

# Appendix A: Trauma Care Checklist



Niagara Health System  
Système De Santé De Niagara

PILOT – Use Until Dec 31, 2015,  
Then Review and Finalize with CDC

## World Health Organization (WHO) Trauma Checklist – Prior to ED Departure

Affix Patient Label

Date: \_\_\_\_\_ (dd/mm/yyyy)

Time: \_\_\_\_\_ (hhmm)

1. Is airway secure or do you anticipate further airway intervention?  Yes  No, and plan discussed with team
2. Is the patient's GCS 8 or below?  No  Yes, and patient intubated
3. Has chest x-ray been reviewed and hemo/pneumothorax ruled out?  Yes
4. Is the pulse oximeter on the patient and functioning?  Yes
5. Has the pelvic x-ray been reviewed to rule out a pelvic fracture and pelvic binder considered?  Yes  No (not indicated for penetrating injury)
6. Has appropriate IV access been obtained and fluid resuscitation initiated?  Yes
7. Has an arterial or venous blood gas been performed?  Yes
8. Is the patient in shock (base deficit greater than 6 or persistent tachycardia or hypotension)?  Yes  No  
If yes, has the surgeon been notified?  No  Yes  
Has blood been ordered and MTP considered?  No  Yes
9. Have you assessed for internal bleeding with:  Clinical exam (eg. abd GSW)  FAST  Ultrasound
10. Have you checked for open wounds and controlled external bleeding including from scalp, back, and perineum?  Yes
11. Have you checked neurovascular status of all four (4) limbs?  Yes
12. Has temperature been recorded and hypothermia excluded (temperature less than 35 Celsius)?  Yes, and action taken if needed
13. Have analgesics, antibiotics, and tetanus been considered?  Yes
14. Plan for Patient Disposition:  
 Patient to be transferred out of hospital  Patient to be operated on in hospital  Further investigation required  
If yes, has CritiCall been notified?  No  Yes  
If yes, has the operating room been notified?  No  Yes
15. Have the necessary agents been prepared for transport?  Narcotics  Anxiolytics  Paralytics
16. Has the necessary patient documentation been prepared for transport?  Patient Record  Diagnostics burned to disc
17. Does any member of the trauma team have any issues or concerns that have not been addressed prior to departure from trauma room?

\_\_\_\_\_  
Nurse – Printed Name

\_\_\_\_\_  
Nurse Signature / Status

\_\_\_\_\_  
Physician – Printed Name

\_\_\_\_\_  
Physician Signature

# Appendix B: Adult Trauma Resuscitation Record



## Adult Trauma Resuscitation Record

Affix Patient Label

Arrival Date: \_\_\_\_\_ (dd/mm/yyyy)      Arrival Time: \_\_\_\_\_ (hhmm)  
 Direct from Scene      Transfer From \_\_\_\_\_      Allergies \_\_\_\_\_  
 Method of Transport  Land  Air  Walk-In  Police ( Badge Number \_\_\_\_\_)

Pre-Hospital Care	Date of Incident: <input type="checkbox"/> Same OR _____ (dd/mm/yyyy)	Time of Incident: _____ (hhmm)
	Type of Incident: <input type="checkbox"/> MVC <input type="checkbox"/> Bicycle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Recreation <input type="checkbox"/> Fall <input type="checkbox"/> Violence <input type="checkbox"/> Fire <input type="checkbox"/> Industrial <input type="checkbox"/> Electrocutation <input type="checkbox"/> Blast <input type="checkbox"/> Drowning <input type="checkbox"/> Stab Wound <input type="checkbox"/> GSW <input type="checkbox"/> Other _____	

