DEER LODGE MEDICAL CENTER
1100 Hollenback Lane
Deer Lodge MT 59722
Phone: (406) 846-2212
Fax: (406) 846-3074

Local and Regional Trauma Flow Sheet

PATIENT STICKER

NAME _____ DOB _____

DATE _____ TIME OF ARRIVAL _____

TIME TRAUMA TEAM ACTIVATED: _____ SCENE Y / N

Trauma Team Activated by: EMS ED Provider ED RN Other: _____

TEAM MEMEBERS - Name	Notified	At Bedside
ERP		
Trauma Nurse 1		
Trauma Nurse 2		
Lab Tech		
Imaging Tech		
Recorder		

MECHANISM OF INJURY: Date of Injury: _____ Time: _____

Automobile
☐ Driver
☐ Passenger
☐ Pedestrian
☐ Front Seat
☐ Back Seat
☐ Ejected
☐ Death In Same Compartment

Bicy/MC/ATV
☐ Driver
☐ Passenger
☐ Restraints
☐ Lap Belt
☐ Shoulder Belt
☐ Airbag
☐ Child Restraint
☐ Helmet

Assault
☐ GSW
☐ STAB
☐ Other

Other
☐ Fall
☐ Burn

LOC
☐ Yes
☐ Duration_____
☐ No ☐ Unknown

Location of incident: _____

Description of incident: _____

PRE HOSPITAL TREATMENT:
C-Spine Yes / No
Intubated Yes / No
IV Yes / No
Other _____

PRE HOSPITAL VS
BP_____
P_____
R_____
T_____
GCS_____

WT / HT	Broslow Color	LMP	Tetanus
		☐ NA	☐ <5 ☐ >5

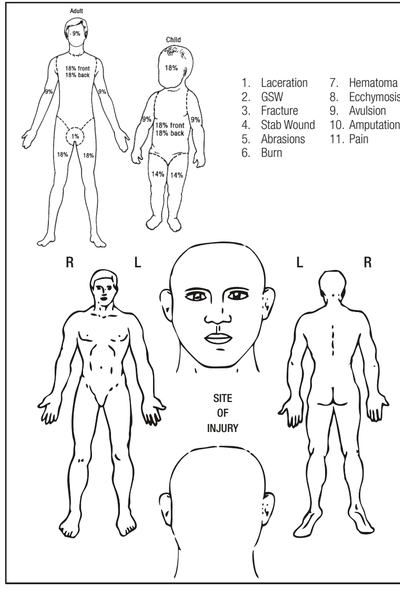
ALLERGIES:

Pt Home Meds:

CHRONIC DISEASE/PRIOR HISTORY: ☐ **Anticoagulation**
☐ Heart Disease ☐ Lung Disease
☐ Hypertension ☐ Hepatitis ☐ Diabetes
☐ Pacemaker ☐ CVA ☐ Psych
☐ Liver Disease ☐ Seizure ☐ ETOH/Drugs
☐ GI ☐ GU ☐ Cancer
☐ Meds ☐ Unknown ☐ Gyn

Referring Hospital/Physician _____
Transported From _____
Transported By ☐ EMS ☐ Flight ☐ POV ☐ Other _____

TIME	MED	DOSE	ROUTE	INITIALS



1. Laceration
2. GSW
3. Fracture
4. Stab Wound
5. Abrasions
6. Burn
7. Hematoma
8. Ecchymosis
9. Avulsion
10. Amputation
11. Pain

PRIMARY SURVEY

AIRWAY: Patent? Yes / No Natural / Artificial
BREATHING: Spontaneous? Yes / No Rate_____/min
Breath Sounds R_____ L_____

CIRCULATION: Bleeding? Yes / No
Radial +/– Femoral +/– Carotid +/–
Brachial +/–
Skin: Warm Cool Moist Dry
Cap Refil _____

NEURO: History LOC/Seizures Yes / No
GCS: Nose Drain? Yes / No Right / Left
E _____ Ear Drain? Yes / No Right / Left
V _____ Battles? Yes / No Right / Left
M _____ Racoon Eyes? Yes / No Right / Left
T _____ Halo Sign Yes / No

SECONDARY SURVEY

HEAD: Face Symmetrical Yes / No
Bite Aligned Yes / No
Teeth Damaged Yes / No
EOM Intact Yes / No Right / Left
Hemotympanum Yes / No Right / Left
Pain Yes / No Corneal Reflex Yes / No Right / Left

NECK: JVD Yes / No Right / Left
Trach Midline Yes / No Right / Left
Pain Yes / No SQ Emphysema Yes / No Right / Left

CHEST: Symmetrical Chest Yes / No
SQ Emphysema Yes / No
Breathing Sounds Yes / No Right / Left
Describe _____
Crepitus Yes / No Right / Left
Pain Yes / No Flail Segment Yes / No Right / Left

