

TRAUMA PI Worksheet/Data Collection**Admit date:**

Name: _____ DOB: _____ Age: _____ Hx#: _____ Admit or Transfer

Co-Morbidities: CVA/Residual Deficit HTN Angina MI A-fib CHF CAD Valves DM Blood Disorder
 Asthma COPD CRF PVD Cirrhosis ADD/ADHD Psych Dementia Depression Anxiety Obesity
 Seizure Alcoholism Drug abuse Smoker **Alcohol Screening done:** _____

MVC MCC ATV Fall Assault Bicycle MPC Burn GSW Stab Other
 MOI Description:

Safety: Lapbelt 3-point restraint Airbag Carseat Helmet Protective clothing Protective Gear None

EMS Agency: _____ Condition: Alert Verbal Pain Unresponsive BB C-collar Splint

Time: Dispatch _____ Arrive scene _____ Depart Scene _____ Arrive Hosp _____

BP: _____ Pulse: _____ Resp: _____ GCS: _____ RTS _____

Airway/O2: _____ IVF amount _____ Attempted/Missed intubation? _____ CPR? _____

EMERGENCY DEPARTMENT

Arrival Date: _____ Arrival Time: _____ Condition: Alert Verbal Painful Unresponsive D/C time: _____

Arrival by: Ambulance Police Private Vehicle Acuity: _____

BP: _____ Pulse: _____ Resp: _____ SPO2: _____ Temp: _____ GCS: _____

Head CT _____ Neg Pos Not Done Neck CT _____ Neg Pos Not Done

C/A/P CT _____ Neg Pos Not Done Ultrasound _____ Neg Pos Not Done

Other _____

Tox: Barb THC Cocaine Opiates PCP Methadone Benzo Amph/Methamph Tricyclics Oxy Ecstasy None Not Done

Labs: Hct _____ Lactate _____ Repeat Lactate _____ ETOH _____

Airway/O2: Room Air NC Bag/mask NRB Cricthyrotomy Oral Airway Oral ETT Trach

CPR started in ED: _____

Blood transfusion in 1st 24 hours: PRBC _____ Plts _____ FFP _____ Cryo _____

Trauma Team Activation: Yes No TTA time: _____ Trauma Level: 1 2

Surgeon _____ Time called: _____ Time arrived: _____ OR time called _____ Time arrived _____

INR _____ BEB _____ TXA [Bolus] _____ TXA [Drip] _____ PFA [value] _____ ISS _____

Reviewer: _____ Date _____

X ray order time:	Patient to X ray time:	Return time
Vital times:		
Nurses note complete:		
If transferred, mode of transportation:		If admitted, admitting Physician:
Length of stay:		
Diagnosis:		
ISS:		
Documented reason for delay for transfer:		

COMPLICATIONS During Hospitalization

QI Indicators			
Missing EMS report	Under Triage	Blood products in ED	Admit Non-Surgeon
Absent hourly charting	Absent appropriate vitals	LOS > 4 hours	
Missing report obtained: _____			

NOTES:

- No improvement opportunities identified
- Requires further review due to:
 - ____ Mortality
 - ____ Missed injury
 - ____ Delay/ Incorrect diagnosis
 - ____ Delay in treatment
 - ____ Skill/knowledge deficit
 - ____ Other
- Trauma PI Tracking Form forwarded to Trauma Program Manager/ Trauma Program Medical Director
- Follow up with caregiver