

## RE-ADMISSION FORM

Readmission #: 1st 2nd 3rd 4th 5th                      TR Number:

### DEMOGRAPHY

Abstractor #:

Name:	Med. Record #:
Arrival Date:                      Arr. Time	Planned Re-admission?    Yes    No
Type of Admit: ED    Clinic    Direct	
Admitting Physician	Admitting Service:
Discharge Date:	DC Disposition:

### OR PROCEDURES

Date	Time	Location	Surgeon	Code	Procedure

### COMPLICATIONS

Code	Text	ID Date

# TRAUMA REGISTRY NUMBER:

If this is a Readmission--Please complete the Readmission Form Only

Data Entry By:

Room #:

## DEMOGRAPHY SCREEN

Name		Soc. Security #	
Unknown	ZipCode:	Activation#	
System Access PH/a PH/n ED/a ED/n Trans Intra Other		Med. Record #	
Access Date:		Abstractor#	
Type of Admit Clinic Direct ED UH ED UH PER	Birthdate	Billing Acct.#	
Gender: M F	Race: W B AI AN PI AS O	School Affiliation	LSU Tulane

Chart unavailable to Complete Register

## CAUSES SCREEN

E-Code		Injury Class		Blunt	Penetrating
<b>Protective Devices</b> NA		<b>Place:</b>			
3-point lap & shoulder belt(Norm)	Helmet Used	0 Home	5 Street/Highway		
Airbag Deployment	Other safety equip.	1 Farm	6 Public Building		
Child Safety Seat	Unknown(ND)	2 Mine/Quarry	7 Residential Inst.		
Vehicle lapbelt only	None/Innap. safety equipment used	3 Industry	8 Other Spec	<b>Intent of Injury</b>	
Vehicle shoulderbelt	Protective Eyeware	4 Rec/Sports	9 Unknown	Accidental	
Personal Flotation Device	Protective Clothing			Assault	
Scene Zip Code	Injury Date	Injury Time	Work Related	Vehicular Speed	Self-Inflicted
		NO YES		Undetermined	

## TRANSFER/EN-ROUTE SCREEN

Transferring Facility:		Arrival Date:		Arrival Time:	
Exit Date:	Exit Time:	Admitted? Yes No	Mode of Transport:	Ambulance	Police air medical
<b>Transfer Vital Signs</b>		<b>Airway Device:</b>		self	Pub. Safety citizen
		O2 Device		family	other
Pulse:			Intubated	<b>O2 Sat.:</b>	
SBP: Meas By:			Ventilated	<b>Eye Opening:</b> 1 2 3 4	
DBP:			Intubated & Ventilated	<b>Verbal Response</b> 1 2 3 4 5	
Resp. Rate:			None	<b>Motor Response:</b> 1 2 3 4 5 6	

### Procedure Details

Date:	Time:	Procedure Code:	Procedure Description:

Transport Agency Code:	Departure Time:	Outcome: Significant Decline
Agency Name:	Arrival Time:	Remained stable
	Report on chart? Yes No	Arrested
<input type="checkbox"/> Trauma T-fer Receiving Blood		<input type="checkbox"/> Trauma T-fer Intubated

## DISCHARGE SCREEN

Date of Hospital Exit:	Discharged To: <i>Home</i> <i>Acute Care</i>	Destination Facility:
Time of Hospital Exit:	<i>Non-med.</i> <i>Medical</i> <i>Died</i>	
	<i>LWBS</i> <i>Left w/o disc</i> <i>AMA</i>	

Final Outcome:	Expression	Feeding	Locomotion:	Rehab Potential:
<i>Lived</i>	<i>Pediatrics</i> <i>Indep.</i>	<i>Pediatrics</i> <i>Indep.</i>	<i>Pediatrics</i> <i>Indep.</i>	<i>Unk.</i> <i>Poor</i>
<i>Died</i>	<i>Indep W/ Dev.</i>	<i>Indep W/ Dev.</i>	<i>Indep W/ Dev.</i>	<i>Fair</i> <i>Good</i>
	<i>Partial</i> <i>Total</i>	<i>Partial</i> <i>Total</i>	<i>Partial</i> <i>Total</i>	

Primary Payor:	Secondary Payor:	Follow-Up:
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***The following section is only filled out for mortality cases.***

