

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 ☐