PIONEER MEDICAL CENTER
406-932-4603

TRAUMA FLOWSHEET

Name	Date	Arrival Time

TRAUMA TEAM ACTIVATION: ❒No ❒Yes, ❒From the field ❒From PMC Time_____
LIFE FLIGHT ACTIVATION: ❒No ❒Yes, ❒From the field ❒From PMC Time_____
Provider Called Time_____
Provider Arrival Time_____

EVENTS/MECHANISM

Date_____ Time of injury_____
Auto: ❒Driver ❒Passenger ❒Front Seat ❒Rear Seat
Method: ❒Head on ❒Rear End ❒T-Bone ❒Rollover x_____
Approx. speed_____mph

Safety Equip: ❒None ❒Lap ❒Shoulder ❒Air Bag ❒Helmet

❒Motorcycle ❒ATV ❒Bicycle
❒Pedestrian ❒Fall ❒ Assault
❒GSW ❒Stab
❒Wound_____

Description of events:_____

ARRIVAL MODE

By: ❒Ambulance ❒Private auto ❒Other_____
❒Stretcher ❒Ambulated ❒WC ❒Carried
Accompanied By: ❒Self ❒Relative ❒Friend ❒Law Enforcement ❒Other_____

PRIOR TO ARRIVAL

❒ NA ❒ CPR ❒ ETT/NTT
O2 via: ❒ NC ❒ NRB mask ❒BVM

❒ C-spine immobilize: Time_____
❒ Backboard ❒C-collar ❒Scoop ❒KED
❒Log Roll ❒Pivot ❒ Manual Stabilization

Loss of consciousness:
❒Yes ❒No ❒Unknown

❒ IV Site_____ Gauge_____
Fluid & Amount infused _____

ALLERGIES/MEDS/HISTORY

❒NKDA
Allergies List :_____

Medication List:_____

Past Medical Hx: ❒Denies any
❒DM ❒Heart Disease ❒Lung Disease
❒Seizure ❒Hypertension
❒Other: _____

Last Meal/Fluid: Time_____

Tetanus: ❒Unknown ❒Never ❒<5yrs. ❒> 5yrs.

Weight: _____ ❒ lbs. ❒kg.

Pregnant: ❒NA ❒No ❒Yes **LMP:**_____

INITIAL VITALS

Time	Manual BP	P	R	T	SaO2	Broselow Color	LOC/ AVPU
		❒ Monitor ❒Radial ❒Carotid ❒Femoral		❒ O ❒ R ❒Ax	❒ RA ❒ O2 __ L per____		❒Alert ❒Verbal ❒Pain ❒Unresponsive

AIRWAY

ASSESSMENT
❒ Patent ❒Not patent
❒ Obstructed
Managing Secretions ❒Yes ❒No

ACTION
❒BVM ❒ Suction
Insert Airway: ❒ Oral ❒ Nasal
Intubation: ❒ Oral ❒ Nasal
Time_____ Size #_____
By_____

ETT Position Verified:
❒ CXR ❒ Auscultation
Notes_____

Meds	Dose	Route	Time
Lidocaine			
Vercuronium			
Fentanyl			
Atropine			
Succycholine			

BREATHING

ASSESSMENT

❒ Normal ❒ Apnea
❒ Dyspnea ❒ Agonal
❒Accessory Muscles
❒ Retractions
❒Other_____

❒ Flail Chest
❒ Sucking Chest Wound

Notes_____

ACTION

O2 By: ❒NC ❒NRB ❒ETT ❒BVM

Liters_____

CIRCULATION

ASSESSMENT

Heart Sounds: ❒Reg ❒Irreg
❒**Monitor** Time_____ Rhythm: ❒NSR ❒Brady ❒Afib
❒Other_____
Cap Refil: ❒ <2 Secs ❒ >2 Secs ❒ Absent

Skin Color: ❒Pink ❒Pale ❒Flushed ❒Cyanotic
Skin Temp: ❒Dry ❒Moist ❒Diaphoretic ❒Clammy ❒Hot ❒Warm ❒Cold
❒ **Significant External Bleeding** Location_____