Death Location:	Organ Donation Requested?	Donated Organs:
<i>Prehosp.</i> <i>Trans. Fac.</i> <i>ED</i>	<i>Yes</i> <i>No</i>	<i>Corneas</i> <i>Heart</i> <i>Lungs</i> <i>Liver</i>
<i>Rad.</i> <i>OR</i> <i>Floor</i>	<i>N/A</i>	<i>Kidneys</i> <i>Pancreas</i> <i>Bone</i> <i>Skin</i>
<i>Stepdown</i> <i>ICU</i> <i>Other</i>	Autopsy Number:	<i>None</i> <i>Unsuitable</i>

## PERFORMANCE REVIEW SCREEN

Date Identified	Issue

# PREHOSPITAL SCREEN

Agency Code	<b>PREHOSPITAL VITALS</b>					
Agency:	Pulse	Airway Device: <i>O2 dev. Intubated Vent.</i>				
	SBP	<i>Intubated/Ventilated None</i>				
Report on Chart?    Yes    No	Measure By:	Eye Opening    1 2 3 4				
Prehospital #	DBP	Verbal Response    1 2 3 4 5				
Date Dispatched	Resp Rate	Motor Response    1 2 3 4 5 6				
	O2 Sat.	Cardiac Arrest?    Yes    No				
<b>TIMES</b>	<b>Prehospital Treatment Details</b>					
Call	<i>Blood Draw</i>	<i>Crico</i>	<i>Ext. Jug.</i>	<i>Intubation</i>	<i>Periph. IV</i>	<i>Spinal Imb.</i>
En Route	<i>C-Collar</i>	<i>Crisis Int.</i>	<i>Ext. Pacem</i>	<i>N. Thoraco.</i>	<i>MAST Apply</i>	<i>Suction</i>
Scene Arrival	<i>Card. Mont.</i>	<i>Defib/cardv.</i>	<i>Extrication</i>	<i>OB Delivery</i>	<i>MAST Infl.</i>	<i>Ventilation</i>
At Patient	<i>CPR</i>	<i>Drug Adm.</i>	<i>Intraoss Inf</i>	<i>Oxygen</i>	<i>Splint Ext.</i>	<i>Wound Mt.</i>
Scene Departure						
Facility Arrival						
# IV =>18g = <b>0 1 2</b>	# IO = <b>0 1 2</b>					

<b>Trauma Triage Criteria:</b>	<b>Mechanism of Injury</b>
<b>VS</b>	<i>Ejection from Auto</i>
<b>Guidelines</b>	<i>Death in Same Passenger Compartment</i>
<i>GCS &lt;14</i>	<i>Extrication &gt;20 Min.</i>
<i>SBP &lt;90</i>	<i>Falls &gt;20 Ft.</i>
<i>RR &lt;10 or &gt;29</i>	<i>Rollover MVC</i>
<i>RTS &lt;11</i>	<b>High Speed Auto Crash:</b>
<i>Peds. TS &lt;9</i>	<i>Speed &gt;40 MPH</i>
<i>Penetrating to Head</i>	<i>Auto Deformity &gt;20 In.</i>
<i>Penetrating to Neck</i>	<i>Intrusion into Passenger Compartment &gt;12in</i>
<i>Penetrating to Torso</i>	<i>Auto-Pedestrian/Bicycle Injury (speed &gt;5 mph)</i>
<i>Penetrating Prox. Extrem.</i>	<i>Pedestrian Thrown or Run Over</i>
<i>Flail Chest</i>	<i>Motorcycle Crash &gt;20 mph</i>
<i>Combo. Trauma with Burns</i>	<i>Motorcycle Crash --Separation of Rider from Bike</i>
<i>Pelvic Fx</i>	
<i>Limb Paralysis</i>	
<i>Amp. Prox. To Wrist/Ankle</i>	
<b>Crushed/Degloved/Mangled Extrem.</b>	
<b>Open or Depressed Skull Fx</b>	

# ADMISSION SCREEN

ED Arrival Date:	Mode of Arrival:	Exit Date
ED Arrival Time:	<i>air medical    self    Pub. Safety    Ambulance</i>	
Adm. Service:	<i>Police    family    other    citizen</i>	
Adm. Physician	Admit Disposition:	Exit Time
	<i>home    floor    stepdown</i>	
	<i>ICU    OR    transferred    died</i>	

**Discharged from ED--Admitted w/in 72 hrs.**

## Activation Details    *The following section is only filled out for ACTIVATED Patients.*

Activation Level:    PARTIAL    REGULAR    Activation Time:

**Trauma Member Details:**     **Sign-In Sheet Missing RN Documentation**  
 **Trauma Activation Sign-In Sheet Missing**

Member Type	Member ID	Called	Arrived	
Trauma Surgeon				
Emergency Physician				
Chief Surgical Resident				
Anesthesiologist				
Blood Bank				

