Trauma Case Review

Trauma Log Case # _____
State Trauma Registry # _____

Patient Name _____ Age _____ DOB _____
AH _____ HS _____
Ethnicity/Race _____ ☐ UTD Date of Injury _____

PRIMARY INCLUSION CRITERIA: MUST BE PRESENT

- ☐ *At least ONE of the following ICD-9 diagnosis codes: 800.0 – 959.9
- ☐ All patients with burns and a trauma mechanism of injury or meeting severity criteria for referral by the American Burn Association or;

  994.0 - lightning

  994.8 – electrical current

- ☐ All patients with anoxic brain injuries due to a trauma mechanism of injury:

  994.1 - drowning;

  994.7 - asphyxiation and strangulation: suffocated by - cave in, constriction, pressure, strangulation, mechanical, bed clothes, plastic bag

Additional Criteria: May have these diagnosis/codes in addition to Primary codes

- ☐ Trauma team activation
- ☐ *Cases transferred to another facility for further care/evaluation by EMS
- ☐ *Cases with a discharge disposition indication the patient expired
- ☐ Pediatric cases between the ages of 0 to 4 admitted to the facility (regardless for how long)
- ☐ *Patients admitted to inpatient or observation status (State - admit for 48 hours)
- ☐ All patients who left AMA (evaluating for time delays that caused patient to go AMA)
- ☐ Any case with multiple diagnosis codes and an ICD-9 diagnosis code of 800.00 – 959.9 with supporting eCodes for MVC, Pedestrian related events, or Falls from different levels
- ☐ Open long bone fractures taken to surgery within 24 hours
- ☐ All patients taken to surgery at your facility for intracranial, intra-thoracic, intra-abdominal, or vascular surgery

Exclusionary Criteria: If these diagnosis codes are present, the case is excluded from the study

- ☐ *Late effects of trauma (905 – 909.9)
- ☐ *Superficial injuries including blisters, contusions, abrasions and insect bites (910 – 924.9)
- ☐ Anoxic brain injuries due to non-trauma mechanism of asphyxia:

  Carbon monoxide

  *Inhalation food/ foreign bodies, other gases, fumes, vapors

- ☐ Poisoning
- ☐ Single system orthopedic injuries (except femur fractures) or diagnosis of single system involved
- ☐ Amputations distal to wrist not admitted for greater than 48 hours
- ☐ A hip fractures resulting from falls from same height (without other significant injuries)
- ☐ Isolated hip fractures/femoral neck fractures when coded with (Injury codes 820 – 821):
- ☐ (E884.2) - fall from a chair,
- ☐ (E884.3) - fall from wheelchair,
- ☐ (E884.4) - fall from bed,
- ☐ (E884.5) - fall from other furniture,
- ☐ (E884.6) - fall from commode,
- ☐ (E885) - fall from same level from slipping, tripping, or stumbling
- ☐ Unilateral pubic rami fractures resulting from falls from same height (without other significant injuries)
- ☐ Chronic subdural hematoma

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Scenario

ER admit time:_____ **ER Discharge time:**_____ **Dwell Time:**_____

Route: ☐ Private vehicle ☐ other: w/c, walk, carry
☐ Ambulance **Ambulance Service:**_____

ER Disposition: ☐ Home ☐ Admit for:
☐ Observation
☐ Inpatient
☐ Surgery
☐ Transfer to:
☐ SPH
☐ CMC
☐ KRMC
☐ Other:_____

Injury Type: ☐ Blunt ☐ penetrating ☐ burn ☐ anoxic ☐ undocumented

Intent: ☐ Intentional self inflicted, ☐ intentional assault, ☐ accidental

Injury Cause:

Motor vehicle		Other: anoxic	
Motor cycle/ATV/snowmobile		Other: crush	
Pedestrian/bicycles		Other:machinery	
Falls: Same level		Other:struck by object	
Falls: Different level		Other: cutting instrument	
Assault		Suicide/self inflicted	
Horse		Other	
Burn			

Trauma Team:

Trauma Form used? ☐ Yes ☐ No
Activation meet trauma team criteria? ☐ No ☐ Yes _____

Documentation Review:

QUESTION	YES	NO	NA	NOTES
Were complete initial vital signs assessed?				
Were vitals monitored every 15 minutes?				
Were discharge vs assessed?				
Was a temperature repeated within the first hour?				
Were meds given?				
Response documented?				
Was C-spine maintenance documented?				
Was C-Spine clearance documented?				
Was intake documented?				
Was output documented?				
Cobra form completed?				

Trauma Indicators	Yes	No	NA	Comments (Unk if not documented)
EMS Scene Time				Arrival: Departure:
EMS Trip Sheet on Chart				
Trauma Team Activation				Time:
Initiated by EMS				
Over Triage* OR Under Triage* *circle*				Describe:
Patient Arrival to ED				Time:
Timely **Notification** of Physician / Surgeon				Time:
Timely **Arrival** of Physician / Surgeon				Time:
Timely **Airway Management** / Endotracheal Intubation for:				Time:
Respiratory insufficiency Rate <10 or >29				
Decreased LOC (GCS ≤ 8)				GCS Total: Eye: Verbal: Motor: Time for LOC:
Timely **Chest Tube Placement** for Hemothorax / Pneumothorax				Time: Tube Size / Location:
Pt with Hypotension (adult BP < 90) given **Fluid Resuscitation**				IV Number / Size: List Fluids / Blood Totals:
Temperature Documented:				Temperature: Route:
Hypothermia Identified*: Hypothermia: Core body temperature below 96 degrees F (35 degrees C)				
Warming Measures				List:
Patient Discharge from ED				Time: Total Dwell Time:
Time to transfer < 2 hours				
Complete ED Nursing **Documentation:**				Issues Identified:
Large bore IV started?				14 or 16 Other:
Further Review Required: (circle level) Primary Secondary Tertiary				**If Further review indicated – See the Trauma QI/PI Loop Closure Form for information.**

- **Overtriage:** Activation w/discharge home from ED OR Using mechanism/comorbidities to activate for patient not meeting clinical (Physiologic/Anatomic) criteria and patient discharged to home
- **Undertriage;** No activation and patient transferred to higher level of care, admitted to ICU/OR or died OR no activation when patient met Physiologic/Anatomic criteria
- **Review Types:**
  - **Primary** – Trauma Registrar, validated by Trauma Coordinator (Immediate resolution, feedback with identified issue & documented in PI loop closure)
  - **Secondary** – Trauma Coordinator &/or Medical Director (judgement or identified issue leads to initial action plan & investigation, may be closed at this level. Refer to Multidisciplinary Trauma Committee or Medical Staff Peer Review Process)
  - **Tertiary** – Multidisciplinary Trauma Committee review for education, Medical Staff Peer Review, RTAC, &/or STCC. Documented in PI Loop closure.)

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ICD-9 Diagnosis Code:	Description:

Comments & follow – up:

Signature:_____ Date:_____

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