

Your
Hospital's
Logo
Here

DATE: _____

PATIENT IDENTIFICATION _____

ED TRAUMA FLOW SHEET

NOTIFICATION STATUS			
TIME OF NOTIFICATION		TIME	ROOM #
DATE	CODE YELLOW PAGED	ARRIVED	
	☐ YES ☐ NO		
MODE OF ARRIVAL		☐ POLICE	
☐ AMBULANCE		☐ WALK IN	
☐ AUTO		☐ OTHER _____	
PRE - HOSPITAL CARE			
OXYGEN THERAPY		☐ NONE	
VIA	AT	USERS	
AIRWAY		☐ NONE	
☐ EOA ☐ ETT ☐ ORAL		ACLS ☐ DEFB ☐ OTHER	
☐ LONG ☐ SHORT ☐ SCOP ☐ OTHER		☐ COS ☐ RECS ☐ NYS	
BACKBOARD		☐ NONE	
☐ LONG ☐ SHORT ☐ SCOP ☐ OTHER		CERVICAL COLLAR (TYPES)	
☐ LONG ☐ SHORT ☐ SCOP ☐ OTHER		☐ NONE	
DRESSINGS		☐ NONE	
☐ NONE		SPLINTS ☐ NONE	
TRAUMA TEAM RESPONSE		NAME	
ED PHYSICIAN			
FIREST			
SURGEON			
NCS SURG			
ED TRAUMATRN #1			
ED TRAUMATRN #2			
ANESTHESIA			
RADIOLOGY			
RESPIRATORY THERAPY			
CONSULT/DISCIPLINE	NAME	TIME CALLED	TIME ARRIVED
VALUES/BS ON ARRIVAL		FAMILY NOTIFIED	
		TIME:	
		ARRIVAL:	
		NAME:	

MECHANISM OF INJURY	
INJURY	
☐ ASSAULT	COMMENTS: _____
☐ BURN	☐ FRONT ☐ BACK ☐ OTHER _____
☐ CRUSH	COMMENTS: _____
☐ DROWN	COMMENTS: _____
☐ FALL	DISTANCE: _____
☐ GSW	LOCATION: _____
☐ MVC	☐ BICYCLE ☐ MOTORCYCLE ☐ RESTRAINED ☐ UNRESTRAINED
☐ NO HELMET	☐ HELMET ☐ STEERING WHL ☐ AIRBAG ☐ EXTRICATED
☐ SEATED	☐ DRIVER ☐ PEDESTRIAN ☐ PASSENGER
☐ STABBING	LOCATION: _____
☐ DEATH ON SCENE	COMMENTS: _____
ESTIMATED TIME OF INJURY _____	
DESCRIBED DETAILS _____	

AGE _____ SEX _____ DOB _____

SIGNIFICANT PAST MEDICAL HISTORY _____

MEDICINES _____

ALLERGIES _____

LAST MEAL _____

LAST TETANUS _____

LMP _____

UPT _____ TIME DONE _____

PART OF THE MEDICAL RECORD

Emergency Department Trauma Flow Documentation Sheets

Kimball I. Maull, Jeffrey S. Augenstein

A red circular graphic with a gradient, appearing as a partial circle or a stylized arrow pointing to the right, located to the right of the authors' names.

Emergency Department Trauma Flow Documentation Sheets:

Documentation in Action Lippincott Williams & Wilkins, 2006 Designed for rapid on the job reference Documentation in Action offers comprehensive authoritative practice oriented up to the minute guidelines for documenting every situation in every nursing practice setting and important nursing specialties Need to know information is presented in bulleted lists charts flow sheets sidebars and boxes with icons and illustrative filled in samples Coverage includes documentation for care of patients with various diseases complications emergencies complex procedures and difficulties involving patients families and other health care professionals Suggestions are given for avoiding legal pitfalls involving telephone orders medication reactions patients who refuse care and much more A section addresses computerized documentation HIPAA confidentiality rules use of PDAs nursing informatics and electronic innovations that will soon be universal **Emergency and Trauma**

