PHYSICIAN TRAUMA ADMITTING RECORD (Forward Resuscitative Capability - Formerly Level 2)

(All shaded areas mandatory for Joint Theater Trauma Registry data collection)

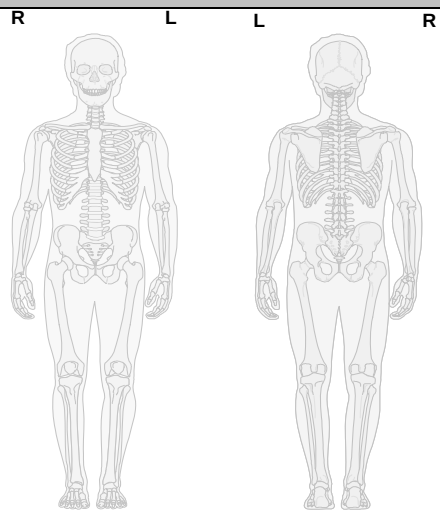
DATE: _____ **VITAL SIGNS**
TIME OF INJURY: _____
TIME OF ARRIVAL: _____ **T**_____ **P**_____ **R**_____ **BP** ____/_____ **O2 Sat** _____
LOCATION OF PRE-HOSP. CARE: _____

TRIAGE CATEGORY
☐ Immediate ☐ Delayed
☐ Minimal ☐ Expectant

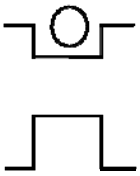
HISTORY & PHYSICAL

INJURY DESCRIPTION

(**AB**)rasion
(**AMP**)utation
(**AV**)ulsion
(**BL**)eeding
(**B**)urn %TBSA_____
(**C**)repitus
(**D**)eformity
(**DG**)Degloving
(**E**)cchymosis
(**FX**)Fracture
(**F**)oriegn Body
(**GSW**)Gun Shot Wound
(**H**)ematoma
(**LAC**)eration
(**PW**)Puncture Wound
(**P**)ain



Pulses Present:
S= Strong
W= Weak
D= Doppler
A=Absent



HISTORY AND PRESENTING ILLNESS: _____
_____
_____

MECHANISM OF INJURY

☐ GSW/Bullet	☐ Assault
☐ Blunt trauma	☐ Chemical
☐ MVC	☐ Biological
☐ Building Collapse	☐ Rad/nuclear
☐ Helo crash	☐ Crush
☐ Plane Crash	☐ Fall
☐ Knife/edge (stab)	☐ Blast/Explosion
☐ Single frag	☐ IED
☐ Multi-frag	☐ Bomb
☐ Flying debris	☐ UXO
☐ Drowning	☐ Mortar
☐ Hot Obj/Liquid	☐ Landmine
☐ Burn	☐ Grenade
☐ Other _____	☐ Machinery

CARE DONE PRIOR TO ARRIVAL

Airway: ☐ no ☐ yes **Type:** _____
IVs: ☐ no ☐ yes **Type:**_____ **Amt:**_____
Chest tube: ☐ no ☐ yes **R** **L** **(circle as applicable)**
Temp control measure: ☐ no ☐ yes **type:** ☐ **body bag** ☐ **other**
Intraosseous access: ☐ no ☐ yes **Location:** _____

HISTORY & PHYSICAL

Head & Neck:
Tymp Membranes
Clear R ☐ L ☐
Blood R ☐ L ☐

Chest:

Abdomen:

Pelvis:

Upper Extremities:

Lower extremities:

RESUSCITATIVE PROCEDURES

☐ C-Collar ☐ Intubate
☐ Airway (oral/ nasal) ☐ CRIC
☐ Chest tube ☐ R ☐ L Output: ☐ Blood: mls _____ ☐ Air
☐ Needle decompression ☐ R ☐ L Output: ☐ Blood: mls _____ ☐ Air
☐ Pericardiocentesis ☐ Thoracotomy

Rectal Exam
Tone_____
Gross blood +/-
Prostate_____
GYN_____

☐ FAST
☐ DPL
☐ NG/OG
☐ Pelvic Binder
☐ Foley

☐ Closed reduction ☐ EXT Fixation
☐ Splint ☐ Wound washout
☐ Tourniquet Type: CAT / SOFTT / Other Time on:_____ Time off:_____

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Neuro: **GCS:**_____
E__/4 **M ___/5** **V ___/6**
C-Spine Tender
☐ Yes ☐ No

Motor Deficit:
None
R UE/LE
L UE/LE

Skin: **Burn: 1st** **2nd** **3rd** **%TBSA**

Vision: Pupils R L

	R	L
Brisk	☐	☐
Sluggish	☐	☐
NR	☐	☐
Hand motion	☐	☐
Light perception	☐	☐
No light perception	☐	☐

Size_____mm _____mm

☐ Sedated
☐ Chemically Paralyzed
☐ Seizure Protocol
☐ Mannitol
☐ Intraosseus
☐ Central Line
☐ A-Line

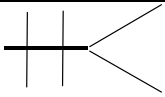
HYPO / HYPERTHERMIA CONTROL MEASURES

Begin temp _____ Time/date
End temp _____ Time/date
Temperature control procedure:
☐ Bair Hugger ☐ Level 1 Fluid Warmer
☐ Chill Buster ☐ Body Bag
☐ Cooling Blanket ☐ Other

LABORATORY

CBC

CHEMISTRY



PT/ INR/ PTT
_____/_____/_____

LFTs
Amylase: _____
Alk Phos: _____
LDH: _____
Bili: _____
SGOT: _____
SGPT: _____
Other:

URINALYSIS
SpGr: _____
Ph: _____
Chem: _____
Micro: _____
RBC: _____
WBC: _____
Bact: _____
HCG: _____

ALLERGIES
☐ NKDA
☐ ASA
☐ PCN
☐ Sulfa
☐ Morphine
☐ Codeine
☐ Latex
☐ Other

ABG
FIO2: _____
Ph: _____
PCO2: _____
PO2: _____
HCO3: _____
Sat: _____
BE: _____

VENT:
YES NO
ETT Size:
_____

MEDICATIONS
☐ **DT**
☐ **Abx** _____
☐ **Versed**
☐ **Morphine**
☐ **Fentanyl**
☐ **Other:**

IV FLUIDS/BLOOD PRODUCTS
☐ **Crystalloids** _____**cc's** **NS** **LR**
☐ **Colloids** _____**cc's**
☐ **PRBC's** _____ _____**units**
☐ **FFP** _____ _____**units**
☐ **Whole Bld** _____ _____**units**
☐ **Cryo** _____ _____**units**
☐ **PLT's** _____ _____**packs**

PMH
☐ Unknown ☐ HTN
☐ None ☐ DM
☐ Cardiac ☐ Ulcer
☐ Respiratoy ☐ Other
☐ Seizure

Patient NAME/ID: **Date: (dd,mm,yy)**
Last: **First** **MI**
SSN/ID **DOB/AGE**

PHYSICIAN TRAUMA ADMITTING RECORD (Forward Resuscitative Capability - Formerly Level 2)

X-RAYS	OBTAINED	PENDING	RESULTS
CXR	☐ SUPINE ☐ UP RIGHT ☐ _____		
OTHER	☐ C-SPINE ☐ PELVIS ☐ LLE ☐ RLE ☐ RUE ☐ LUE ☐ _____ ☐ _____		

IMPRESSION

DIAGNOSIS

1

2

3

4

5

PLAN

DNBI CATEGORY

☐ Cardiac	☐ GI	☐ Injury, MVC	☐ Psychiatric, Stress	☐ _____
☐ Dermatologic	☐ Heat/Cold	☐ Injury, Work/Training	☐ Pulmonary	☐ _____
☐ Endocrine	☐ Infectious Dz	☐ Injury,Other	☐ STDs	☐ _____
☐ FUO	☐ Injury,Sports	☐ Neurologic	☐ All Other Medical/Surgical	☐ _____

PROTECTIVE GEAR	WORN	NOT WORN	STRUCK	PENETRATED
Helmet circle: Kevlar/ ACH/ MICH/ CVC/ AVN/ USMC	☐	☐	☐	☐
Flak Vest/IBA circle: XS/ S/ M/ L/ XL/ XXL/ XXXL/ XXXXL	☐	☐	☐	☐
Ceramic Plate circle: XS/ S/ M/ L/ XL	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐
Eyewear eyeglasses/SG-1/BLPS/UVEX XC/ESS land/ESS NVG/SWDG	☐	☐	☐	☐
Deltoid/Axilla ext.	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐
Neck Protector (yoke and collar, throat protector)	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐
Groin/leg ext.	G ☐ L ☐	G ☐ L ☐	G ☐ L ☐	G ☐ L ☐

Evacuated/ Dispositioned to:

☐ **Admit to** _____

☐ **Evac to** **III, IV, HN, Coalition**

Name of facility: _____

☐ **RTD Unit** _____

☐ **Deceased (see below)**

EVAC PRIORITY

☐ **Routine**

☐ **Priority**

☐ **Urgent**

Time of disposition: _____

Damage Control: ☐ yes ☐ no

Hypothermia: ☐ yes ☐ no

Coagulopathy: ☐ yes ☐ no

Shock? ☐ **Yes** ☐ **No**

Attending Staff:

Physician Signature:_____

Physician Printed or Typed Name: _____

Cause of Death

Anatomic:

☐ Airway ☐ Chest ☐ Extremity U/L
☐ Head ☐ Pelvis ☐ Other, specify
☐ Neck ☐ Abdomen

Physiologic:

☐ MOF ☐ Hemorrhage ☐ Other
☐ CNS ☐ Total Body Disruption
☐ Sepsis ☐ Breathing

Patient ID/SSN:

Last **First** **MI** **MTF**

SSN/ID **DOB/AGE**