CONSULTING SERVICES

Traumatology Called at ____________ Arrived at ____________
Other ________ Called at ____________ Arrived at ____________
Other ________ Called at ____________ Arrived at ____________
Other ________ Called at ____________ Arrived at ____________
Other ________ Called at ____________ Arrived at ____________ Other ________ Called at ____________ Arrived at ____________

PLACE PATIENT LABEL HERE

TIME	MEDICATION / DOSE / ROUTE	INITIAL	TIME	MEDICATION / DOSE / ROUTE	INITIAL
	TXA				
	Tetanus / 0.5cc				
	Cefazolin				

FLUIDS		INPUT				OUTPUT		
TIME	SIZE/LOCATION	VOLUME	SOLUTIONS/RATE/MEDICATIONS	INITIAL	AMOUNT INFUSED	TIME	SOURCE	TOTAL
			TOTAL AMOUNT INFUSED			TOTAL OUTPUT		

	NURSING RECORD & OBSERVATIONS

TIME	NURSING RECORD & OBSERVATIONS

PLACE PATIENT LABEL HERE

SAFETY SCREENING

What recreational drugs have you used? ____________

How often do you have a drink containing alcohol? ____________

SAFETY SCREENING:
Was this injury related to a fall? ☐ Yes ☐ No
Is there evidence of physical abuse? ☐ Yes ☐ No

SCREENING FOR INTIMATE PARTNER VIOLENCE
Have you been kicked, hit, punched, or otherwise hurt by someone in the past year? ☐ Yes ☐ No
If so, by whom? ____________
Do you feel safe in your current relationship? ☐ Yes ☐ No
Is there a partner from a previous relationship who is making you feel unsafe now? ☐ Yes ☐ No

INTERVENTIONS

☐ Unable to screen - Reason ____________
☐ Screening deferred to unit RN
☐ Referred to SW for intervention - Time ________
☐ Provincial Alcohol & Drug Information & Referral Services 1-800-663-1441
☐ Canada's Low-Risk Drinking Guidelines Pamphlet
☐ Alcohol: Know what you are putting into your body pamphlet
☐ SBIRT Discharge Instructions Sheet
☐ CPSU
☐ MCFD
☐ Initiate falls precautions
☐ Other: ____________

PERSONAL BELONGINGS

☐ Dentures ☐ Upper ☐ Lower ☐ Partial ☐ Hearing Aid x ____
☐ Eyeglasses ☐ Contact Lenses
☐ Medications ☐ Prosthesis: ____________
☐ Jewellery: ☐ Bracelet x ____ ☐ Ring x ____ ☐ Watch x ____
☐ Earrings x ____ pairs ☐ Necklace x ____
☐ Cellphone ☐ Pendant x ____ ☐ Money/Valuables ________

CLOTHES
Cut off: ☐ ED ☐ At scene ☐ Forensic
☐ Bedside
☐ Family/friend: ____________
☐ Safekeeping

VALUABLES
☐ See belongings envelope
☐ Bedside
☐ Family/friend: ____________
☐ Safekeeping

OUTSIDE AGENCIES
☐ Police #: ____________ ☐ BCEHS #: ____________

DISPOSITION

Time: ____________

A. In-House
☐ OR
☐ Ward: ____________
☐ ICU
☐ Interventional Radiology

B. Morgue
☐ Death pronounced time: ________
☐ By: ____________
☐ Coroner notified time: ________

C. Transfer
☐ PTN Contacted Time: ________
☐ Accepting Site: ____________
☐ Completed Trauma Transfer Form
Via: ☐ Fixed Wing ☐ Air/Ground
☐ Helicopter ☐ Ground