Pre-Hospital Care	Pre-Arrival VS: BP _____ HR _____ RR _____ SpO <sub>2</sub> _____ GCS /4 /5 /6 = /15				
Pre-Hospital Care	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"> <b>MVC Crash History</b>  <input type="checkbox"/> Single Car  <input type="checkbox"/> Extricated _____  <input type="checkbox"/> Ejected from Car  <input type="checkbox"/> Roll Over  <input type="checkbox"/> Speed Reported _____                 </td> <td style="width: 25%;"> <b>Restraints Reported</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Airbag Deployed                 </td> <td style="width: 25%;"> <b>Patient Position</b>  <input type="checkbox"/> Driver                      Passenger:  <input type="checkbox"/> Front  <input type="checkbox"/> Rear Left  <input type="checkbox"/> Rear Right                 </td> <td style="width: 25%;"> <b>Vehicular Damage Reported</b>                      (indicate site with V)                       Other comment: _____                 </td> </tr> </table>	<b>MVC Crash History</b> <input type="checkbox"/> Single Car <input type="checkbox"/> Extricated _____ <input type="checkbox"/> Ejected from Car <input type="checkbox"/> Roll Over <input type="checkbox"/> Speed Reported _____	<b>Restraints Reported</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Airbag Deployed	<b>Patient Position</b> <input type="checkbox"/> Driver Passenger: <input type="checkbox"/> Front <input type="checkbox"/> Rear Left <input type="checkbox"/> Rear Right	<b>Vehicular Damage Reported</b> (indicate site with V) Other comment: _____
<b>MVC Crash History</b> <input type="checkbox"/> Single Car <input type="checkbox"/> Extricated _____ <input type="checkbox"/> Ejected from Car <input type="checkbox"/> Roll Over <input type="checkbox"/> Speed Reported _____	<b>Restraints Reported</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Airbag Deployed	<b>Patient Position</b> <input type="checkbox"/> Driver Passenger: <input type="checkbox"/> Front <input type="checkbox"/> Rear Left <input type="checkbox"/> Rear Right	<b>Vehicular Damage Reported</b> (indicate site with V) Other comment: _____		

Assessment on Arrival	A	<input type="checkbox"/> Patent <input type="checkbox"/> Drooling <input type="checkbox"/> Stridor <input type="checkbox"/> Swelling <input type="checkbox"/> Obstructed <input type="checkbox"/> ETT <input type="checkbox"/> NTT <input type="checkbox"/> Burns	<input type="checkbox"/> ETT <input type="checkbox"/> OPA <input type="checkbox"/> NTT <input type="checkbox"/> NPA Size _____ Tip to Tip _____	<b>C-Spine Precautions</b> <input type="checkbox"/> Collar <input type="checkbox"/> Board <input type="checkbox"/> In-Situ <input type="checkbox"/> On arrival
	B	<b>Rhythm</b> <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Deep <b>Depth</b> <input type="checkbox"/> Adequate <input type="checkbox"/> Shallow <input type="checkbox"/> Wheezy <b>Quality</b> <input type="checkbox"/> Easy <input type="checkbox"/> Laboured <input type="checkbox"/> Asymmetrical	<input type="checkbox"/> Assisted Ventilations <input type="checkbox"/> Chest Tube <input type="checkbox"/> Right <input type="checkbox"/> Left Output _____ Size _____	
	C	<b>Pulse Rhythm / Quality</b> <input type="checkbox"/> Regular <input type="checkbox"/> Strong <input type="checkbox"/> Normal <input type="checkbox"/> Warm <input type="checkbox"/> Dry <input type="checkbox"/> Irregular <input type="checkbox"/> Weak <input type="checkbox"/> Pale <input type="checkbox"/> Hot <input type="checkbox"/> Moist <input type="checkbox"/> Cyanotic <input type="checkbox"/> Cool <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Flushed	IV Access <input type="checkbox"/> #1 _____ / _____ <input type="checkbox"/> #2 _____ / _____ IO Access <input type="checkbox"/> #1 _____ / _____ <input type="checkbox"/> #2 _____ / _____ <input type="checkbox"/> Central Venous Catheter _____ Total Volume Admin _____ <input type="checkbox"/> Blood Given # units given _____ <input type="checkbox"/> Other _____	
	D	<input type="checkbox"/> Alert <input type="checkbox"/> Combative <input type="checkbox"/> Capillary Glucose _____ <input type="checkbox"/> Oriented x3 <input type="checkbox"/> Lethargic <input type="checkbox"/> Event Amnesia <input type="checkbox"/> Unconscious <input type="checkbox"/> Anxious <input type="checkbox"/> Facial Droop <input type="checkbox"/> Agitated <input type="checkbox"/> Slurred Speech <input type="checkbox"/> Confused <input type="checkbox"/> Extreme Weakness	<input type="checkbox"/> NG Total Output _____ <input type="checkbox"/> Foley _____ Total Output _____ <input type="checkbox"/> Art Line _____ <input type="checkbox"/> Pelvic Binder _____ <input type="checkbox"/> Splints _____ <input type="checkbox"/> Other _____	

**Past Medical History**  Unknown  
 Diabetes  Epilepsy  HTN  CVA/Stroke  MI/ACS  Cardiac Other: \_\_\_\_\_  
 Mental Health  Other \_\_\_\_\_

Medication Pre-Trauma Room				Medication History - From Home		
Time (hhmm)	Medication	Dose	Route	<input type="checkbox"/> Unknown		



# Appendix B: Adult Trauma Resuscitation Record

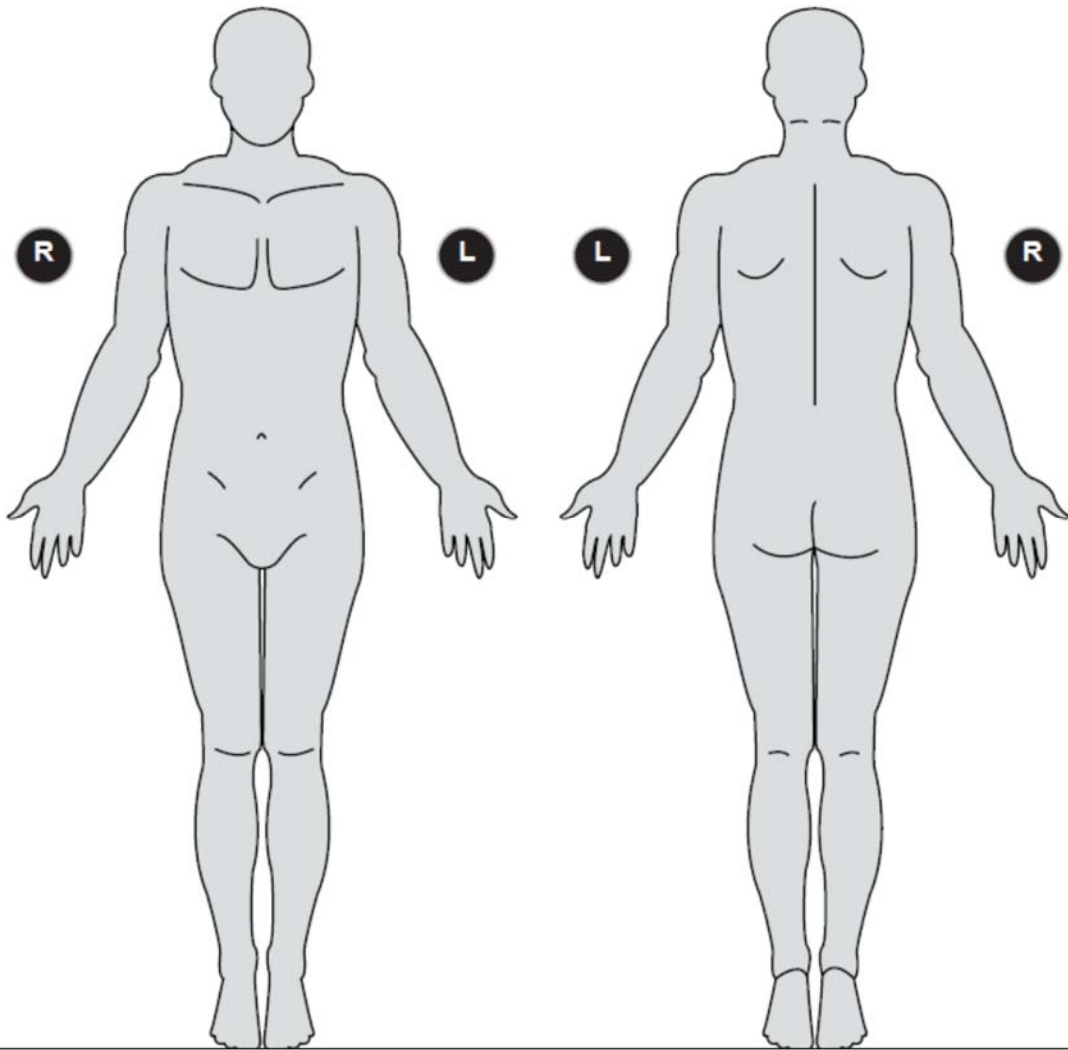
		Time (hhmm)															Time (hhmm)						
COMASCALE	Eyes Open	4	Spontaneously																4	Eyes closed by swelling = C			
		3	To Speech																3				
		2	To Pain																2				
		1	None																1				
	Best Verbal Response	5	Oriented																	5	Endotracheal Tube of Tracheostomy = T		
		4	Confused																	4			
		3	Inappropriate Words																	3			
		2	Incomprehensible																	2			
		1	None																	1			
	Best Motor Response	6	Obey Commands																		6	Usually Record the Best Arm Response	
		5	Localize Pain																		5		
		4	Flexion / Withdrawal																		4		
		3	Flexion to Pain																		3		
		2	Extension to Pain																		2		
		1	None																		1		
GCS TOTAL /15																							
1mm • BP ▽ Peripheral ▲ Arterial HR • 2mm ● 3mm ● 4mm ● 5mm ● 6mm ● 7mm ● 8mm ●	220																						
	200																						
	180																						
	160																						
	140																						
	120																						
	100																						
	80																						
	60																						
	40																						
20																							
Respiratory Effort																					N Normal		
Respiratory Rate																					L Laboured		
Temperature																					A		
Oxygen Saturation																					Asymmetrical		
FiO <sub>2</sub>																					N < 3		
Capillary Refill																					seconds		
Pain (Pain Scale 0 – 10)																					D > 4		
Pupils	Right	Size																			+ Reacts		
		Reaction																			- No		
	Left	Size																			Reaction		
		Reaction																			C Eye		
LIMB MOVEMENT	ARMS	Normal Power																			Record Right (R) and Left (L) separately if there is a difference between the two sides		
		Mild Weakness																					
		Severe Weakness																					
		Spastic Flexion																					
		Extension																					
	No Response																						
	LEGS	Normal Power																					
		Mild Weakness																					
		Severe Weakness																					
		Extension																					
No Response																							