ACTION

IV start: Site#1_____ Time_____ ❒#14 ❒#16
If ❒#18 ❒#20 ❒#22 Why?_____

Fluids: ❒LR ❒ NS ❒Warm ❒Other:_____ Rate: ❒Open ❒ Other____

IV start: Site#2_____ Time_____ ❒#14 ❒#16
If ❒#18 ❒#20 ❒#22 Why?_____

Fluids: ❒LR ❒ NS ❒Warm ❒Other:_____ Rate: ❒Open ❒ Other____

❒ External Bleeding Controlled: ❒ Yes, Time_____ ❒ No

❒Bair Hugger: Time___

Nurse Signature_____ Date____ **Provider Signature**_____ Date_____

Name	Date

Time	
	Neuro/LOC
	Oriented to : ❒Person ❒Place ❒Time **Grasp** ❒Equal ❒R>L ❒L>R **Disoriented:** ❒Person ❒Place ❒Time **Posturing** ❒None ❒Flex. ❒Exten.Other:
	Head/Face
	❒ No abnormalities seen ❒Pain ❒Swelling ❒Lac ❒Contusion ❒Abrasion ❒Puncture ❒Burn ❒Deformity Location: **Action:**
	Neck/ Back/Spine
	❒ No abnormalities seen ❒Pain ❒Swelling ❒Lac ❒Contusion ❒Abrasion ❒Puncture ❒Burn ❒Deformity Location: **Action:** ❒C-Collar: Time____ ❒Neck Immobilized: Time_____ ❒Backboard: Time____ ❒Scoop: Time_____ ❒KED Time_____ ❒Other_____ Time_____ ❒**C-Spine stabilization maintained.** ❒**C-Spine Cleared** by Provider Time_____
	Chest
	❒ No abnormalities seen ❒Pain ❒Swelling ❒Lac ❒Contusion ❒Abrasion ❒Puncture ❒Burn ❒Deformity Location: **Action:**
	GU
	❒ No abnormalities seen ❒Pain ❒Swelling ❒Lac ❒Contusion ❒Abrasion ❒Puncture ❒Burn ❒Deformity ❒Blood at Meatus Location: **Action**: ❒Foley: Time_____ Size_____ Initial Output _____cc ❒Clear ❒Cloudy ❒Pink ❒Red ❒Concentrated
	Abdomen
	❒ No abnormalities seen ❒Pain ❒Swelling ❒Lac ❒Contusion ❒Abrasion ❒Puncture ❒Burn ❒Deformity Location: **Action**: ❒Nausea ❒Vomiting **Palpation:** ❒Hard ❒Soft ❒Distended ❒Semi-firm ❒Guarding **Action:** ❒NG Size ____ Time____ ❒Position verified ❒Clamped ❒Suction: ❒Intermittent ❒Constant Gastric contents: ❒Normal ❒Coffee Ground ❒Frank Blood ❒Bile ❒Fecal ❒Pill Fragments ❒Other_____
	Pelvis
	❒ No abnormalities seen ❒Pain ❒Swelling ❒Lac ❒Contusion ❒Abrasion ❒Puncture ❒Burn ❒Deformity Location: **Action**: ❒ **Pelvic Wrap:** Time____
	Extremities
	RUE: ❒ No abnormalities seen ❒Pain ❒Swelling ❒Lac ❒Contusion ❒Abrasion ❒Puncture ❒Burn ❒Deformity LUE: ❒ No abnormalities seen ❒Pain ❒Swelling ❒Lac ❒Contusion ❒Abrasion ❒Puncture ❒Burn ❒Deformity RLE: ❒ No abnormalities seen ❒Pain ❒Swelling ❒Lac ❒Contusion ❒Abrasion ❒Puncture ❒Burn ❒Deformity LLE: ❒ No abnormalities seen ❒Pain ❒Swelling ❒Lac ❒Contusion ❒Abrasion ❒Puncture ❒Burn ❒Deformity **Action:**

❒ Due to severity of condition secondary survey not performed.

Nurse Signature_____ Date____ **Provider Signature**_____ Date_____

PIONEER MEDICAL CENTER

Trauma Flowsheet

Name______________________________________ Date________

Time	A	B Resp. --------- SaO2 /O2	C P	C BP	D LOC/C-Spine	Temp	Pain (1-10)	ORDERS/ TREATMENTS/ INTERVENTIONS/ MEDICATIONS	RESPONSE
	❒Patent ❒Change	———	❒ Monitor ❒Carotid. ❒Radial ❒Femoral		❒Alert ❒Verbal ❒Pain ❒Unrespons. ❒ C Spine maintained	❒ O ❒ R ❒Ax			❒ Improved ❒No change
	❒Patent ❒Change	———	❒ Monitor ❒Carotid. ❒Radial ❒Femoral		❒Alert ❒Verbal ❒Pain ❒Unrespons. ❒ C Spine maintained	❒ O ❒ R ❒Ax			❒ Improved ❒No change
	❒Patent ❒Change	———	❒ Monitor ❒Carotid. ❒Radial ❒Femoral		❒Alert ❒Verbal ❒Pain ❒Unrespons. ❒ C Spine maintained	❒ O ❒ R ❒Ax			❒ Improved ❒No change
	❒Patent ❒Change	———	❒ Monitor ❒Carotid. ❒Radial ❒Femoral		❒Alert ❒Verbal ❒Pain ❒Unrespons. ❒ C Spine maintained	❒ O ❒ R ❒Ax			❒ Improved ❒No change
	❒Patent ❒Change	———	❒ Monitor ❒Carotid. ❒Radial ❒Femoral		❒Alert ❒Verbal ❒Pain ❒Unrespons. ❒ C Spine maintained	❒ O ❒ R ❒Ax			❒ Improved ❒No change
	❒Patent ❒Change	———	❒ Monitor ❒Carotid. ❒Radial ❒Femoral		❒Alert ❒Verbal ❒Pain ❒Unrespons. ❒ C Spine maintained	❒ O ❒ R ❒Ax			❒ Improved ❒No change
	❒Patent ❒Change	———	❒ Monitor ❒Carotid. ❒Radial ❒Femoral		❒Alert ❒Verbal ❒Pain ❒Unrespons. ❒ C Spine maintained	❒ O ❒ R ❒Ax			❒ Improved ❒No change
	❒Patent ❒Change	———	❒ Monitor ❒Carotid. ❒Radial ❒Femoral		❒Alert ❒Verbal ❒Pain ❒Unrespons. ❒ C Spine maintained	❒ O ❒ R ❒Ax			❒ Improved ❒No change
	❒Patent ❒Change	———	❒ Monitor ❒Carotid. ❒Radial ❒Femoral		❒Alert ❒Verbal ❒Pain ❒Unrespons. ❒ C Spine maintained	❒ O ❒ R ❒Ax			❒ Improved ❒No change
	❒Patent ❒Change	———	❒ Monitor ❒Carotid. ❒Radial ❒Femoral		❒Alert ❒Verbal ❒Pain ❒Unrespons. ❒ C Spine maintained	❒ O ❒ R ❒Ax			❒ Improved ❒No change

