Trauma
Flow Sheet

COR

NAME (Last, First, M.I.)	BIRTH DATE	AGE	SEX	ARRIVAL TIME / DATE	TRAUMA TEAM Y / N LEVEL I II

ALLERGIES	LMP	CURRENT MEDS	MEDICAL HISTORY

PRE-HOSPITAL CARE

☐ C-SPINE IMMOB. ☐ MAST
☐ BACKBOARD ☐ CPR
☐ E.T. SIZE _____
☐ O2 _____
☐ IVs _____cc INFUSED
LOCATION/GAUGE _____

AGENCY	MEDS PRIOR TO ARRIVAL	LMP	LAST TETANUS

MECHANISM OF INJURY / ILLNESS

PRIMARY ASSESSMENT

AIRWAY: ☐ CLEAR ☐ OBSTRUCTED
C-SPINE IMMOB: ☐ YES ☐ NO
BREATHING: ☐ NORMAL ☐ LABORED ☐ APNEIC
CIRCULATION: PULSE PRESENT ☐ YES ☐ NO

NEURO EXAM / PUPILS

TIME	EYES	VERBAL	MOTOR	R	L
PTA					
ARRIVAL					

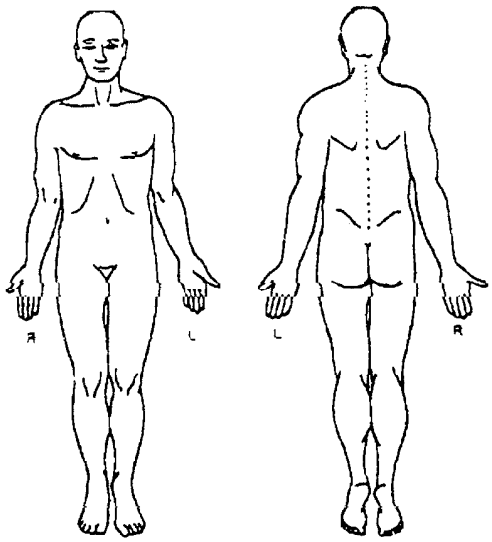
VITAL SIGNS

TIME	B/P	P	R	T	SAO_2
PTA					
ARRIVAL					

CONSULTING PHYSICIANS / CALL/ARRIVE

	CALL/ARRIVE
SURGEON	TIME
OTHER	TIME

SECONDARY ASSESSMENT



INJURY KEY:
1. CONTUSION
2. DEFORMITY
3. OPEN FRACTURE
4. ABRASION
5. LACERATION
6. PUNCTURE
7. STAB WOUND
8. GUN SHOT WOUND
9. BURN
10. PAIN

CLOTHING:
☐ REMOVED
☐ CUT OFF

LAB

TRAUMA PANEL

☐ CBC ☐ AMYLASE
☐ CHEM ☐ BA
☐ U/A ☐ CPK
☐ PT ☐ HCG
☐ PTT ☐ ABG
☐ PERITONEAL LAVAGE PANEL
☐ T & C _____ UNITS _____
☐ T & SCREEN _____
☐ _____
☐ _____
☐ _____

X-RAY

☐ C-SPINE ☐ ABD US
☐ CXR ☐ IVP
☐ PELVIS ☐ T-SPINE
☐ CT HEAD ☐ L-SPINE
☐ CT ABD ☐ EKG
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

