:

***Special Considerations***
☐ Alcohol
☐ Narcotics: Type ____________
☐ Beta-blockers
☐ Steroids
☐ Warfarin
☐ Smoker: ________ppd
☐ Street Drugs: ____________
☐ Last Tetanus: ____________

## Pediatric Trauma Score

| Component | Score | | |
|---|---|---|---|
| | +2 | +1 | -1 |
| Weight | >20 kg ie: > 20kg | 10-20 kg | <10 kg |
| Airway | Normal | Oral or nasal airway | Intubated or trachestomy |
| Systolic BP | >90 mm Hg | 50-90 mm Hg | <50 mm Hg |
| Level of Consciousness | Awake | Obtunded or any Loss of consciousness | Comotose |
| Open Wounds | None | Minor | Major or penetrating |
| Fracture | None | minor | Open or Multiple |
| Total Score | | | |

| Total Score | |
|---|---|
| 9-12 | Minor Trauma |
| 6-8 | Potentially life threatening |
| 0-5 | Life threatening |
| < 0 | Usually fatal |

## PEDIATRIC GCS

| Eye Opening | Verbal | Motor |
|---|---|---|
| 4 spontaneous | 5 coos and babbles/oriented | 6 spontaneous/obeys |
| 3 to speech | 4 irritable cry/confused | 5 withdraws to touch/localizes pain |
| 2 to pain | 3 cries to pain/inappropriate words | 4 withdraws to pain |
| 1 no response | 2 nonspecific sounds/moans to pain | 3 flexion/decorticate |
| | 1 no response | 2 extension/decerebrate |
| | | 1 no response |

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EMERGENCY DEPARTMENT

# TRAUMA INITIAL ASSESSMENT & RESUSCITATION

## PRIMARY SURVEY

### Airway

**Assessment**
- ☐ Own, Protected
- ☐ Pharyngeal: ☐ Oral ☐ Nasal
- ☐ Intubated by EHS
- ☐ Unprotected
- ☐ Obstructed

**Action**
- ☐ None
- ☐ Intubation: ☐ Oral ☐ Nasal ETT Size: ________ Other: ______
  Drugs: ______________________________
  ______________________________
- ☐ Surgical: ____________________

### Breathing

**Inspection**
- ☐ Spontaneous
- ☐ Bagged
- ☐ Ventilated

Rate: ________breaths/min

**Palpation**
- ☐ Normal
- ☐ Flail ☐ R ☐ L
- ☐ Crepitus ☐ R ☐ L
- ☐ Subcut. air ☐ R ☐ L
- ☐ Open injury ☐ R ☐ L

**Percussion**
- ☐ Normal
- ☐ Dull ☐ R ☐ L
- Hyper-resonant ☐ R ☐ L

**Auscultation**
- ☐ Normal
- ☐ Decreased ☐ R ☐ L

**Action**
- ☐ None ☐ $O_2$ ________%
- ☐ Needle Thoracostomy: Side:____________
- ☐ Chest Tube: ☐ Right: Size:____________
  Drainage______________mL
  ☐ Left: Size:____________
  Drainage______________mL

### Circulation

**Assessment**

Pulse ______________beats/min

Blood Pressure______________mmHg

Capillary Refill: ☐ Normal ☐ Abnormal

Neck Veins: ☐ Normal ☐ Distended ☐ Flat

Temperature __________°C Site: ☐ Oral ☐ Rectal ☐ Other: __________

**Action**

**IV Access**
- ☐ Peripheral
  Size:__________
  Site:__________
- ☐ Intraosseus
  Site:__________
- ☐ Central
  Site:__________

**Fluids Administered in ED**
- ☐ Crystalloid
  Volume ______________mL
- ☐ PRBC: ______________ units
- ☐ FFP: ______________ units
- ☐ Other: ______________ units
- ☐ Tranexamic Acid given:________