D. D/C Home
Accompanied by: ____________
☐ Prescription
☐ Aid(es)
☐ Discharge Medications:

PRINTED NAME	STATUS	SIGNATURE	INITIAL	PRINTED NAME	STATUS	SIGNATURE	INITIAL

TRAUMA NURSING ASSESSMENT RECORD

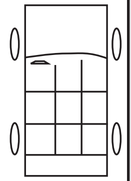
Place Patient Label Here

CHIEF COMPLAINT ____________

TRAUMA TEAM ACTIVATION ☐ Yes ☐ No
CTAS LEVEL ____________
LOCATION ____________ Approx Weight ______ Kg

Incident Date: ____________ **Incident Time:** ____________ **Arrival Time:** ____________
Transported By: ☐ Ambulance ☐ Fixed Wing ☐ Helicopter ☐ Transport Team ______ ☐ Private Vehicle ☐ Police ☐ Walk In ☐ Other ______
History By: ☐ Self ☐ Friend ☐ Family ☐ Police ☐ BCEHS ☐ Other **Transferred From:** ☐ Scene ☐ Facility ☐ Other ______

PRE-HOSPITAL INFORMATION - MECHANISM OF INJURY



VEHICULAR COLLISION
☐ MVC - Pedestrian ☐ MVC - Bicyclist
☐ Motor vehicle ☐ Motorcycle
☐ ATV
☐ Snowmobile
☐ Boat
☐ Other Vehicle ____________

SPORTS/RECREATION
☐ Bicycle - Electric ☐ Bicycle - Pedal
☐ Scooter - Electric ☐ Scooter - Push
☐ Ski ☐ Snowboard
☐ Other ped conveyance ____________
☐ Other sports/rec ____________

PENETRATING
☐ Firearm/GSW ☐ Stabbed with ________

OTHER
☐ Drowning ☐ Suffocation
☐ Hanging ☐ Strangulation
☐ Fall ______m/ft ☐ Crush
☐ Blunt Assault ☐ Other ________

COLLISION DETAILS
Estimated speed ________km/h
☐ Thrown ______m/ft ☐ Run Over
MVC: ☐ Single ☐ Multiple
☐ Rollover ☐ Intrusion ________
☐ Ejected/separated ______m/ft
☐ Extrication ______hrs/mins by:
☐ EHS ☐ Fire ☐ Other
☐ Death(s) in same vehicle

PROTECTIVE DEVICES
Seatbelt ☐ Used ☐ Not Used
Helmet ☐ Used ☐ Not Used
Car seat ☐ Used ☐ Not Used
☐ Airbag deployed ☐ Front ☐ Side
☐ Other protective device(s) Used ________
☐ Unknown protective device(s)

THERMAL/BURN
☐ Fire ☐ Exposure
☐ Electrical Voltage ____________
☐ Other Thermal ____________

Description of Incident: ____________

INJURIES REPORTED

____

PRE-HOSPITAL TREATMENTS AND INTERVENTIONS ☐ Not applicable

LAST VITALS: Time: ________ (HH:MM) ☐ CPR in progress Blood Glucose: ________
GCS: ______ BP: ______ P: ______ O2 Sat: ______ FiO2: ______ RR: ______ Temp: ______

AIRWAY
☐ Oral
☐ Nasal
☐ ETT
☐ Other: ________

SPINAL
☐ C-collar
☐ Spine board
☐ Clam shell
☐ Straps
☐ Head taped
☐ Head rolls
☐ Other: ________

BREATHING
☐ Spontaneous respirations
☐ Ventilated
☐ Oxygen: _____ L/min
☐ Nasal prongs _____ L/min
☐ Non-rebreather mask ___ L/min
☐ Bag-valve mask/assisting _____ L/min

CIRCULATION ☐ CPR
☐ Bleeding control
☐ Colour: ________
☐ Peripheral lines x ______
☐ Central lines x ______
☐ Intraosseous x ______
☐ Pelvic binder applied
Time: ________ (HH:MM)
☐ Tourniquet applied
Time: ________ (HH:MM)
Location: ________
☐ Blood transfusion
Number of units: ______

NEUROLOGICAL
☐ LOC at scene
☐ GCS: ______
☐ Pupils R: ______ L: ______
☐ A = Alert/ orientated
☐ V = Responds to verbal
☐ P = Responds to pain
☐ U = Unresponsive

INTERVENTIONS
☐ Chest tube: ☐ R ☐ L
☐ Needle decompressions: ☐ R ☐ L
☐ NG ☐ OG
☐ Blood glucose
☐ Urinary/catheter
☐ Splints: ________

ACCESS				LAST PRE-ARRIVAL MEDICATION			
IV Site	Gauge	Fluid	TBA (mL)	Time (HH:MM)	Medication	Dose	Route

Total pre-hospital fluids: Crystalloids: ______ **Blood:** ______ **Other:** ______

Signatures: ____________ Date & Time: ____________

PAST MEDICAL / SURGICAL / MHSU HISTORY

☐ None ☐ Unknown

Is this patient a falls risk? ☐ No ☐ Yes-initiate precautions ________

Does the patient have any sypmtoms of an infectious process? ☐ No ☐ Yes-initiate precautions ________

MEDICATIONS ▪ BPMH Required
☐ None ☐ Unknown ☐ See Med Rec form

ALLERGIES ▪ See ADR
☐ Allergy Armband on
Last Tetanus: ________
☐ Unknown
Last Ate/Drank: ________
☐ Unknown

AGGRESSIVE BEHAVIOUR RISK ASSESSMENT
History of violence ☐ Yes ☐ No
Active aggression/aggression prearrival ☐ Yes ☐ No
Weapon Found ☐ Yes ☐ No Type: ________

TRAUMA TEAM ACTIVATION (TTA)
☐ Level 1 ☐ Level 2
TTA Called at: ______ **Arrived at:** ______
Prehospital: ________
On ED Arrival: ________
Post Arrival to ED: ________
Trauma Team Leader (TTL): ________
TTL Called at: ______ Arrived at: ______
☐ TNL ☐ ED Physician
☐ Nurse #1 ☐ Nurse #2
☐ Respiratory Therapist ☐ Trauma Consult

NEXT OF KIN
☐ UNKNOWN ☐ UNABLE TO CONTACT
Name: ________ Tel: ________
☐ Notified Time: ______ ☐ Present Time: ______
☐ Police involved ☐ Social Work involved
☐ Physician spoke with family Time: ______
☐ Family Coming

PRIMARY SURVEY

Time: _____ Done By: _____

Recorder's Signature: _____

PLACE PATIENT LABEL HERE

BLEEDING

☐ No signs of uncontrolled external bleeding

☐ Uncontrolled external bleeding noted from: _____

☐ Pelvis Stable ☐ Pelvis Unstable ☐ Abdominal Assessment Signs of Internal Bleeding ☐ Soft ☐ Rigid Amputations: _____

