JOINT THEATER TRAUMA NURSING RECORD (Theater Hospitalization Capability - Previously Level 3)

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

ARRIVAL STATUS

Date: _____
Time of arrival: _____
Time of injury:_____
Transit time: _____

C-spine immob: Y/N Functional IV: Y/N
Intubated: Y/N Cric: Y/N Needle Decompr: Y/N
T: ____ **BP:** ____/____ **HR:** ____ **RR:** ____ **O_2Sat:** ____
PAIN: _____ **0 1 2 3 4 5 6 7 8 9 10**
Last Tetanus: _____ **GCS:** _____

TRIAGE CATEGORY

- ☐ Immediate
- ☐ Delayed
- ☐ Minimal
- ☐ Expectant

WOUNDED BY

- ☐ Unknown
- ☐ Enemy
- ☐ Friendly
- ☐ Civ (Host nation)
- ☐ Training
- ☐ Self accident
- ☐ Self inflicted
- ☐ Sports recreation
- ☐ Other:

MODE OF ARRIVAL

- ☐ Walked
- ☐ Carried
- ☐ USMC CASEVAC
- ☐ Non-med ground
- ☐ Ground ambulance
- ☐ Non-med air
- ☐ Air ambulance
- ☐ Ship EVAC
- ☐ Other:

PATIENT CATEGORY

Nation:
- ☐ US
- ☐ Host nation
- ☐ Coalition: _____
- ☐ Enemy: _____

Service:
- ☐ USA
- ☐ USN
- ☐ USMC
- ☐ USAF
- ☐ SOF
- ☐ Civilian
- ☐ Combatants
- ☐ Contractor
- ☐ ING
- ☐ IP
- ☐ Non-gov't org
- ☐ Other:

☐ **ID WRIST BAND ON**

TOURNIQUET

☐ Yes ☐ No
Time on: _____ off:_____
Type: CAT/ SOFTT/ Other:____

CPR IN PROGRESS

☐ Yes ☐ No
Time started: _____
Time ended: _____

GENDER

- ☐ Male
- ☐ Female

PRE-HOSP. WARMING

- ☐ Blanket
- ☐ Space blanket
- ☐ Body bag
- ☐ Other:

HOSP. WARMING

- ☐ Radiant warmer
- ☐ IV bag warmer
- ☐ Bair hugger
- ☐ Level I
- ☐ Other:

PRE HOSP. MEDS @ _____ (time)

☐ Morphine _____ ☐ RSI meds ☐ Antibiotic ☐ Other:
☐ Fentanyl _____ ☐ Seizure med ☐ Mannitol

CHIEF COMPLAINT

EVAC FROM (Check/circle all that apply)

- ☐ Field
- ☐ Coalition

USA/ USN/ USAF/ USMC/
Level I IIa IIb III

PRIMARY SURVEY

AIRWAY

- ☐ Patent
- ☐ Stridor
- ☐ Drooling
- ☐ Obstructed
- ☐ Oral/Nasal Airway
- ☐ BVM
- ☐ Combi tube
- ☐ Intubated
- ☐ Other:

BREATHING

- ☐ Unlabored
- ☐ Labored
- ☐ Absent
- ☐ Retraction
- ☐ Flaring

Breath Sounds

Right	Left
☐ Clear	☐
☐ Rales	☐
☐ Flail	☐
☐ Wheeze	☐
☐ Absent	☐

Trachea: ☐Midline ☐Deviated
Chest symmetry: (circle one)
Left> Equal <Right

CIRCULATION

Skin:
☐ Warm ☐ Cool ☐ Hot
☐ Pink ☐ Pale ☐ Cyanotic
☐ Dry ☐ Moist ☐ Diaph

Heart Sounds:
☐ Clear ☐ Muffled

Capillary Refill:
☐ <2 seconds (normal)
☐ >2 seconds (delayed)

DEFICIT/NEURO

- ☐ Alert
- ☐ Responds to verbal
- ☐ Responds to pain
- ☐ Unresponsive

GCS: _____
Eyes __/ 4 Verbal __/ 5
Motor __/ 6 **Total___/ 15**
Sphincter Tone:
☐ WNL ☐ Weak ☐ None

SECONDARY SURVEY

HEAD/NECK EENT

Drainage:
Nose (color): _____
CSF: + / -

Eyes: Equal R / L
Fixed R / L
Reactive R / L
Dilated R / L
Other: _____
C-Spine tender:
☐ Yes ☐ No
Dental injury:
☐ Yes ☐ No
Tympanic Membrane:
Clear R L
Blood R L

HEART

Rhythm:
- ☐ NSR (tachy/brady)
- ☐ V-fib/tach
- ☐ PEA
- ☐ Asystole
- ☐ Other

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

Carotid ____ R ____ L
Femoral ____ R ____ L
Brachial ____ R ____ L
Radial ____ R ____ L
Pedal ____ R ____ L

JVD Distension: ☐ Yes ☐ No

ABDOMINAL/GU

- ☐ Flat
- ☐ Distended
- ☐ Obese
- ☐ Non-tender
- ☐ Tender
- ☐ Rigid
- ☐ Guarding
- ☐ Rebound tenderness
- ☐ Unable to assess
- ☐ Open wound

Pelvis stable: ☐ Yes ☐ No
Binder: ☐ Yes ☐ No
Hemorrhage: ☐ Yes ☐ No
Blood at meatus/vagina: ☐ Yes ☐ No
Prostate:
- ☐ WNL
- ☐ Abnormal

Heme +/-

FAST DONE: POS / NEG / NA

Last Meal @ _____

EXTREMITIES

Fracture/dislocation:
☐ RUE ☐ RLE
☐ LUE ☐ LLE

	Motor	Sens	ROM
RUE	+ / -	+ / -	+ / -
LUE	+ / -	+ / -	+ / -
RLE	+ / -	+ / -	+ / -
LLE	+ / -	+ / -	+ / -

LOG ROLL TIME: _____

Back exam:
- ☐ WNL
- ☐ ABNL (describe)

_____

PATIENT IDENTIFICATION

Name/Rank:
SSN/Patient Id #:

DOB: (ddmmyy) Age:_____

Deployed unit:

MTF transferred from: MTF:

ALLERGIES

- ☐ Unknown
- ☐ NKDA
- ☐ PCN
- ☐ Sulfa
- ☐ Morphine
- ☐ Codeine
- ☐ Other:

_____
_____

PAST MED HX

- ☐ Unknown
- ☐ None
- ☐ Respiratory hx
- ☐ Seizure hx
- ☐ Cardiac hx
- ☐ HTN
- ☐ DM
- ☐ Ulcers
- ☐ Other:

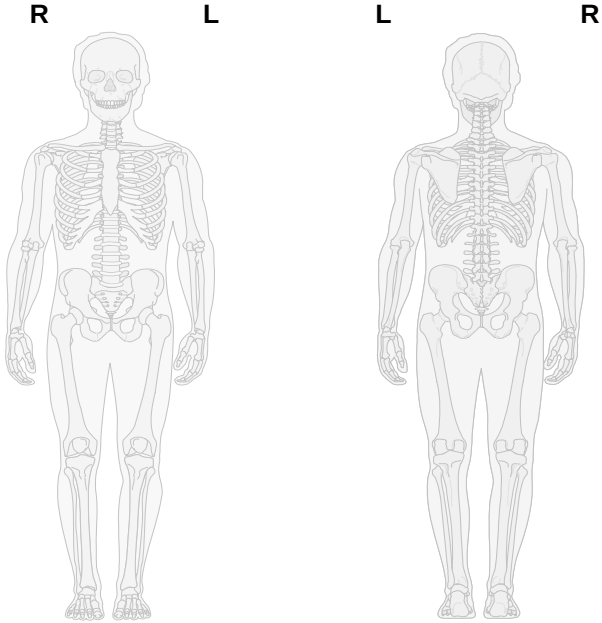
CURRENT MEDICATIONS

- ☐ Unknown
- ☐ None
- ☐ List current meds:

