

Trauma Medical Record Face Sheet

(To be completed on every chart selected)

Patient Injury Diagnosis	Last Name			
	Age/Gender		Mechanism of Injury	
MRN/Trauma Registry #				
Injury Category				
ISS				
EMS Scene Time / Summary Prehospital Whole Blood or Blood Component Administered				
Trauma Team Activation	☐ Yes	Level		
	☐ No			
	☐ Timely Activation ☐ Delayed Activation ☐ Missed Activation ☐ Wrong Level of Activation			
Patient Arrival at Trauma Resuscitation Bay/ED	Date	Time	Surgeon/Physician Arrival Time	
Time of Initial Imaging	Chest Xray	Pelvic Xray	CT	CTs obtained
MTP Activated	☐ Yes ☐ No			
	If yes, time requested			
	Time of first unit			
Consultant Services engaged in resuscitation/evaluation				
Response time for services meeting the 30-minute response requirement	Neuro	Ortho	IR	
Patient ED Disposition	☐ OR ☐ Floor ☐ ICU		If transferred	
	☐ IR ☐ Transfer ☐ Other		Transfer decision time	
	Other			
			Total transfer time	

OR Timeline (if ED Disposition)	In OR	Incision	Out of OR	
OR Procedures				
Disposition after OR	☐ Floor ☐ ICU ☐ Expired in OR ☐ Other		Date	Time
	Other			
Length of Stay	ED		☐ Expired in Resuscitation	
	ICU		☐ Expired in ICU	Vent Days
	Hospital		☐ Expired in Hospital	
SBIRT Screening Completed	☐ Yes ☐ No ☐ NA			
	If Yes, SBIRT Intervention Offered		☐ Yes ☐ No	
Timeline of transfers between units (up to three after final destination noted above)	Date		Time	
	Date		Time	
	Date		Time	

PI Event Identified and Level of Harm Event #1			
PI Event Identified			
Level of Harm			
Date			
Primary Review	☐ Yes ☐ No	Date	
Secondary Review	☐ Yes ☐ No	Date	
Tertiary Review	☐ Yes ☐ No	Date	
Action Items that Occurred as Result of Review			
Event Resolution	☐ Yes ☐ No ☐ Ongoing		

PI Event Identified and Level of Harm Event #2			
PI Event Identified			
Level of Harm			
Date			
Primary Review	☐ Yes ☐ No	Date	
Secondary Review	☐ Yes ☐ No	Date	
Tertiary Review	☐ Yes ☐ No	Date	
Action Items that Occurred as Result of Review			
Event Resolution	☐ Yes ☐ No ☐ Ongoing		

PI Event Identified and Level of Harm Event #3			
PI Event Identified			
Level of Harm			
Date			
Primary Review	☐ Yes ☐ No	Date	
Secondary Review	☐ Yes ☐ No	Date	
Tertiary Review	☐ Yes ☐ No	Date	
Action Items that Occurred as Result of Review			
Event Resolution	☐ Yes ☐ No ☐ Ongoing		

Outreach Education to Transferring Facility/Transport	
Identified and Documented	☐ Yes ☐ No