AIRWAY ASSESSMENT

Vocalization:
☐ None
☐ Speaking
☐ Moaning
☐ Yelling
☐ Crying ☐ Strong ☐ Weak

Patency:
☐ Clear
☐ Stridor
☐ Obstructed

C-Spine:
☐ Hard Collar
☐ Neck Immobilizer
☐ Head taped
☐ Other Collar: _____

AIRWAY INTERVENTIONS

☐ Oral Airway #: _____ Time: _____

☐ Suctioned for: _____

☐ Intubated: ☐ Oral ☐ Other: _____

Size: _____ Time: _____ ___ cm at the ☐ teeth ☐ gums

☐ Airway Adjunct: _____ Size: _____

Time: _____

Time	INTUBATION MEDICATIONS	Dose	Route	Given By

BREATHING ASSESSMENT

BREATH SOUNDS

L _____ R

N NORMAL
- DECREASED
W WHEEZES
C CRACKLES
A ABSENT

☐ Spontaneous
☐ No spontaneous effort
☐ Ventilated

Chest Motion:
☐ Regular
☐ Symmetrical
☐ Irregular
☐ Paradoxical

Depth:
☐ Normal
☐ Shallow
☐ Deep

Quality:
☐ Normal
☐ Laboured
☐ Stridor
☐ Accessory Muscle Use

☐ Cyanosis - Location: ☐ Central ☐ Peripheral ☐ Perioral

☐ Subcutaneous emphasema ☐ JVD

Trachea:
☐ Midline ☐ Deviated ☐ R ☐ L **FAST/POCUS:** ☐ Lung sliding

BREATHING INTERVENTIONS

☐ Oxygen _____ % L/min

☐ NRM ☐ Simple Face Mask ☐ Nasal prongs

☐ Bagged with 100% O_2 ☐ $ETCO_2$

☐ Placed on Ventilator Time: _____

Initial Settings: Mode: ___ TV: ___ FiO_2: ___ RR: ___ PEEP: ___

☐ Needle Thoracostomy Time: _____

Location: _____ Performed By: _____

☐ Chest Tube Insertion

TIME	SIDE	SIZE(FR)	PERFORMED BY
	R / L		
	R / L		

CIRCULATION ASSESSMENT

☐ Radial ☐ Femoral ☐ Carotid
☐ Palpable ☐ Not palapable ☐ Weak
☐ Normal ☐ Bounding ☐ Other: _____
☐ Regular ☐ Irregular
☐ Cap refill < 3 secs ☐ > 3 secs

FAST/POCUS: ☐ Positive ☐ Negative _____

Skin Temperature:
☐ Warm ☐ Dry
☐ Hot ☐ Wet
☐ Cool

Skin Colour:
☐ Normal ☐ Cyanotic
☐ Pale ☐ Mottled
☐ Flushed

Location of uncontrolled hemorrhage: _____

CIRCULATION INTERVENTIONS

☐ CPR Initiated Time: _____ ☐ See Resuscitation Record

☐ IVs (see Fluid Balance Section) ☐ IO: _____

☐ CVC Type: _____ Location: _____

Time: _____

☐ Massive Hemorrhage / Trauma Exsanguination Protocol:

Time Initiating: _____

Time 1st Product: _____ Time Stopped: _____

☐ Pericardiocentesis Performed By: _____ Time: _____

☐ Thoracostomy Performed By: _____ Time: _____

☐ Aortic Cross Clamp Time on: _____

☐ Deep Wounds ☐ Wound Packing

☐ Pelvic Binding ☐ Binder Device ☐ Sheet Applied Time: _____

☐ Pressure Dressing to: _____

☐ Tourniquet Applied Time: _____ Location: _____

DISABILITY ASSESSMENT

☐ Alert
☐ Verbal
☐ Pain
☐ Unresponsive
☐ Aggressive
☐ Combative
☐ Moving all limbs ☐ Arms only
☐ No movement ☐ Legs only

DISABILITY INTERVENTIONS

☐ Head of Bed elevation 20-30 degrees

☐ Neuroprotective measures _____

☐ Seizure precautions ☐ BGM Value _____ Time_____

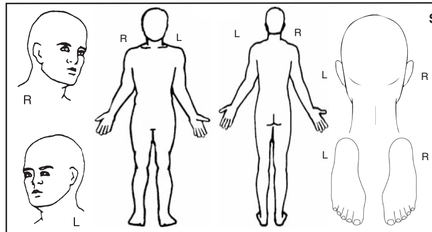
EXPOSE / ENVIRONMENT

☐ Clothes removed ☐ Forensic Police ID Badge: _____
☐ Overt injury ☐ Bleeding
Location: _____

EXPOSE / ENVIRONMENT INTERVENTIONS

☐ Warm Blankets applied ☐ Core temperature monitoring
☐ External warmer applied
☐ IV fluids administered via warmer ☐ Warmed IV Fluid infused

SECONDARY SURVEY



PLACE PATIENT LABEL HERE

Time: _____ Done By: _____

Recorder's Signature: _____

LEGEND
Ⓐ - Abrasion Ⓒ - Contusion / - Laceration P - Pain
□ - Amputation ◎ - Crush # - Open Fracture
Ⓑ - Burn Ⓓ - Deformity ↘ - Penetrating wound

HEAD ASSESSMENT

☐ No injuries noted ☐ Altered skin integrity (See Trauma Diagram)

HEAD INTERVENTIONS

☐ Cleaned ☐ Dressing Applied

Closure: _____ Time: _____

FACE ASSESSMENT

☐ No injuries noted ☐ Altered skin integrity (See Trauma Diagram)
☐ Facial Instability: _____
☐ Periorbital Edema ☐ Ecchymosis ☐ R ☐ L ☐ Eye injury ☐ R ☐ L
☐ Subconjunctiva ☐ Eyelids
☐ Nasal Drainage ☐ R ☐ L ☐ Aural Drainage ☐ R ☐ L
☐ Dental injury: _____ ☐ Frenulum Bruising

FACE INTERVENTIONS

☐ Cleaned ☐ Dressing Applied
Closure: _____ Time: _____
☐ Canthotomy
☐ Nasal packing

NECK ASSESSMENT

☐ No injuries noted ☐ Altered skin integrity (See Trauma Diagram)
Trachea: ☐ Midline ☐ Deviated ☐ R ☐ L
☐ Collar removed with in-line traction ☐ Cervical tenderness

NECK INTERVENTIONS

☐ Cleaned ☐ Dressing Applied
Closed by: _____ Via: _____ Time: _____
☐ Spinal immobilization
☐ Discontinued by: _____ Time: _____

CHEST ASSESSMENT

☐ No injuries noted ☐ Altered skin integrity (See Trauma Diagram)
☐ Chest Wall Instability ☐ Bruising

Breath Sounds:
L _____ R
N NORMAL
- DECREASED
W WHEEZES
C CRACKLES
A ABSENT

Heart Sounds: ☐ S1 and S2 clear ☐ Muffled

Chest Motion:
☐ Regular
☐ Symmetrical
☐ Irregular
☐ Paradoxical

Depth:
☐ Normal
☐ Shallow
☐ Deep

Quality:
☐ Normal
☐ Laboured
☐ Stridor
☐ Accessory Muscle Use

FAST/POCUS: _____

CHEST INTERVENTIONS

☐ Cleaned ☐ Dressing Applied
☐ Chest Tube Insertion

TIME	SIDE	SIZE(FR)	PERFORMED BY:
	R/L		
	R/L		

☐ Pericardiocentesis Performed by: _____ Time: _____
☐ CVC Type: _____ Location: _____
☐ Arteral Line Location: _____

☐ Heart Rhythm ECG Strip printed in chart
Cardiac rhythm: _____

ABDOMEN/FLANKS ASSESSMENT

☐ No injuries noted ☐ Altered skin integrity (See Trauma Diagram)
☐ Soft ☐ Rigid Bowel sounds: ☐ Absent ☐ Present
☐ Tender ☐ Distended
FAST/POCUS: _____

ABDOMEN/FLANKS INTERVENTIONS

☐ Cleaned ☐ Dressing Applied
Closed by: _____ Via: _____ Time: _____
☐ NG ☐ R ☐ L ☐ OG cm at teeth: _____
By: _____ Size: _____ Time: _____

PELVIS & GENITAL ASSESSMENT

☐ No injuries noted ☐ Altered skin integrity (See Trauma Diagram)
☐ Stable ☐ Unstable ☐ Rectal bleeding ☐ Vaginal bleeding
☐ Blood at meatus ☐ Scrotal hematoma ☐ Labial hematoma
☐ Priapism

PELVIS & GENITAL INTERVENTIONS

☐ Cleaned ☐ Dressing Applied
Closed by: _____ Via: _____ Time: _____
☐ Foley catheter inserted By: _____ Size: _____ Time: _____
Urine: ☐ Clear ☐ Cloudy ☐ Bloody ☐ Other: _____

