



Trauma Process Improvement Filter Tracking Worksheet

Confidential and Privileged Peer Review and Risk Management Information Pursuant to K.S.A. 65-4915 et seq. and K.S.A 65-4921 et seq.

Trauma #: _____ Account# _____ Admit date & time: _____

Complete for any case involving a TTA, admit, transfer or death.

Data Point	Yes	No	N/A or Comment
1. *EMS Record on Chart? Toned Out time: _____ Arrived on Scene time: _____ Time transported to hospital: _____ Report called: _____ Comments: _____			<input type="checkbox"/> KEMSIS
15. Documentation contains accurate account of trauma? On trauma resuscitation record? YES NO Provider: _____ Primary Nurse: _____ Secondary Nurse: _____			
2. *Emergency department provider presents w/in 30min of notification? Notified: _____ Arrived: _____			
3. *Trauma Team (on-call) members arrival w/in 30min of notification & times documented. Notified Nurse on call time called: _____ Arrived @ _____ X-Ray time called: _____ Arrived @ _____ Lab time called _____ Arrived @ _____			
4. Trauma Team Activated Documented & appropriate trauma level assigned. Time Activated _____ Level I Level II Appropriate: Yes No			
5. *Death			
6. *Transferred or Admitted			
7. *Transfer out > 60 minutes? • Time patient arrived: • Providers decision to Transfer Time: • Time Transport Notified: _____ ETA: _____ • What transport service: • Time Accepting Dr. Called: • Time Patient Accepted: • Time Bed Confirmed: • Transport Arrival: • Transport and Patient Departed: TOTAL TIME: _____			
8. 2 large bore (18ga or larger) IV's started on all level I trauma's? 1 large bore (18ga or larger) IV started on all Level II trauma's?			

* Required by state trauma system

† Required for level 4 only



All transfers will have 2 IV's prior to transfer IV #1 @ _____ ga _____ IV #2 @ _____ ga _____			
9. VS & GCS monitored and documented @ appropriate time intervals? V/S q 5-15 min Yes No Telemetry Yes No GCS on Arrival _____ ½ _____ Depart _____			
10. GCS ≤8 and no endotracheal tube or surgical airway w/in 15 minutes?			
11. Documentation of hypothermia prevention? (bair hugger/warm blankets/warm fluids) Applied Warm Blanket and/or Bair Hugger time: Warm Fluids time:			
12. Was wound care documented? Time: Care performed: Tetanus given: YES NO N/A Antibiotics given: YES NO N/A			
13. Trauma panel drawn w/in 15min of arrival? Time Lab Ordered: _____ Time lab drawn: _____ Labs Done: CBC Electrolytes PT/INR PTT UA Lactate Urine Preg Glucose Tox Screen BAT ABG Serum Preg Other: _____			
14. Trauma X-Ray ordered? X-Ray Done: CXR Pelvis Skull Spine-Cervical Spine-Lumbar/Sac Spine-Thoracic CT Done: Head C-Spine Chest Abdomen Pelvis T-Spine L-Spine Other: _____			
16. Diagnostic reports available < 45 minutes Time Rad test ordered: Time to Radiology: Returned from Radiology: Report back or radiologist called: Total time from test complete to when report received:			
17. Spinal Immobilization: Was appropriate action taken to identify possible C-Spine injury and prevent further injury? Time C-Collar applied: Time C-Collar Removed: by whom:			
18. CAGE alcohol screening done on all admission? Completed on Admit <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Patient/Family complaints regarding care or team performance?			

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Any chart generating a “Yes” must be reviewed by Trauma PI/QI team during trauma review			
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Trauma Summary	
Signature:	Date:

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