

Health Sciences North/Horizon Santé Nord

Trauma Care Checklist	Emergency Department		COMMENTS
	Yes	N/A	
Trauma Time Out/Handover complete			
Is further airway intervention needed? <input type="checkbox"/> GCS 8 or below <input type="checkbox"/> Hypoxemia <input type="checkbox"/> Hypercarbia <input type="checkbox"/> Face <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Other severe trauma			Tube size:
Is there a Pneumothorax/Haemothorax/Tension pneumothorax/haemothorax			
Chest drain placed			Size:
Pulse Oximeter placed and functioning			
Large-bore Intravenous x 2 placed			
Massive Blood Transfusion Protocol initiated			
Full survey for (and control of) external bleeding: <input type="checkbox"/> Scalp <input type="checkbox"/> Perineum <input type="checkbox"/> Back			
Assessed for pelvic fracture by: <input type="checkbox"/> Examination <input type="checkbox"/> Radiology <input type="checkbox"/> CT Scan <input type="checkbox"/> Digital Rectal Examination			
Assessed for internal bleeding? <input type="checkbox"/> Examination <input type="checkbox"/> Focused Assessment Sonography for Trauma (F.A.S.T.)			
Tranexamic Acid administered			Dosage:
Spinal immobilization required			
Temperature documented			Value:
If no contraindications: <input type="checkbox"/> Urinary catheter <input type="checkbox"/> Nasogastric <input type="checkbox"/> Orogastic tube			
Before Trauma Team leaves the Patient			
Administered <input type="checkbox"/> Tetanus Vaccine (Td) <input type="checkbox"/> Analgesics <input type="checkbox"/> Antibiotics			
All tests and imaging reviewed by Trauma Team Leader			
Serial Examinations <input type="checkbox"/> Neurological <input type="checkbox"/> Vascular <input type="checkbox"/> Abdominal			
Plan of care discussed with: <input type="checkbox"/> Patient/Family <input type="checkbox"/> Primary Team <input type="checkbox"/> Relevant Specialists <input type="checkbox"/> Receiving Unit			
Trauma Resuscitation Record completed			
Blood cooler returned to Transfusion Medicine			
Date:	Trauma Team Leader Initials:	Primary Nurse's Signature:	