Team Signatures: ____________________________________ **Provider Signatures:** ____________________

❒ **"Trauma Disposition and All Transfers Flowsheet" completed and sent to receiving facility**
❒ **Completed Trauma Flowsheet faxed to receiving facility**

PIONEER MEDICAL CENTER

Trauma Flowsheet

Name________________________________ Date________

Time	A	B Resp. ------ SaO2 /O2	C		D LOC/C-Spine	Temp	Pain (1-10)	ORDERS/ TREATMENTS/ INTERVENTIONS/ MEDICATIONS	RESPONSE
			P	BP					
	☐Patent ☐Change	———	☐ Monitor ☐Carotid. ☐Radial ☐Femoral		☐Alert ☐Verbal ☐Pain ☐Unrespons. ☐ C Spine maintained	☐ O ☐ R ☐Ax			☐ Improved ☐No change
	☐Patent ☐Change	———	☐ Monitor ☐Carotid. ☐Radial ☐Femoral		☐Alert ☐Verbal ☐Pain ☐Unrespons. ☐ C Spine maintained	☐ O ☐ R ☐Ax			☐ Improved ☐No change
	☐Patent ☐Change	———	☐ Monitor ☐Carotid. ☐Radial ☐Femoral		☐Alert ☐Verbal ☐Pain ☐Unrespons. ☐ C Spine maintained	☐ O ☐ R ☐Ax			☐ Improved ☐No change
	☐Patent ☐Change	———	☐ Monitor ☐Carotid. ☐Radial ☐Femoral		☐Alert ☐Verbal ☐Pain ☐Unrespons. ☐ C Spine maintained	☐ O ☐ R ☐Ax			☐ Improved ☐No change
	☐Patent ☐Change	———	☐ Monitor ☐Carotid. ☐Radial ☐Femoral		☐Alert ☐Verbal ☐Pain ☐Unrespons. ☐ C Spine maintained	☐ O ☐ R ☐Ax			☐ Improved ☐No change
	☐Patent ☐Change	———	☐ Monitor ☐Carotid. ☐Radial ☐Femoral		☐Alert ☐Verbal ☐Pain ☐Unrespons. ☐ C Spine maintained	☐ O ☐ R ☐Ax			☐ Improved ☐No change
	☐Patent ☐Change	———	☐ Monitor ☐Carotid. ☐Radial ☐Femoral		☐Alert ☐Verbal ☐Pain ☐Unrespons. ☐ C Spine maintained	☐ O ☐ R ☐Ax			☐ Improved ☐No change
	☐Patent ☐Change	———	☐ Monitor ☐Carotid. ☐Radial ☐Femoral		☐Alert ☐Verbal ☐Pain ☐Unrespons. ☐ C Spine maintained	☐ O ☐ R ☐Ax			☐ Improved ☐No change
	☐Patent ☐Change	———	☐ Monitor ☐Carotid. ☐Radial ☐Femoral		☐Alert ☐Verbal ☐Pain ☐Unrespons. ☐ C Spine maintained	☐ O ☐ R ☐Ax			☐ Improved ☐No change
	☐Patent ☐Change	———	☐ Monitor ☐Carotid. ☐Radial ☐Femoral		☐Alert ☐Verbal ☐Pain ☐Unrespons. ☐ C Spine maintained	☐ O ☐ R ☐Ax			☐ Improved ☐No change

Team Signatures: ______________________________ **Provider Signatures:** ______________________

______________________________ ______________________________

______________________________ ______________________________

☐ **"Trauma Disposition and All Transfers Flowsheet" completed and sent to receiving facility**

☐ **Completed Trauma Flowsheet faxed to receiving facility**