Care for Nurses and Paramedics Kate Curtis, Clair Ramsden, 2015-10-16 Highlighted skills cross references to the Clinical Skills chapter throughout text Over 30 new case studies Patient journey from pre hospital and emergency specific case studies Critical thinking questions at the end of chapters Chapter 35 Obstetric emergencies now includes Supporting a normal birth **Documentation**, 2007 This full color handbook is a quick reference guide to all aspects of documentation

for every nursing care situation It covers current documentation systems and formats including computerized documentation and features scores of sample filled in forms and in text narrative notes illustrating everything from everyday occurrences to emergency situations Coverage includes timesaving strategies for admission to discharge documentation in acute outpatient rehabilitation long term and home care environments and special documentation practices for selected clinical specialties critical care emergency perioperative maternal neonatal and psychiatric The book includes advice on legal safeguards dangerous abbreviations and compliance with HIPAA guidelines and JCAHO requirements Complete Guide to

Documentation Lippincott Williams & Wilkins, 2008 Thoroughly updated for its Second Edition this comprehensive reference provides clear practical guidelines on documenting patient care in all nursing practice settings the leading clinical specialties and current documentation systems This edition features greatly expanded coverage of computerized charting and electronic medical records EMRs complete guidelines for documenting JCAHO safety goals and new information on charting pain management Hundreds of filled in sample forms show specific content and wording Icons highlight tips and timesavers critical case law and legal safeguards and advice for special situations Appendices include NANDA taxonomy JCAHO documentation standards and documenting outcomes and interventions for key nursing diagnoses **Legal Nurse**

Consulting Principles and Practices Julie Dickinson, Anne Meyer, 2019-09-03 Legal Nurse Consulting Principles and Practices Fourth Edition provides foundational knowledge on the specialty nursing practice of legal nurse consulting Legal nurse consulting is defined and essential information about the practice is discussed history certification scope and standards of practice and ethical and liability considerations The essentials of the law and medical records are explored Analysis of the

various types of legal cases on which legal nurse consultants work is provided as are other practice areas for legal nurse consultants The various roles and skills of legal nurse consultants are explored and the textbook concludes with discussion of the ways in which legal cases are adjudicated This volume allows nurses to bridge the gap from their clinical experience to the unfamiliar territory of the legal world with practical advice on topics including tactics for being cross examined in the courtroom and investigative and analytical techniques for medical records Individual chapters by subject matter experts focus on the full range of legal medical and business issues that new or experienced legal nurse consultants and nurse experts will encounter in their work A nuanced look at the realities and complexities of toxic torts medical malpractice cases civil rights in correctional healthcare ERISA and HMO litigation and other practice areas is offered Suitable for experienced nurses studying for certification as legal nurse consultants and for expert witnesses practitioners seeking to expand their current legal nurse roles and other healthcare and legal practitioners

Portable Health Records in a Mobile Society

Egondur R. Onyejekwe, Jon Rokne, Cory L. Hall, 2019-09-06 This book details how electronic health records EHRs and medical records EMRs can be optimized to enable meaningful interactions between provider and patient to enhance quality of care in this new era of mHealth As the technologies evolve to provide greater opportunities for mHealth applications so do the challenges This book addresses the issues of interoperability limitations data processing errors and patient data privacy while providing instruction on how blockchain like processes can potentially ensure the integrity of an externally maintained EHR Portable Health Records in a Mobile Society identifies important issues and promising solutions to create a truly portable EHRs It is a valuable resource for all informaticians and healthcare providers seeking an up to date resource on how to improve the availability reliability integrity and sustainability of these revolutionary developments in healthcare management

2018 Joint Trauma System (JTS) Clinical Practice Guidelines (CPGs) & DOD TRAUMA REGISTRY DATA DICTIONARY For Military and Civilian Health Care Practitioners, 2018-10-09 Almost 1 000 total pages see index at

beginning of publications for a complete list of included CPGs Each CPG includes a section on the following 1 GOAL 2 BACKGROUND 3 EVALUATION 4 TREATMENT 5 PERFORMANCE IMPROVEMENT PI MONITORING 6 SYSTEM REPORTING reduced burn morbidity and mortality near elimination of extremity compartment syndrome better patient care documentation and improved communication across the spectrum of care between geographically dispersed facilities CPGs are evidence based and developed with experts in the military and civilian communities deployed clinicians Service trauma surgical consultants JTS leadership and formerly deployed Trauma Directors and Coordinators JTS has a formalized process for developing reviewing updating and approving CPGs The guidelines are developed and implemented by clinical subject matter experts in response to needs identified in the military area of responsibility CPGs were developed originally for U S Central Command However collaborative efforts are ongoing with the other Combatant Commands to customize CPGs to their COCOMs INTRODUCTION TO THE JOINT TRAUMA SYSTEM JTS The Joint Trauma System JTS is the Department of

Defense DoD authority for the military's trauma care system. The vision of the Joint Trauma System is that every Soldier, Sailor, Marine, and Airman injured on the battlefield will have the optimum chance for survival and maximum potential for functional recovery. To achieve this vision, in 2006 the JTS implemented programs for data-driven trauma system development and improvement in addition to the collection of trauma data. As part of its data collection efforts, the JTS maintains a registry of trauma patients who received care at medical treatment facilities (MTFs). Since 2007, this registry, known as the DoD Trauma Registry (DoDTR), has documented demographic, injury, treatment, and outcomes data for all trauma patients admitted to any DoD MTF, regardless of whether the injury occurred during ongoing military operations and is the largest military trauma data source in the world. Development of the DoDTR began during the early years of the Global War on Terror (GWOt) when the need to systematically improve trauma care for combat wounded resulted in the impromptu creation of a demonstration registry known then as the Combat Trauma Registry (CTR). The CTR was constructed by the Center for AMEDD Strategic Studies (CASS). Trauma-related information was initially abstracted into it from paper medical records received from trauma nurse coordinators (TNCs) at Landstuhl Regional Medical Center (LRMC) in Germany. Shortly after the demonstration program started, the Army Surgeon General approved its transition to an operational mode, leading to the formation of the Joint Theater Trauma System (JTTS) and eventually the Joint Trauma System (JTS).

Trauma Informatics Kimball I. Maull, Jeffrey S. Augenstein, 1998-03-16. Information and the technology to rapidly transmit, analyze, document, and disperse this information are increasing arithmetically, if not logarithmically. Arguably, no discipline better exemplifies this trend than medicine. It can be further argued that care of the trauma patient is one of the better examples of informatics, and the potential benefit to the health professionals who care for these patients. Maull and Augenstein have provided us with a primer on informatics and its use in trauma care. The subject matter is timely and covers the gamut of trauma care from prehospital to rehabilitation. Who will benefit from trauma informatics? A simple answer would be anyone who takes care of trauma patients. From a broader perspective, however, at least three examples illustrate how trauma informatics can be used today to exert a positive effect on patient outcome. The first example is care of combat casualties, including battlefield resuscitation, evacuation, acute care, and ultimate return to the continental United States. Current technology is such that, via global positioning satellite, a corpsman could transmit to a remote area the vital signs and pertinent physical findings of a combat casualty. Furthermore, the location of the corpsman and the casualty would be precisely known, and consultation and destination disposition would be possible. The injured person, when admitted to a combat support hospital, could be continuously monitored, and additional remote consultation obtained.

