

WNH----TRAUMA CASE REVIEW----WNH

Pre-Hospital Phase:	YES	NO	N/A	Comment:
Mode of arrival: ALS BLS POV Law enf.				
VS: Stable/unstable				
GCS: Total				
EMS record on chart?				
Scene time > 20 minutes?				
Airway management appropriate?				
Immobilization appropriate?				
IVF appropriate?				
Fluid resuscitation appropriate?				
Interventions appropriate?				
ED/Resuscitative Phase:	YES	NO	N/A	Comment:
Trauma team activation? Time:				
Appropriate level? I II				
Activation criteria?				
*Trauma physician present within 30 minutes?				
*Emergency physician involved in care?				
*Trauma team members' arrival within 10 min of activation?				
Number of hours patient in ER:				
GCS: Total Pain				
VS stable?				
VS & GCS monitored @ appropriate time intervals?				
Airway appropriate?				
2 large bore IV's started?				
IVF appropriate?				
Trauma labs ordered?				
Labs drawn within 15 min of arrival?				
Trauma Xrays ordered?				
CT appropriate?				
CT done within 30 min of arrival?				
Spinal immobilization: a. Was appropriate action taken to identify? b. Possible c-spine injury and prevent further injury?				
Backboard removal <20 minutes?				
Cardiac monitor and NIBP used?				
Primary and Secondary survey noted?				
Major injuries noted: (please list_				
Interventions timely: (foley, NG/OG, etc.)				

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Documentation of hypothermia prevention?				
Trauma H&P documentation?				
Other:				
Perioperative Phase:	YES	NO	N/A	Comment:
Patient taken to OR from ED?				
Time to OR:				
Operative intervention timely?				
Procedure:				
*Transfer Phase:	YES	NO	N/A	Comment:
Patient transfer authorization signed?				
Physician certification of transfer signed?				
Transfer form filled out completely?				
Transfer check list filled out completely?				
Transfer paperwork copied and sent with patient?				
*Death:				
Organ/Tissue donation?				
Was the organ/tissue donor policy followed?				
Autopsy performed?				
Any chart generating a "yes" must be reviewed by the Trauma Team during trauma review				
Performance Improvement Review:				
Are Improvement opportunities identified?				
Comments:				
Signature:				Date:

*Required by state trauma system.