_____
_____
_____
_____
_____
_____

SECONDARY SURVEY

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



MECHANISM OF INJURY

- ☐ GSW/Bullet
- ☐ Blunt trauma
- ☐ Single frag
- ☐ Multi-frag
- ☐ Plane crash
- ☐ Helo crash
- ☐ Knife (stab)
- ☐ Mortar
- ☐ RPG/Grenade
- ☐ Drowning
- ☐ Flying Debris
- ☐ Machinery
- ☐ Landmine
- ☐ Building collapse
- ☐ Assault / fight
- ☐ Other:
- ☐ MVC
- ☐ Blast
- ☐ Burn
- ☐ Crush
- ☐ Fall
- ☐ IED
- ☐ Chemical
- ☐ Biological
- ☐ Radiologic
- ☐ Nuclear
- ☐ Bomb
- ☐ UXO
- ☐ Hot obj/liq

Burn:
☐ 1st ☐ 2nd ☐ 3rd
%TBSA = _____

PRE-HOSPITAL HEMOSTATIC DEVICES:

☐ Unknown ☐ None ☐ Direct Pressure ☐ Field Dressing
☐ Quick Clot ☐ Fibrin bandage (Type: _____ example: Chitosan) ☐ Other: _____

PROTECTIVE GEAR	Worn	Not Worn	Struck	Penetrated
Helmet (Kevlar / ACH /MICH / CVC / AVN / USMC)	☐	☐	☐	☐
Flak vest/IBA (circle XSM/S/M/L/XL/XXL/XXXL/XXXXL)	☐	☐	☐	☐
Ceramic plate (circle XSM / S / M / L / XL)	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐
Eyewear (SPECS/SG-1/BLPS/UVEX XC/ESS land/ESS NVG/SWDG)	☐	☐	☐	☐
Deltoid/Axilla ext (left/ right)	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐
Neck Protector (collar/ throat)	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐
Groin/leg ext	G ☐ L ☐	☐ ☐	G ☐ L ☐	G ☐ L ☐

TIME	PROCEDURE	SIZE	SITE		BY	RESULTS	
	ET intubation	Teeth_____	☐ oral ☐ nasal			☐ $ETCO_2$ change ☐ BBS post int.	
	Gastric Tube		☐ oral ☐ nasal			☐ Verified _____ Suction Y N	
	Urinary		☐ meatus ☐ supra.			Heme dip + / - Results _____cc	
	Chest tube #1		L	R		air	blood
	Chest tube #2		L	R		air	blood
	A-line		L	R			
	Thoracotomy		L	R			
	Tourniquet	Type:	Site:				

X-RAY TIME	X-RAY TYPE	CT TIME	CT TYPE
	Chest		Head
	Abdom.		Chest
	C-spine		Abdom.
	Pelvis		Pelvis
	Extrem.		
O2 on:	O2 off:	Nasal canula ☐	
		NRB Mask ☐	
		BVM ☐	

LABS

Time	Test	Time	Test
	CBC		T & S
	ABG		T & C x ____
	Chemistry		UA
	PT/PTT		HCG
	TEG		Other

Intravenous Access

Time	#	gauge	IVF type	site	amt up	amt in
					total:	

PATIENT IDENTIFICATION

Name: (Last/First/Rank) **DOB:** (ddmmyy)
Age
Patient Id./SSN: **Deployed Unit**

IV FLUIDS						NOTES
TIME	FLUID	RATE	START	STOP	VOLUME	

BLOOD PRODUCTS					
UNIT #	TYPE	START	STOP	INITIAL	VOLUME

MEDICATIONS				
DRUG	DOSE	ROUTE	TIME	INITIAL

VITAL SIGNS							
TIME	NBP	ABP	HR	RR	TEMP	SAO2	RYTHYM

INTUBATION MECH/VENT

TIME: _____
FIO2: _____
PEEP: _____
MODE: _____
RATE _____
TV: _____

DEATH INFORMATION

Time of Death:_____

Mortuary Affairs Notified?
Yes No

Time to Morgue: _____

DISPOSITION

ADMIT: OR ICU ICW TIME:_____
RTD: FULL QUARTER PROFILE
AIR EVACUATION TO: _____
TIME DISPOSITION:_____ LITTER W/C AMBULATORY

VALUABLES

	None found
	Secured by PAD
	Given to Patient
Time:_____	

PATIENT IDENTIFICATION

Name:
SSN:
Trauma No.:

Nurse Name:

Signature: