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 ☐ No ☐ Level: _____ 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 ☐ IR ☐ Transfer ☐ If transferred, transfer decision time: _____ Total transfer time: _____		Other

OR Timeline (if ED Disposition) OR Procedures:	In OR	Incision	Out of OR
Disposition after OR	Floor ☐ ICU ☐ Other Expired in OR ☐ Date/Time: _____		
Length of Stay	ED: _____ Expired in Resuscitation ☐	ICU: _____ Vent Days: _____ Expired in ICU ☐	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	
1. PI Event Identified and Level of Harm Event 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 ☐		

2. PI Event Identified and Level of Harm Event: 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 ☐
3. PI Event Identified and Level of Harm Event: 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 ☐