

Trauma Case Review Worksheet

Performance Improvement Tracking



Patient Name: _____

Admission Date: _____

Medical Record #: _____

Discharge Date: _____

Time: _____

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 min?				
Airway management appropriate?				
Immobilization appropriate?				
IVF appropriate?				
Fluid Resuscitation appropriate?				
Interventions appropriate?				
ED/Resuscitative Phase:				
Trauma Team Activation? Time:				
Appropriate Level? I II III IV				
Activation Criteria?				
*Trauma Physician Present w/in 30 min of notification?				
*Emergency Physician involved in care?				
*Care provided by NP/PA? (ATLS certified)				
*Trauma Team members arrival w/in 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 w/in 15 min of arrival?				
Trauma X-rays 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 min?				
Cardiac monitor and NIBP used?				
Primary and Secondary survey noted?				
Major Injuries noted: (please list)				

ED/Resuscitative Phase: (cont.)	Yes	No	N/A	Comment:
Interventions timely? (Foley, NG/OG, etc.)				
Documentation of hypothermia prevention?				
Trauma H&P documented?				
Other:				
Perioperative Phase:				
Patient taken to OR from ED?				
Time to OR:				
Operative intervention timely?				
Procedure:				
*Transfer Phase:				
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?				
<i>Any chart generating a "Yes" must be reviewed by Trauma PI Team during Trauma Review</i>				
*Performance Improvement Review:				
Are Improvement opportunities identified?				
Comments:				
Signature:				Date:

**Form to be changed to meet the needs of Improvement process.

* Required by state trauma system

Performance Improvement Form



Demographics Date of Report: Medical Record #: TRISS: ISS:	Source of Information <input type="checkbox"/> Trauma Physician <input type="checkbox"/> Trauma Nurse Manager <input type="checkbox"/> Staff Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Social Services <input type="checkbox"/> EMS <input type="checkbox"/> Post-Incident Debriefing <input type="checkbox"/> Registry <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other:	Location of Issue <input type="checkbox"/> EMS <input type="checkbox"/> ER <input type="checkbox"/> Surgery <input type="checkbox"/> ICU/PACU <input type="checkbox"/> Floor <input type="checkbox"/> Radiology <input type="checkbox"/> Lab <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Security <input type="checkbox"/> Other
Complication, Problem, or Complaint:		
Date of Review:		Reviewed by:
Determination: <input type="checkbox"/> System-related <input type="checkbox"/> Disease-related <input type="checkbox"/> Provider-related <input type="checkbox"/> Unable to determine	Preventability: <input type="checkbox"/> Non-preventable <input type="checkbox"/> Potentially preventable <input type="checkbox"/> Preventable <input type="checkbox"/> Unable to determine	
Corrective Action: <input type="checkbox"/> Not Necessary <input type="checkbox"/> Guideline/protocol <input type="checkbox"/> Resource enhancement <input type="checkbox"/> Trend/track similar occurrences <input type="checkbox"/> Counseling <input type="checkbox"/> Privilege/credentialing review <input type="checkbox"/> Education <input type="checkbox"/> Peer Review <input type="checkbox"/> Other		
Action Plan:		
Signature:		Date:

Adapted from American College of Surgeons, *Resources for Optimal Care of the Injured Patient: 1999, p. 72.*
 Confidential and Privileged Peer Review and Risk Management Information Pursuant to K.S.A. 65-4915 et seq, K.S.A. 65-4921 et seq.