# DIAGNOSES/COMPLICATIONS SCREEN

## Injury Dx

Visit	ICD-9 Dx Code	Description

## Pre-Existing Conditions (Comorbidities)

## Risk Factors (Complications)

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*C-spine Injury not Indicated on Admission*

**TTS Identified Injury**

## PROCEDURES SCREEN -Continued

### ALL BLOOD & FLUID -Treatment Details

First Date	Care Phase	Blood	Amount (Units)	Fluids	Amount (cc's)

- Transfused w/ >=6 units Blood w/l 24 hrs. Post Op*       *Plts/FFP given w/ <8 units RBC's in 1st 24 hrs*  
 *Reintubated following intentional extubation*       *MTP Activated*

## INPATIENT SCREEN

*The following sections are filled out for ADMITTED Patients only.*

### Admitted Patient Details

Patient Location	Room #	Date In	Date Out	Provider

*TTS = < 24 hrs?    N Y*

*TTS > 24 hrs?    N Y*

- Transferred from floor to ICU*  
 *Extubated within 24 hours of RSI*  
 *Remained in C-Collar >72 Hours*

### Consults/Documentation Details

Date	Service	Provider	Note Present

- No Sen Lev Res Cons Note Present w/in 1 hr. of Request*       *No Staff Note Present w/in 24 hrs*

## PROCEDURES SCREEN - ADD ON PAGE

Care Phase	Date	Start Time	CloseTime	ICD-9 Code	Procedure				
Att. Surg	P/S? yes no	Time In	Time Out	Est. Bld. Loss	HSBP	LSBP	L. Temp	Total IV Fluids	<input type="checkbox"/> <b>Unanticipated OP w/l 24 hrs</b> <input type="checkbox"/> <b>Unplanned Return to OR</b>
Att. Surg	P/S? yes no	Time In	Time Out	Est. Bld. Loss	HSBP	LSBP	L. Temp	Total IV Fluids	<input type="checkbox"/> <b>Unanticipated OP w/l 24 hrs</b> <input type="checkbox"/> <b>Unplanned Return to OR</b>
Att. Surg	P/S? yes no	Time In	Time Out	Est. Bld. Loss	HSBP	LSBP	L. Temp	Total IV Fluids	<input type="checkbox"/> <b>Unanticipated OP w/l 24 hrs</b> <input type="checkbox"/> <b>Unplanned Return to OR</b>
Att. Surg	P/S? yes no	Time In	Time Out	Est. Bld. Loss	HSBP	LSBP	L. Temp	Total IV Fluids	<input type="checkbox"/> <b>Unanticipated OP w/l 24 hrs</b> <input type="checkbox"/> <b>Unplanned Return to OR</b>
Att. Surg	P/S? yes no	Time In	Time Out	Est. Bld. Loss	HSBP	LSBP	L. Temp	Total IV Fluids	<input type="checkbox"/> <b>Unanticipated OP w/l 24 hrs</b> <input type="checkbox"/> <b>Unplanned Return to OR</b>
Att. Surg	P/S? yes no	Time In	Time Out	Est. Bld. Loss	HSBP	LSBP	L. Temp	Total IV Fluids	<input type="checkbox"/> <b>Unanticipated OP w/l 24 hrs</b> <input type="checkbox"/> <b>Unplanned Return to OR</b>
Att. Surg	P/S? yes no	Time In	Time Out	Est. Bld. Loss	HSBP	LSBP	L. Temp	Total IV Fluids	<input type="checkbox"/> <b>Unanticipated OP w/l 24 hrs</b> <input type="checkbox"/> <b>Unplanned Return to OR</b>
Att. Surg	P/S? yes no	Time In	Time Out	Est. Bld. Loss	HSBP	LSBP	L. Temp	Total IV Fluids	<input type="checkbox"/> <b>Unanticipated OP w/l 24 hrs</b> <input type="checkbox"/> <b>Unplanned Return to OR</b>