EXTREMITIES ASSESSMENT

☐ No injuries noted ☐ Altered skin integrity (See Trauma Diagram)
Upper extremity:
☐ Deformity present Location: _____
☐ Tender Location: _____
Lower extremity:
☐ Deformity present Location: _____
☐ Tender Location: _____

EXTREMITIES INTERVENTIONS

☐ Cleaned ☐ Dressing Applied ☐ See Procedural Sedation Record
Closed by: _____ Via: _____ Time: _____
☐ Back Slab ☐ Splint applied ☐ Pulse after application
By: _____ Time: _____ Location: _____
☐ **Reduction:** _____ Time: _____
☐ Tourniquet Released By: _____ Time: _____
☐ Tourniquet Reapplied By: _____ Time: _____

BACK (POSTERIOR SURFACES) ASSESSMENT

☐ No injuries noted ☐ Altered skin integrity (See Trauma Diagram)
☐ **Logrolled** Time: _____ ☐ Rectal bleeding
☐ Tender Location: _____
☐ Swelling Location: _____
☐ Pre-foley rectal exam By: _____MD Time: _____
☐ Normal ☐ Flaccid Prostate: ☐ Normal ☐ High riding

BACK (POSTERIOR SURFACES) INTERVENTIONS

☐ Cleaned ☐ Dressing Applied
Closed by: _____ Via: _____ Time: _____
☐ Spinal Immobilization / SMR ☐ Cervical ☐ Thoracic
☐ Position Time: _____ ☐ Lumbar
Discontinued by: _____

Name: _____ PHN#: _____ DATE OF BIRTH: _____ MRN: _____

PLACE PATIENT LABEL HERE

VITAL SIGNS

TIME
INITIALS

Pupil Scale (mm)
SIZE
1 2 3 4 5 6 7 8

X = Blood Pressure
• = Pulse Rate
• A = Apex Rate

Indicate with Black
M – Manual
N – NIBP

Indicate with Red
A - Arterial

S = Spontaneous
B = Bagged
V = Ventilator
N = Nasal Prong
FM = Mask

☐ See PEWS for pts ≤ 16 post initial resuscitation

200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30

T - Temporal O - Oral E - Esophageal A - Axillary B - Bladder R - Rectal	TEMPERATURE
	TEMP ROUTE
	MAP
	Respiratory Rate
RASS + 4 Combative + 3 Very Agitated + 2 Agitated + 1 Restless 0 Alert & Calm - 1 Drowsy - 2 Light Sedation - 3 Moderate Sedation - 4 Deep Sedation - 5 Unrousable	Respiratory Mode
	O_2 Delivery Mode
	FiO_2
	$ETCO_2$
	SpO_2
	Pain Intensity Scale
	RASS

GLASGOW COMA SCALE

	PEDIATRIC	ADULT
EYE OPENING	4. Spontaneous	4. Spontaneous
	3. To Speech	3. To Speech
	2. To Pain	2. To Pressure
	1. None	1. None
	NT - Non Testable	NT - Non Testable
VERBAL RESPONSE	5. Coos/Babbles/Oriented	5. Oriented
	4. Irritable Cry/Confused	4. Confused
	3. Cries to Pain/Inapp. Words	3. Words
	2. Nonspecific Sounds/Moans	2. Sounds
	1. None	1. None
	NT - Non Testable	NT - Non Testable
MOTOR RESPONSE	6. Spontaneous/Obeys	6. Obey Command
	5. Withdraws to Touch	5. Localize Pain
	4. Withdraws to Pain	4. Withdraw Pain
	3. Abn. Flexion	3. Abn. Flexion
	2. Extension	2. Extension
	1. None	1. None
	NT - Non Testable	NT - Non Testable
TOTAL GLASGOW SCORE		

S = Strong
W = Weak
A = Absent
U = Unresponsive

+ Reacts
- No Reaction
C=Closed

ABILITY TO MOVE	Arm	R
		L
	Leg	R
		L
PUPILS	Size	R
		L
	Reaction	R
		L