### Disability

**Assessment**

GCS (/15): ______

Eye Opening (/4): ________

Verbal Response (/5): ________

Motor Response (/6): ________

☐ Seizures: Symmetry of Movement: ________________

**Pupils**

R____ mm ☐ Reactive ☐ Non-reactive

L____ mm ☐ Reactive ☐ Non-reactive

### Imaging

Reviewed images with:

- ☐ C-spine X-Ray: ☐ Radiologically Normal to T1 ☐ Clinically Normal ☐ Abnormal
  Comment:
- ☐ Chest X-Ray: ☐ Normal ☐ Abnormal ☐ Mediastinum width:_________cm
  Comment:
- ☐ Pelvis X-Ray: ☐ Normal ☐ Abnormal
  Comment:
- ☐ FAST: ☐ Negative ☐ Positive ☐ Site ____________________
  Comment:
- ☐ Other
  Comment:

### Adjuncts

**Bloodwork**
- ☐ CBC, Lytes, Lipase
- ☐ Blood Gases
- ☐ Crossmatch
- ☐ Ethanol
- ☐ Toxicology
- ☐ Troponin
- ☐ Other: ______________

**Tubes**
- ☐ Nasogastric
- ☐ Orogastric
- ☐ Foley Catheter

**Urinalysis**
- ☐ Clear
- ☐ Hematuria
- ☐ Specimen sent
- ☐ Pregnancy: ☐ Negative ☐ Positive

**Lab Results**

Hgb__________
Hct__________
Plt__________
WBC__________
Troponin__________

Na__________
K__________
Cl__________
Urea__________
Creatinine__________
Glucose__________
Lipase__________

pH__________
$pCO_2$__________
$pO_2$__________
$HCO_3$__________
BE__________
$O_2$ sat__________
Ethanol Level__________
Other__________
__________

Place Patient Label Here

EMERGENCY DEPARTMENT

# TRAUMA INITIAL ASSESSMENT & RESUSCITATION

## SECONDARY SURVEY

### Head/Neck

***Assessment*** — ***Comments***

- ☐ Normal
- ☐ Laceration
- ☐ Facial Injury
- ☐ Periorbital Hematoma
- ☐ Hemotympanum
- ☐ Tracheal Deviation
- ☐ C-Spine Tenderness

***Action:*** — ***Comments***

- ☐ CT Head: ☐ Normal ☐ Abnormal
- ☐ CT(A) Spine: ☐ Normal ☐ Abnormal
- ☐ Angiogram: ☐ Normal ☐ Abnormal
- ☐ Endoscopy: ☐ Normal ☐ Abnormal

### Chest

***Assessment*** — ***Comments***

- ☐ Normal
- ☐ Contusion
- ☐ Seat belt bruising
- ☐ Heart murmur
- ☐ Cardiac dysrhythmia
- ☐ Ribs /Flesh
- ☐ Hemo Pneumo thoro

***Action:*** — ***Comments***

- ☐ ECG: ☐ Normal ☐ Abnormal
- ☐ CT Chest: ☐ Normal ☐ Abnormal
- ☐ Arch Angiography: ☐ Normal ☐ Abnormal

### Abdomen

***Assessment*** — ***Comments***

- ☐ Normal
- ☐ Distension
- ☐ Seat belt bruising
- ☐ Tenderness
- ☐ Peritonitis
- ☐ Open wound

***Action:*** — ***Comments***

- ☐ CT Abdomen: ☐ Normal ☐ Abnormal
- ☐ Wound exploration
- ☐ DPL: ☐ Negative ☐ Positive

### Pelvis

***Assessment*** — ***Comments***

- ☐ Normal
- ☐ Unstable
- ☐ Blood at meatus
- ☐ Scrotal/Labial Hematoma

***Action***

- ☐ CT Pelvis: ☐ Normal ☐ Abnormal
- ☐ Stabilization Method: ________________
- ☐ Urethrogram Result: ________________
- ☐ Cystogram
- ☐ Pelvic angiography Result: ____________

### Back (Log Roll)

***Assessment*** — ***Comments***

- ☐ Normal
- ☐ Tenderness
- ☐ Step Deformity
- ☐ Hematoma
- ☐ Rectal Exam Completed
  - Tone/Prostate/Blood: ☐ Normal ☐ Abnormal