ABDOMEN: Rigid Yes / No
Distended Yes / No
Bowel Sounds Yes / No
Pregnant Yes / No
F.H.T. Yes / No
Pain Yes / No Gaurding Yes / No

PELVIS: Stable Yes / No
Blood at Meatus Yes / No
Vaginal Blood Yes / No
Rectal Blood Yes / No
Genital Bruising Yes / No
Guiac Positive Yes / No
Pain Yes / No Rectal Tone Normal Yes / No

EXTREMITIES:	RUE	RLL	LUE	LLL
Motor	+/–	+/–	+/–	+/–
Sensory	+/–	+/–	+/–	+/–
Pulses Present	+/–	+/–	+/–	+/–

BACK: Pain Yes / No
Deformity Yes / No
Redness Yes / No

SPINE: C-Collar Removed by _____
Backboard Removed by _____
Spine Cleared By _____

Eye		Verbal		Motor	
Spontaneous	4	Oriented	5	Obeys	6
To Voice	3	Confused	4	Localizes	5
To Pain	2	Inapp Words	3	Withdrawals	4
None	1	Sounds	2	Flexion	3
		None	1	Extension	2
				None	1

WARMING (Circle: Enter Time)
Room _____
Lamps _____
Fluid _____
Blanket _____
Other _____

PUPILS
B = Brisk
S = Sluggish
F = Fixed

Pupils

PROCEDURE	PTA	TIME	DETAILS
12 Lead EKG			
Airway			Oral / Nasal ET/Cuff / Uncuff Size:_____@_____
cric			
CX Tube			R _____ L _____
PIV			R# _____ L# _____
IO			Sternal _____ Tibial _____
Central			
NG/OG			
Foley			
Splints			
Fast			
Collar			Time Off:
Board			Time Off:
Restraint			Time Off:

DIAGNOSTICS

STUDY	TIME	
Trauma Panel	Major	
	Minor	
T & C	Units _____	
	MTP_____	
Tox		
UA		
HCG		
	Left ED	Return Ed
CT: Head		
CT: C-Spine		
CT: Chest		
CT: Abd/Pelvis		
CT:		
XRAY:		
XRAY:		
XRAY:		
XRAY:		

PEDIATRIC TRAUMA SCORE (0-14 Years)

****7 or below = ACTIVATE**

ASSESSMENT	SCORE			TOTAL
Weight or Age	+2 >20kg >44lb >6 yrs	+1 10-20kg 22-44lb 1-6 yrs	-1 <10kg <22kg <1 yr	
Airway	Normal	Oral/Nasal Airway	Intub/ Trach/ Invasive	
LOC	Com-pletely awake	Obtunded or any LOC	Comatose	
BP or Cap Refill	>90 <2sec	50-90 2-3sec	<50 >3sec	
Open Wounds	None	Minor	Major or Penetrating	
Fractures	None	Minor	Open or Multiple	
TOTAL SCORE				

IV FLUIDS / IVPB

TIME UP	TYPE / VOL UP	TIME DOWN	VOL. IN
	/		
	/		
	/		
	/		
	/		
	/		
	/		
	/		
	/		

BLOOD PRODUCTS

TIME UP	TYPE	TIME DOWN	VOL. IN

TOTAL INTAKE

TYPE	PTA	ED	TOTAL
NS			
LT			
PRBC			
FFP			
CRYO			
PLAT			
ISO			
Total			

TOTAL OUTPUT

TYPE	PTA	ED	TOTAL
VOID			
FOLEY			
NG / OG			
R CT			
L CT			
VOMIT			
EBL			
Other			
Total			

Notes / Procedure Responses

TIME	B/P	MAP	HR	RR	T	FIO2 / SAO2	ETCO2	PAIN PRE/POST	COMA SCALE E	V	M	TOTAL	PUPILS SIZE/BSF R / L
	/					/		/					/
	/					/		/					/
	/					/		/					/
	/					/		/					/
	/					/		/					/
	/					/		/					/
	/					/		/					/
	/					/		/					/
	/					/		/					/
	/					/		/					/
	/					/		/					/
	/					/		/					/
	/					/		/					/
	/					/		/					/
	/					/		/					/
	/					/		/					/
	/					/		/					/
	/					/		/					/
	/					/		/					/
	/					/		/					/
	/					/		/					/
	/					/		/					/
	/					/		/					/

GCS: E _____ V _____ M _____ PUPILS: _____

Last ED VS: BP_____/_____ HR_____ RR_____ T_____ SpO_2: _____ Time: _____

RN Handoff _____ to _____ @_____

Scribe print: | RN print

Scribe sign: | RN sign:

Notified	Time
Law Enforcement	
Coroner	
Organ Agency	
Case Number:	

Family / name / time

Transfer to:_____
Time: _____
Report called to: _____
Tele: _____
Cobra form: Yes / No
Expired Time: _____

TRANSFER DATA

To Room: | Time:

Report to:

Valuables: To: