

SJRH ED Trauma Process Checklist

Airway:

Transfer pts: confirm all tubes/line placement

- Repeat primary survey

Post intubation CXR, CO₂ colorimetry reviewed, Post intubation analgesia & sedation ordered Spinal clearance documented

Breathing:

PoCUS
Imaging reviewed / post chest tube imaging
ETCO₂ monitoring
Ventilator settings / Blood gases

Circulation:

MTP activated, deactivated per needs Total intake reviewed / IV rates ordered Lab tests reviewed
Imaging reviewed: CXR-pelvis

- Imaging post line insertion

TXA bolus and infusion if within 3 hrs from 'time of injury'
Review home meds

- Reversal agents: PCC (INR result?) or Praxbind

Foley catheter – output monitored
EKG
Permissive Hypotension; penetrating trauma

Disability:

Bedside glucose & Pupils checked
GCS documented with motor score noted
EtOH /drug screening – Withdrawal a concern?

Exposure:

Prevent hypothermia –monitor temperature
Logroll early – penetrating trauma
Preserve evidence – penetrating / assault
Antibiotics in penetrating trauma / open fractures
CPK - crush injuries

Checks:

Family notifications-Urgent?
Tetanus status
RN to accompany to CT

Pediatric:

- Weight
- Accucheck
- Abuse r/o
- Burn: If TBSA >15%(peds):
 - o 3 mls/kg/%TBSA = ½ amount over 8 hrs from 'time of burn'

Post Chest Tube Insertion:

- Imaging check
 - o Fenestrations within thoracic cavity?
 - o Malpositioning corrected?
- Chest tube functioning documented

Burns:

- Do not add 1st degree/superficial burn % for fluid resuscitation
- If TBSA >20%(adult):
 - o 2 mls/kg/%TBSA = ½ amount over 8 hrs from 'time of burn'
- Use Ringers Lactate
- 3DS Burn nurses: dressings
- ENT: airway scope?

Pregnancy: test females reprod. age

Advanced pregnancy:

- Tilt left or manual displacement of uterus
- FHR
- Ongoing fetal monitoring

Geriatric:

- Determine baseline frailty
- Code status

Pt requires Transfer to another facility:

- Call Trauma line