## ASSESSMENT SCREEN

Initial Vitals:		Indicators	
Pulse	Airway Device: <i>O2 dev. Intubated Vent. Intubated/Ventilated None</i>	<b>Labs:</b>	<input type="checkbox"/> <b>VS Not documented hourly</b>
SBP	Eye Opening 1 2 3 4	ETOH Level	<input type="checkbox"/> <b>Neuro Signs Not documented serially</b>
Measured by:		Verbal Response 1 2 3 4 5	<input type="checkbox"/> <b>No hourly charting--Admitted to ICU</b>
DBP	Motor Response 1 2 3 4 5 6		<b>Toxicology Findings:</b> <i>None</i>  <i>Amphetamine</i> <i>Marijuana</i>  <i>Barbituate</i> <i>Opiate</i>
Resp.	Temp:		
O2 Sat.	Temp. Route <i>axil. oral rectal E. steth</i>		
Weight <small>lbs kgs</small>		Highest pCo2	<i>Cocaine</i> <i>Benzodiazapine</i> <i>PCP</i>
Height <small>cm</small>		Lowest pCO2	

Radiology Details			
Date	Time	Study	Body Part

## PROCEDURES SCREEN

Care Phase	Date	Start Time	CloseTime	ICD-9 Code	Procedure				
Att. Surg	P/S? <small>yes no</small>	Time In	Time Out	Est. Bld. Loss	HSBP	LSBP	L. Temp	Total IV Fluids	<input type="checkbox"/> <b>Unanticipated OP w/ 24 hrs</b> <input type="checkbox"/> <b>Unplanned Return to OR</b>
Att. Surg	P/S? <small>yes no</small>	Time In	Time Out	Est. Bld. Loss	HSBP	LSBP	L. Temp	Total IV Fluids	<input type="checkbox"/> <b>Unanticipated OP w/ 24 hrs</b> <input type="checkbox"/> <b>Unplanned Return to OR</b>
Att. Surg	P/S? <small>yes no</small>	Time In	Time Out	Est. Bld. Loss	HSBP	LSBP	L. Temp	Total IV Fluids	<input type="checkbox"/> <b>Unanticipated OP w/ 24 hrs</b> <input type="checkbox"/> <b>Unplanned Return to OR</b>

# TQIP Process Measures

## TRAUMATIC BRAIN INJURY

Highest GCS w/i 24 hrs: \_\_\_\_\_

Highest Motor GCS w/i 24 hrs: \_\_\_\_\_

### GCS QUALIFER

S	Pt chemically sedated/paralyzed
O	Obstruction to the pt's eye
T	Pt intubated
L	Valid GCS: not sedated, intubated, obstructed
TS	Pt intubated & sedated/paralyzed
TO	Pt intubated & obstruction
SP	Pt sedated/paralyzed & obstruction
TSO	Pt intubated & sedated/paralyzed & obstruction

### Cerebral Monitors Placed

- 1) Intraventricular drain/catheter
- 2) Intraparenchymal pressure monitor
- 3) Intraparenchymal oxygen monitor
- 4) Jugular venous bulb

### First cerebral monitor placement

Date: \_\_\_\_\_

Time: \_\_\_\_\_

## VENOUS THROMBOEMBOLISM PROPHYLAXIS

### Type of first dose of VTE prophylaxis

Coumadin  
 Direct Thrombin Inhibitor: Dabigatran (Pradaxa), etc.  
 Heparin  
 LMWH: Dalteparin (Fragmin), Enoxaparin (Lovenox)  
           Tinzaparin (Innohep, Logiparin), Nadroparin  
           (Fraxiparin), Arixtra (Fondaparinux)  
 None  
 Oral Xa Inhibitor: Rivaroxaban (Xarelto), etc.  
 Other

### First Prophylactic Dose

Date Administered: \_\_\_\_\_

Time Administered: \_\_\_\_\_

# TQIP Process Measures 2

## HEMORRHAGE CONTROL

**Collection Criteria:** Collect on all patients with transfusion blood within first 4 hrs after ED/hospital arrival

Lowest ED SBP \_\_\_\_\_

### Transfusion Blood (Units)

	PRBC	FFP	Platelets	Cryo
Within 4 hrs				
Within 24 hrs				

### First Angiography

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Angiogram only

Angiogram with embolization

None

### Embolization Site

Aorta (thoracic or abdominal)	Pelvic (iliac, gluteal, oburator)
Kidneys	Peripheral vascular (neck, extremities)
Liver	Retroperitoneum (lumbar, sacral)
Other	Spleen

### Surgery for Hemorrhage Control Type

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Extremity (peripheral vascular)

Neck

Thoracotomy

Laparotomy

None

Managled extremity/traumatic amputation

Sternotomy

## WITHDRAWAL OF CARE

**Collection Criteria:** Collect on all patients

Withdrawal of Care:      No                      Yes

Date: \_\_\_\_\_

Time: \_\_\_\_\_