***Action:*** — ***Comments***

- ☐ Spine Imaging
  - ☐ T-spine X-Ray ☐ Normal ☐ Abnormal
  - ☐ CT Scan T-spine ☐ Normal ☐ Abnormal
  - ☐ L-spine X-Ray ☐ Normal ☐ Abnormal
  - ☐ CT Scan L-spine ☐ Normal ☐ Abnormal

### Extremities

***Assessment*** — ***Comments***

- Upper ☐ Normal ☐ Abnormal
- Lower ☐ Normal ☐ Abnormal

***Action:*** — ***Comments***

X-rays:
- Upper: ☐ Normal ☐ Abnormal
- Lower: ☐ Normal ☐ Abnormal

### Vascular

***Assessment*** — ***Comments***

- Upper ☐ Normal ☐ Abnormal
- Lower ☐ Normal ☐ Abnormal

***Action:*** — ***Comments***

- ☐ Ankle Brachial Index: R ______ L ______
- ☐ Angiography ☐ Normal ☐ Abnormal

### CNS

***Assessment*** — ***Comments***

- ☐ Normal
- ☐ Abnormal
  - ☐ Tone/Power/Reflexes
  - ☐ Co-ordination/Sensation

***Action:*** — ***Comments***

- ☐ Steroids
  - Dose:__________________
  - Commenced at__________ hours from injury

Place Patient Label Here

EMERGENCY DEPARTMENT

# TRAUMA INITIAL ASSESSMENT & RESUSCITATION

## SUMMARY OF INJURIES

**SYSTEM** | **MANAGEMENT PLANS**

**CNS/HEAD:**

**CRANIOFACIAL:**

**SPINE:** CS
TS
LS

**THORACIC:**

**CARDIAC:**

**ABDOMINAL:**

**PELVIS:**

R L L R

R

L

- Ⓐ - Abrasion
- Ⓑ - Burn
- © - Contusion
- ⋕ - Sutures
- ☐ - Amputation
- ◍ - Crush
- ⊕ - Deformity
- ○ - Swelling
- # - Open Fracture
- S - Splint
- T - Traction
- ✓ - Penetrating Wound
- / - Laceration
- P - Pain

**EXTREMITIES:**

## PATIENT DISPOSITION

☐ Admission ☐ Direct to OR ☐ ICU ☐ High Acuity
☐ Ward (Service) ☐ Trauma ☐ Spine ☐ CVT ☐ Plastics
☐ Orthopedics ☐ Vascular ☐ Urology
☐ Gynecology ☐ Obstetrics ☐ Pediatrics
☐ General Surgery ☐ Other: ______________

☐ Discharged ☐ Transfer Out ☐ Expired: Time: __________h
Follow-up with: ______________________________

***Consultations***

| | | |
|---|---|---|
| ☐ General Surgery | Time Called:_________h | Time Seen: ____________h |
| ☐ ICU | Time Called:_________h | Time Seen: ____________h |
| ☐ Neurosurgery | Time Called:_________h | Time Seen: ____________h |
| ☐ Orthopaedics | Time Called:_________h | Time Seen: ____________h |
| ☐ Pediatrics | Time Called:_________h | Time Seen: ____________h |
| ☐ Plastics | Time Called:_________h | Time Seen: ____________h |
| ☐ Spine | Time Called:_________h | Time Seen: ____________h |
| ☐ Vascular | Time Called:_________h | Time Seen: ____________h |
| ☐ Other: ______________ | Time Called:_________h | Time Seen: ____________h |

☐ Admitting Notified (Bed Requested) ☐ Time:______h

☐ Admitting Physician: (MRD) ____________________________

☐ Transfer Out Time________h Reason: ________________

Receiving Facility: ______________________

Receiving Physician: ______________________

***Names & Signatures***

Trauma Team Leader Signature:____________________________

Trauma Surgeon Staff: ________________________________
(VGH Only)