Emergency and Trauma Care for Nurses and Paramedics - eBook Kate Curtis, Clair Ramsden, Ramon Z. Shaban, Margaret Fry, Julie Considine, 2019-07-30. Expanded editorial team, all internationally recognized researchers and leaders in Emergency Care. Chapter 6: Patient safety and quality care in emergency. All chapters revised to reflect the most up-to-date evidence-based research and practice. Case studies and practice tips highlight cultural

considerations and communication issues Aligns to NSQHSS 2e NMBA and PBA Standards An eBook included in all print purchases [Joint Trauma System \(JTS\) Clinical Practice Guidelines](#) , Over 700 total pages The JTS Clinical Practice Guidelines CPGs are to the greatest extent possible evidence based The guidelines are developed using a rigorous process that involves subject matter experts in each field evaluating the best available data If you are interested in learning more about the process of developing CPGs please click this link [CPG Development Process](#) This guide for CPG development will help lead you through the methods used to develop and monitor CPGs The JTS remains committed to using the highest levels of analytical and statistical analysis in its CPG development process COMPLETE LIST OF CURRENT JTS CPGs JTS CPG Documentation Process 01 December 2017 Acute Extremity Compartment Syndrome Fasciotomy 25 July 2016 Acute Respiratory Failure 23 January 2017 Airway Management of Traumatic Injuries 17 July 2017 Amputation 1 July 2016 Anesthesia 23 Jun 2016 pdf Aural Blast Injury Acoustic Trauma and Hearing Loss 12 Aug 2016 Battle Non Battle Injury Documentation Resuscitation Record 5 Dec 13 Blunt Abdominal Trauma Splenectomy and Post Splenectomy Vaccination 12 August 2016 Burn Care 11 May 2016 Catastrophic Non Survivable Brain Injury 27 Jan 2017 Cervical Thoracolumbar Spine Injury Evaluation Transport and Surgery in Deployed Setting 05 August 2016 Clinical Mgmt of Military Working Dogs Combined 19 Mar 2012 Clinical Mgmt of Military Working Dogs Zip 19 Mar 2012 zip Damage Control Resuscitation 03 Feb 2017 DCoE Concussion Management Algorithm Cards pdf DoD Policy Guidance for Management of Mild Traumatic Brain Injury Concussion in the Deployed Setting Drowning Management 27 October 2017 Emergent Resuscitative Thoracotomy 11 June 2012 Fresh Whole Blood Transfusion 24 Oct 12 Frostbite and Immersion Foot Care 26 Jan 2017 Frozen Blood 11 July 2016 High Bilateral Amputations and Dismounted Complex Blast Injury 01 August 2016 Hyperkalemia and Dialysis in the Deployed Setting 24 January 2017 Hypothermia Prevention 20 Sept 2012 Infection Prevention in Combat Related Injuries 08 August 2016 Inhalation Injury and Toxic Industrial Chemical Exposure 25 July 2016 Initial Care of Ocular and Adnexal Injuries 24 Nov 2014 Intratheater Transfer and Transport 19 Nov 2008 Invasive Fungal Infection in War Wounds 04 August 2016 Management of Pain Anxiety and Delirium 13 March 2017 Management of War Wounds 25 April 2012 Neurosurgery and Severe Head Injury 02 March 2017 Nutritional Support Using Enteral and Parenteral Methods 04 August 2016 Orthopaedic Trauma Extremity Fractures 15 July 2016 Pelvic Fracture Care 15 March 2017 Prehospital Care 24 Nov 2014 Prevention of Deep Venous Thrombosis Inferior Vena Cava Filter 02 August 2016 Radiology 13 March 2017 REBOA for Hemorrhagic Shock 06 July 2017 Unexploded Ordnance Management 14 Mar 2017 Urologic Trauma Management 1 Nov 2017 Use of Electronic Documentation 5 Jun 2012 Use of MRI in Mgmt of mTBI in the Deployed Setting 11 June 2012 Vascular Injury 12 August 2016 Ventilator Associated Pneumonia 17 Jul 2012

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