HEENT

HEAD
☐ NORMAL ☐ ABRASION / CONTUSION
☐ LACERATION _____ ☐ SWELLING

FACE
TM'S: BLOOD ☐ R ☐ L CSF ☐ R ☐ L
SKIN ☐ ABR. / CONT _____ NARES BLOOD ☐ R ☐ L
☐ LACERATION _____ CSF ☐ R ☐ L

NECK
TRACHEA MIDLINE DEVIATED ☐ R ☐ L
TENDER ☐ _____ LACERATIONS _____
ABR. / CONT ☐ _____

RESPIRATORY

☐ NORMAL EFFORT
☐ NASAL FLARING SHALLOW ☐
☐ EXPIRATORY GRUNT LABORED ☐
☐ RETRACTIONS _____
☐ STRIDOR _____

R	BREATH SOUNDS	L
☐	CLEAR	☐
☐	RALES/RHONCHI	☐
☐	WHEEZING	☐
☐	DIMINISHED	☐
☐	ABSENT	☐

CIRCULATORY / SKIN

COLOR: ☐ PINK ☐ WARM
☐ PALE ☐ COOL
☐ MOTTLED ☐ DRY
☐ CYANOTIC ☐ DIAPHORETIC
☐ JAUNDICED

CAPILLARY RETURN:
☐ NORMAL
☐ DELAYED _____ SECONDS

PULSES	L	R
RADIAL	☐	☐
PEDAL	☐	☐
FEMORAL	☐	☐

GI

ABDOMEN
☐ NORMAL ☐ DISTENDED
☐ GUARDING ☐ RIGID
TENDERNESS
☐ LUQ ☐ RUQ
☐ LLQ ☐ RLQ
☐ EPIGASTRIC ☐ NONE
BOWEL SOUNDS
☐ NONE
☐ PRESENT
_____
_____

GU / GYN

GU
☐ FLANK PAIN ☐ LEFT
☐ RIGHT
☐ DYSURIA
☐ HEMATURIA
☐ FREQUENCY
☐ INCONTINENT
☐ PRIAPISM
☐ BLOOD AT MEATUS
RECTAL TONE ☐ YES
☐ NO
☐ N/A

EXTREMITIES ASSESSMENT

☐ NORMAL ☐ MAE X 4
☐ CMS INTACT ☐ ABNORMAL
LA: _____
LL: _____
RA: _____
RL: _____
☐ PULSES DISTAL TO INJURY
☐ PRESENT ☐ ABSENT
PELVIS ☐ STABLE
☐ UNSTABLE
BACK ☐ TENDER

TRAUMA FLOW SHEET

COR

	PROCEDURES	TIME	SITE	INITIALS	COMMENTS
AIRWAY	ORAL / NASAL AIRWAY				
	ENDOTRACHEAL TUBE #				
	CRICOTHYROTOMY				
BREATHING	OXYGEN _____ L/MIN_____ BY _____				
	BAG VALVE MASK				
	VENTILATOR				
	NEEDLE THORACOSTOMY				
	CHEST TUBE #				
CIRCULATION	AUTO TRANSFUSER				
	FLUID INFUSER (WARMER)				
	CENTRAL LINE ☐ R ☐ L				
	IV CATH #				
	BLANKET WARMER				
	CAVR				
OTHER	SPLINTS				
DIAG.	FOLEY CATH #				
	NG TUBE #				
	PERITONEAL LAVAGE				
	CT SCAN				

IV'S

TIME	SITE	SOLUTION	RATE	CC'S INFUSED	INITIALS

MEDICATIONS

TIME	MEDICATION	ROUTE	RN

BLOOD PRODUCTS

TIME	COMPONENT	UNIT #	CC'S INFUSED	RN	RN

TRAUMA FLOW SHEET

COR

VITAL SIGNS									PUPILS		GLASGOW COMA SCALE				NURSES NOTES
TIME	TEMP	BP	HR	CARDIAC RHYTHM	RESP RATE	O2 AMT / DEVICE	O2 SAT	END TIDAL CO_2	SIZE / REACT R	SIZE / REACT L	EYE OPENING	VERBAL	MOTOR	GCS SCORE	

OUTPUT		
TIME	TYPE	AMOUNT

TOTALS	
INTAKE	OUTPUT
PO	URINE
IV	NG / EMESIS
	CT
OTHER	OTHER
TOTAL:	TOTAL:

EYES OPEN	VERBAL	MOTOR
1. Never 2. To Pain 3. To Speech 4. Spontainiously	1. None 2. Garbled 3. Inappropriate 4. Confused 5. Oriented	1. None 2. Extension 3. Abn. Flexion 4. Withdrawn 5. Localizes Pain 6. Obeys Command

R - React Briskly (Normal)
S - React Slowly
NR - Non Reactive

2mm 3mm 4mm 5mm 6mm 7mm 8mm

DISPOSITION OF PATIENT		
TRANSFERRED TO	VIA	TIME
FAMILY NOTIFIED / RELATIONSHIP		
BELONGINGS / VALUABLES TO		
☐ FAMILY	☐ PATIENT	☐ POLICE
☐ OTHER:		
DESCRIPTION:		

E.R. SIGNATURES
PRIMARY RN:
FLUID RN:
RECORDER:
EDP: