RESUSCITATION RECORD
Part I, Nursing Flow Sheet

1. PATIENT INFORMATION

1.1 TRAUMA TEAM DATA

Service	Time Called	Time Arrived	Name
ED Physician			
Trauma Surgeon			
Respiratory Therapy			
Anesthesiology			
Lab/Blood Bank			
Radiology			
Pharmacy			
Consult (i.e. Ortho)			

1.2 ARRIVAL
Date
Time of Arrival
Time of Injury
Date of Injury
Transit Time minutes

1.3 EVAC FROM
☐ 1st Responder
☐ Forward Resuscitative Care
☐ Theater Hospital
Location

1.4 MODE OF ARRIVAL
☐ Walked/Carried
☐ CASEVAC - Air
☐ CASEVAC - Ground
☐ MEDEVAC - Air
Mission #
☐ MEDEVAC - Ground
Mission #
☐ CCATT
☐ Ship EVAC
☐ AE
☐ Other (specify):

1.5 INJURY TYPE
☐ Blunt
☐ Burn
☐ Penetrating

1.6 INJURY CLASSIFICATION
☐ Battle
☐ Non-Battle
☐ Unknown

1.7 TRIAGE CATEGORY
☐ Immediate
☐ Delayed
☐ Minimal
☐ Expectant

1.8 VALUABLES FOUND
☐ None
☐ Given to Patient
☐ Secured by PAD
Time

1.9 PATIENT CATEGORY
☐ USA
☐ USAF
☐ USMC
☐ USN
☐ USCG
☐ USPHS
☐ Civilian - Local
☐ Civilian - Other
☐ Contractor
☐ EPW
☐ NATO Coalition
☐ Non-NATO Coalition
☐ Other (specify:)

1.10 INJURY CAUSE
☐ Building Collapse
☐ Bullet/GSW/Firearm
☐ Burn
☐ EFP
☐ Fall
☐ Fire/Flame
☐ IED
☐ Inhalation Injury
☐ Mine
☐ Mortar / rocket / artillery shell
☐ Multi-frag
☐ MVC
☐ Sports
☐ UXO
☐ Other (specify):

2. CARE DONE PRIOR TO ARRIVAL

2.1 PREHOSPITAL TOURNIQUET

Upper Extremities:
Type:
☐ CAT ☐ SOFTT
☐ Other
Time on Off
☐ R How many? ☐ 1 ☐ 2 ☐ 3 ☐ 4
Effective? ☐ Y ☐ N
☐ L How many? ☐ 1 ☐ 2 ☐ 3 ☐ 4
Effective? ☐ Y ☐ N

Lower Extremities:
Type:
☐ CAT ☐ SOFTT
☐ Other
Time on Off
☐ R How many? ☐ 1 ☐ 2 ☐ 3 ☐ 4
Effective? ☐ Y ☐ N
☐ L How many? ☐ 1 ☐ 2 ☐ 3 ☐ 4
Effective? ☐ Y ☐ N

2.2 PREHOSPITAL VITALS
GCS
Eye ___/4
Verbal ___/5
Motor ___/6
Total ___/15
T
P
RR
BP ___/___
O2 Sat

2.3 PREHOSPITAL HEMORRHAGE CONTROL MEASURES
☐ Celox
☐ ChitoFlex
☐ Combat Gauze
☐ Direct Pressure
☐ Field Dressing
☐ HemCon
☐ QuikClot
☐ None
☐ Unknown
☐ Other (specify):

2.4 PREHOSPITAL WARMING
☐ Blanket
☐ Body Bag
☐ HPMK
☐ Space Blanket
☐ Other

2.5 PREHOSPITAL MEDS

2.6 PREHOSPITAL INTERVENTIONS

Prehospital airway	☐ Y	☐ N
Intubated.....	☐ Y	☐ N
Cric	☐ Y	☐ N
Trach.....	☐ Y	☐ N
Needle decompression	☐ Y	☐ N
C-spine immobilized	☐ Y	☐ N
Pelvic Binder	☐ Y	☐ N
IO Infusions	☐ Y	☐ N
Eye Shield OS	☐ Y	☐ N
Eye Shield OD	☐ Y	☐ N
CPR prior to arrival	☐ Y	☐ N

3. PRIMARY SURVEY

3.1 VITALS
P
RR
BP ___/___
O2 Sat
Pain scale (1-10)

3.2 AIRWAY
☐ Patent
☐ Stridor
☐ Drooling
☐ Obstructed
☐ Oral/Nasal Airway
☐ BVM
☐ Intubated
☐ Combi Tube
☐ Other

3.3 HYPO / HYPERTHERMIA CONTROL MEASURES
Arrival Temp ☐ F ☐ C
Time Date
Route ☐ Oral ☐ Axillary ☐ Rectal
Temperature Control Procedure:
☐ Bair Hugger ☐ Warming Blanket
☐ Fluid Warmer ☐ Cooling Blanket
☐ Other

3.4 CPR IN ED ☐ Y ☐ N
Start time Stop time
Notes/Comments

3.5 BREATHING
☐ Unlabored
☐ Labored
☐ Flaring
☐ Retraction
☐ Absent

Breath Sounds:

Clear	☐ R	☐ L
Rales	☐ R	☐ L
Wheeze	☐ R	☐ L
Absent	☐ R	☐ L

Chest Symmetry:
☐ Equal ☐ Left > ☐ Right >

Trachea:
☐ Midline
☐ Deviated

Flail
☐ R
☐ L

3.6 CIRCULATION
Skin:
☐ Warm ☐ Cool ☐ Hot
☐ Pink ☐ Pale ☐ Cyanotic
☐ Dry ☐ Moist ☐ Diaphoretic

Heart Sounds:
☐ Clear ☐ Muffled

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

3.7 DEFICIT / NEURO
☐ Alert-obeys commands
☐ Responds to verbal stimuli
☐ Responds to painful stimuli
☐ Unresponsive to painful stimuli

GCS:
Eye ___/4
Verbal ___/5
Motor ___/6
Total ___/15

Pediatric Broselow Tape Color

PATIENT IDENTIFICATION
Name: Last First MI Rank
Patient ID/SSN BRN Medical Record # DOB Age Gender ☐ M ☐ F
Facility Name Facility Location MOS/AFSC/NEC Deployed/Assigned Unit
Nurse Name Nurse Signature

RESUSCITATION RECORD
Part I, Nursing Flow Sheet

4. SECONDARY SURVEY

4.1 HEAD / NECK ENT

Drainage:
- ☐ Nasal (Color) _____
- ☐ Ear (Color) _____

Dental Injury ☐ Y ☐ N

CSF (Halo Test) ☐ + / ☐ -

C-spine Tender ☐ Y ☐ N

JVD ☐ Y ☐ N

Reactive Pupils

Right:	Left:
☐ Y ☐ N	☐ Y ☐ N
☐ Brisk	☐ Brisk
☐ Sluggish	☐ Sluggish
☐ NR	☐ NR

4.2 HEART / THORACIC

Rhythm
- ☐ NSR
- ☐ Tachy/Brady
- ☐ V-fib / V-tach
- ☐ PEA
- ☐ Asystole
- ☐ Other _____

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

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

4.3 ABDOMINAL/GU
- ☐ Open Wound
- ☐ Flat
- ☐ Obese
- ☐ Distended
- ☐ Tender
- ☐ Non-Tender
- ☐ Rebound Tenderness
- ☐ Guarding
- ☐ Rigid
- ☐ Unable to Assess

Pelvic binder ☐ Y ☐ N

Blood at meatus/vagina ☐ Y ☐ N

FAST
- ☐ + describe _____
- ☐ -
- ☐ Equivocal

Last meal @ _____

4.4 EXTREMITIES

Deformities	Pulses Present	Motor	Sensory
☐ RUE	_____	☐ Y ☐ N	☐ Y ☐ N
☐ LUE	_____	☐ Y ☐ N	☐ Y ☐ N
☐ RLE	_____	☐ Y ☐ N	☐ Y ☐ N
☐ LLE	_____	☐ Y ☐ N	☐ Y ☐ N

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

4.5 ALLERGIES

☐ Unknown ☐ NKDA Other _____

4.6 CURRENT MEDICATIONS

☐ Unknown ☐ Last Tetanus Date _____
☐ None
☐ Current Meds: (List med, dose, & route)

_____
_____
_____
_____

4.7 PROCEDURES

Procedure	Time	Size/Type	Site	Performed By	Results
O_2 Therapy ____ Lpm	On _____ Off _____	☐ Nasal Cannula ☐ Oral Airway ☐ NRB Mask ☐ Nasal Airway ____ % ☐ BVM	_____	_____	
ET Intubation (Note changes in remarks)	Time _____	Teeth _____ cm	☐ Oral ☐ Nasal	_____	☐ $ETCO_2$ Change ☐ BBS Post Intubation
C-Collar Placed	Time _____	C-Collar Removed Time _____			

Procedure	Time	Size/Type	Site	Performed By	Results
Chest Tube #1	Time _____	_____	☐ L ☐ R	_____	☐ Air Blood (cc) _____
Chest Tube #2	Time _____	_____	☐ L ☐ R	_____	☐ Air Blood (cc) _____
Needle Decompression	Time _____	_____	☐ L ☐ R	_____	☐ Air Blood (cc) _____
Thoracotomy	Time _____		☐ L ☐ R ☐ Clamshell	_____	
Tourniquet	Time _____	Types _____	Sites _____	_____	
Eye Shield	Time _____		☐ OS ☐ OD ☐ Both	_____	
A-line	Time _____	_____	☐ L ☐ R	_____	
Gastric Tube	Time _____	_____	☐ Oral ☐ Nasal	_____	Verified ☐ Y ☐ N Suction ☐ Y ☐ N
Urinary	Time _____	Amount _____ Color _____ Foley Size _____	☐ Meatus ☐ Suprapubic	_____	Heme Dip ☐ - / ☐ + Results _____ cc
Other Procedure	Time _____	Describe _____			
Other Procedure	Time _____	Describe _____			

Hemorrhage Control Measures
☐ Celox ☐ ChitoFlex ☐ Combat Gauze ☐ Direct Pressure ☐ Field Dressing ☐ HemCon ☐ QuikClot ☐ None ☐ Unknown ☐ Other _____

PATIENT IDENTIFICATION Name: Last _____ First _____ MI ____ Patient ID/SSN _____

BRN _____ Facility Location _____ Nurse Name _____ Nurse Signature _____

RESUSCITATION RECORD
Part I, Nursing Flow Sheet

4. SECONDARY SURVEY, continued

4.8 INTUBATION MECH/VENT

Time _____
MODE: _____
FiO2: _____
RATE: _____
PEEP: _____
TV: _____

4.9 ABGs / VBGs

	Time	FiO2	pH	pCO2	pO2	BE	HCO3	SAT
☐ ABG or ☐ VBG								
☐ ABG or ☐ VBG								
☐ ABG or ☐ VBG								
☐ ABG or ☐ VBG								
☐ ABG or ☐ VBG								

4.10 INTRAVENOUS ACCESS AND FLUIDS

Time	Rate	Gauge	Site	IVF Type	Amount Up	Amount In	Stop

Total Amount Infused: _____

4.11 BLOOD PRODUCTS

Unit #	Type	Start	Stop	Volume	Initials

4.12 MEDICATIONS

Drug	Dose	Route	Time	Initials

4.13 VITAL SIGNS

Time	GCS	BP	P	RR	Temp	SaO2	Pain Scale (0-10)	Other (ICP)

4.14 LABS

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

Specify Other: _____

4.15 CT

Type	Time
☐ Head	
☐ C-Spine	
☐ Chest	
☐ Abd	
☐ Pelvis	
☐ Pan Scan*	

* Select Pan Scan only if all of the above requested

4.16 X-RAY

Type	Time
☐ C-Spine	
☐ Chest	
☐ Abd	
☐ Pelvis	
☐ Ext	

☐ RUE ☐ LUE
☐ RLE ☐ LLE

4.17 DISPOSITION

Date: _____
Time: _____

Admit
☐ OR ☐ ICU ☐ ICW

RTD
☐ Full ☐ Quarters ☐ Profile
☐ RTD Unit: _____

RTD Mode of Transport:
☐ Ambulatory ☐ W/C

Evac to ☐ Host Nation ☐ Coalition ☐ CASF
Facility Name: _____

Evac Priority ☐ Routine ☐ Priority ☐ Urgent

Evac Transport Vehicle
MEDEVAC: ☐ Rotary Wing - ☐ MedTech ☐ Critical Care
☐ Fixed Wing - ☐ AE ☐ CCATT
Ground: ☐ Medical ☐ Non-Medical

Evac Mode of Transport ☐ Ambulatory ☐ W/C
☐ Litter ☐ Vacuum Spine Board

4.18 DEATH INFORMATION

Time of Death _____ Mortuary Affairs Notified? ☐ Y ☐ N Time to Morgue _____

Death Remarks _____

4.19 REMARKS

PATIENT IDENTIFICATION Name: Last _____ First _____ MI ____ Patient ID/SSN _____

BRN _____ Facility Location _____ Nurse Name _____ Nurse Signature _____

RESUSCITATION RECORD
Part II, Physician H&P

1. HISTORY & PHYSICAL - INJURY DESCRIPTION

1.1 ARRIVAL

Date _____

Time of Arrival _____

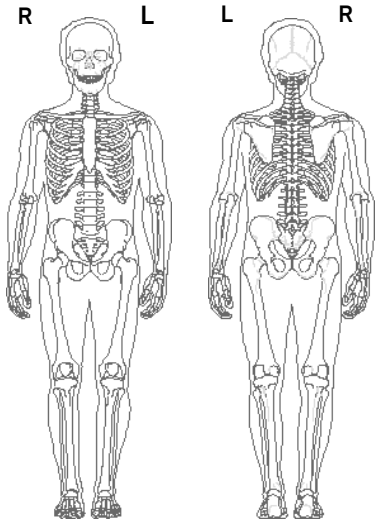
1.2 TRIAGE CATEGORY

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

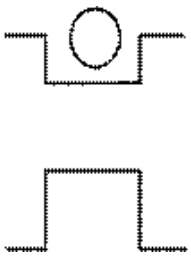
1.3 CHIEF COMPLAINT, HISTORY AND PRESENTING ILLNESS

1.4 INJURY DESCRIPTION

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



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



1.5 HISTORY AND PHYSICAL

Head & Neck :

Chest:

Abdomen/Back and Spine:

Pelvis: ☐ Stable ☐ Unstable ☐ Binder

Upper Extremities:

Lower Extremities:

Interventions Prior to Arrival:

1.6 PRE / INITIAL PROCEDURES / DIAGNOSTICS

Pre / Initial			Pre / Initial		
☐	☐	Cric	☐	☐	C-Collar/ Time Removed _____
☐	☐	ICP Monitor	☐	☐	Cantholysis & Canthotomy ☐ R ☐ L
☐	☐	Ventric	☐	☐	Tympanic Membranes Rupture ☐ R ☐ L
					Blood ☐ R ☐ L
			☐	☐	Eye Shield ☐ R ☐ L

Needle Decompression ☐ R ☐ L Pericardial FAST ☐ - / ☐ + describe: _____

Output ☐ Air Blood (cc) _____ ☐ Pericardiocentesis

DPL ☐ Gross Blood: ☐ - / ☐ + describe _____

Log Roll Time _____

Back Exam ☐ WNL ☐ ABNL describe _____

Rectal Exam ☐ WNL ☐ Weak/Absent Tone Gross Blood: ☐ - / ☐ +

Prostate _____

Gyn _____

Upper Extremities: ☐ Closed Reduction ☐ EXT Fixation ☐ Tourniquet ☐ R # _____ ☐ L # _____ ☐ Wound Washout ☐ Splint

Lower Extremities: ☐ Closed Reduction ☐ EXT Fixation ☐ Tourniquet ☐ R # _____ ☐ L # _____ ☐ Wound Washout ☐ Splint

☐ Sedated ☐ 3% Saline ☐ Cntrl Line Loc _____ Site _____
☐ Chemical Paralyze ☐ Mannitol ☐ IO Loc _____ Site _____
☐ Seizure Protocol ☐ A-Line Loc _____ Site _____

1.7 PUPILS / VISION

Brisk	☐ R ☐ L	Hand Motion	☐ R ☐ L		
Sluggish	☐ R ☐ L	Light Perception	☐ R ☐ L		
NR	☐ R ☐ L	No Light Perception	☐ R ☐ L		

Size Right mm _____ Left mm _____

1.8 BURN

☐ 1st ☐ 2nd ☐ 3rd

%TBSA _____

>20% Use the Burn Flow Sheet

Cause _____

1.9 EXTREMITIES

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

PATIENT IDENTIFICATION Name: Last _____ First _____ MI _____ Rank _____

Patient ID/SSN _____ BRN _____ Medical Record # _____ DOB _____ Age _____ Gender ☐ M ☐ F

Facility Name _____ Facility Location _____ Physician Signature _____

RESUSCITATION RECORD
Part II, Physician H&P

2. X-RAYS and CT

2.1 CT OBTAINED

- ☐ Head
- ☐ C-Spine
- ☐ Chest
- ☐ Abd/Pelvis
- ☐ Pan Scan*

* Select Pan Scan only if all of the above requested

2.2 X-RAYS OBTAINED

- ☐ C-Spine
- ☐ Extremity
- ☐ Spine
- ☐ RUE
- ☐ Chest/Upright
- ☐ LUE
- ☐ Pelvis
- ☐ RLE
- ☐ LLE

Other _____

Other _____

2.3 PENDING STUDIES

2.4 RESULTS (include TEG/Rotem results)

2.5 C-SPINE RESULTS

- ☐ CT Scan Normal
- ☐ CT Scan Abnormal

C-Spine cleared based on:

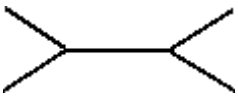
- ☐ Normal Exam, reliable Pt
- ☐ Normal CT scan, normal exam

C-Spine not cleared based on:

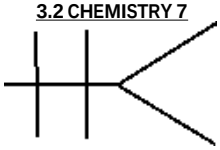
- ☐ Neuro c/o, abnormal exam
- ☐ Abnormal imaging
- ☐ Unreliable Pt

3. LABORATORY RESULTS

3.1 CBC



3.2 CHEMISTRY 7



3.3 PT / INR / PTT _____ / _____ / _____

3.4 LFT

Amylase _____ Bili _____

Alk Phos _____ SGOT _____

LDH _____ SGPT _____

Other _____

3.5 URINALYSIS

SpGr _____ Chem _____

Micro _____ HCG _____

pH _____ Bact _____

WBC _____ RBC _____

4. IMPRESSION

5. DIAGNOSES

1 _____ 4 _____

2 _____ 5 _____

3 _____ 6 _____

6. PLAN

6.1 PLAN

6.2 TRIAD INDICATORS UPON ARRIVAL IN ED

Temp < 96F/36C ☐ Yes ☐ No INR >1.4 ☐ Yes ☐ No Base Deficit >5 ☐ Yes ☐ No

FWB Requested ☐ Yes ☐ No

Damage Control ☐ Yes ☐ No

6.3 DISPOSITION ☐ OR ☐ ICU ☐ ICW ☐ Transfer Date: _____ Time: _____

7. DNBI / NBI CATEGORY

- ☐ Injury, Sports
- ☐ Injury, Work/Training
- ☐ Surgical
- ☐ Injury, MVC
- ☐ Injury, Other
- ☐ _____
- ☐ _____

8. CAUSE OF DEATH

8.1 ANATOMIC

- ☐ Airway ☐ Neck ☐ Abdomen ☐ Extremity ☐ U / ☐ L
- ☐ Head ☐ Chest ☐ Pelvis ☐ Other, Specify _____

8.2 PHYSIOLOGIC

- ☐ MOF ☐ Sepsis ☐ Total Body Disruption
- ☐ CNS ☐ Hemorrhage ☐ Breathing
- ☐ Other, Specify _____

PATIENT IDENTIFICATION Name: Last _____ First _____ MI _____ Patient ID/SSN _____

BRN _____ Facility Location _____ Physician Name _____ Physician Signature _____