IV / IO Access

# Appendix B: Adult Trauma Resuscitation Record

Time (hhmm)		Site		Size		IV Fluid				By			
Fluid / Blood	Pressure	Warmed	Time (hhmm)										
0.9% Sodium Chloride	<input type="checkbox"/>	<input type="checkbox"/>	Hung Infused										
Ringers Lactate	<input type="checkbox"/>	<input type="checkbox"/>	Hung Infused										
Blood (Packed Red Blood Cells)	<input type="checkbox"/>	<input type="checkbox"/>	Hung Infused										
FFP	<input type="checkbox"/>	<input type="checkbox"/>	Hung Infused										
Platelets	<input type="checkbox"/>	<input type="checkbox"/>	Hung Infused										
Medications	<input type="checkbox"/>	<input type="checkbox"/>	Hung Infused										
Running Totals:													
<b>Blood Administration Records</b>													
<input type="checkbox"/> Massive Transfusion Protocol (MTP) Order Set - ORD46, activated if applicable													
Time (hhmm)		Blood Donor No. or Sticker				Time (hhmm)				Blood Donor No. or Sticker			
		Sticker goes here								Sticker goes here			
		Sticker goes here								Sticker goes here			
		Sticker goes here								Sticker goes here			
		Sticker goes here								Sticker goes here			
		Sticker goes here								Sticker goes here			
		Sticker goes here								Sticker goes here			
		Sticker goes here								Sticker goes here			
		Sticker goes here								Sticker goes here			
		Sticker goes here								Sticker goes here			
Time (hhmm)													
Urine													
NG/OG Tube													
Chest Tube													
Output Total													
Total Intake:				Total Output:				± Balance:					

# Appendix B: Adult Trauma Resuscitation Record



## Injuries

# Fractures	⊙ Contusion	↘ Laceration or Cut	☐ Amputation
⊕ Open Fractures	● Crush	↖ Penetrating Wound	↔ Abrasion

