

## Trauma Documentation/Care Review

Pt Name:  
DOB:  
MR#:  
  
Date of service:

FD-302 (Rev. 11-27-70)

### Discussion Points:

- ☐ One on one education
- ☐ Department wide education by \_\_\_\_\_ (date)
- ☐ Policy Review
- ☐ Other

**ED Leadership Only**

ANM: \_\_\_\_\_

**Trauma RN:**

NEDOCS: \_\_\_\_\_

ICU Hold? ☐ Yes ☐ No

If yes, what was the RN to Pt ratio?

Notes: \_\_\_\_\_

- ☐ Trauma-related transfer in, not on flow sheet
- ☐ Activation Time
- ☐ Appropriate Activation Level
- ☐ Unable to charge activation fee
- ☐ Backboard Times
- ☐ Hourly VS
- ☐ Admitting/Consulting Physician Time Called
- ☐ Admitting/Consulting Physician Arrival Time
- ☐ Incomplete Primary or Secondary Assessment
- ☐ Documentation of assessment, interventions, responses
  - ☐ MD Interventions: \_\_\_\_\_
  - ☐ RN/Tech Interventions: \_\_\_\_\_
  - ☐ Ongoing injury-specific assessment/change in condition
- ☐ Fluid bolus amount/response
- ☐ Intake and Output documentation
- ☐ Extremity Trauma Neurovascular Checks
  - ☐ On arrival
  - ☐ After manipulation
  - ☐ Within one hour of disposition
- ☐ Other Issues/Notes:

Reviewed by: ☐

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Date to ED Manager: \_\_\_\_\_  
Date due to Trauma Services: \_\_\_\_\_

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**ED Use Only**

Date Discussed w/ Staff Member:

**Reviewer:**

Name:

Signature: \_\_\_\_\_

Name:

Signature: \_\_\_\_\_

☐ Other: