**Trauma Chart Audit Tool**

 Patient Initials: Provider Initials: Provider Specialty:

|  |  |  |
| --- | --- | --- |
| Date of Injury Event: | Date of Review:  |  |
| Reviewer Initials: |  |  |
| QI Issue Identified: Yes or No |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Topic** | **Yes** | **No** | **NA** | **Comment** |
| **Prehospital** |
| Record Complete  |  |  |  |  |
| Scene Time < 20 |  |  |  |  |
| Vital Sign Documentation Complete (full VS with GCS) |  |  |  |  |
| Procedures  |  |  |  |  |
| Medications  |  |  |  |  |
| Prenotification Information (trauma team activation)  |  |  |  |  |
| Spinal Precautions  |  |  |  |  |
| **Emergency Department** |
| Activation Level (full, mod, none)  |  |  |  |  |
| Activation Criteria (did the patient injuries or event MOI meet inclusion criteria) |  |  |  |  |
| Team Member Arrival Times Documented |  |  |  |  |
| Surgeon Arrival Time (< 30 minutes of notification) |  |  |  |  |
| Neurosurgeon Arrival Time (< 30 minutes of notification) |  |  |  |  |
| Mechanism of Injury Data Complete |  |  |  |  |
| Undertriage (based on trauma team activation criteria) |  |  |  |  |
| Overtriage (based on trauma team activation criteria) |  |  |  |  |
| Full Set of Vital Signs Including GCS Completed (30 min of arrival) |  |  |  |  |
| Serial Vital signs, GCS Documented |  |  |  | Full - Q5min/20 min, Q15min/1hr, Q30min thereafter; Modified - Q15min/1 hr, Q30min for 2 hr |
| Primary and Secondary Assessments Complete |  |  |  |  |
| Cardiac Monitoring (for altered LOC, multisys injury, chest trauma, cardiac Hx) |  |  |  |  |
| Procedures (review) |  |  |  |  |
| Medications (review) |  |  |  |  |
| C-Spine Clearance Documented  |  |  |  |  |
| Backboard Time < 30 min |  |  |  |  |
| Pain Assessment Tool Completed |  |  |  |  |
| Pain Controlled |  |  |  | Subsequent assessments completed |
| Trauma Flowsheet Complete  |  |  |  | Signed by primary nurse  |
| **Transfer** |
| ED LOS < 3 hours |  |  |  |  |
| ED LOS < 2 hours (ISS ≥ 15)  |  |  |  |  |
| Transfer Location (higher level of care) |  |  |  | Receiving Facility:  |
| Physician to Physician Communication (documented) |  |  |  |  |
| Receiving Patients, Sending Facility Care Appropriate (review initial hospital care) |  |  |  |  |
| **Consults** |
| Correct Service Consulted  |  |  |  |  |
| Consultant Response Time < 30 min |  |  |  |  |
| **Admission** |
| Admission Location Appropriate  |  |  |  |  |
| ED LOS (time from ED admission to bed) |  |  |  |  |
| ICU Admission  |  |  |  |  |
| **Outcomes** |
| Missed Injury  |  |  |  | Injury: |
| Complication/Hospital Event (identify hospital events based on list in data dictionary) |  |  |  | Event:  |
| **Discharge Instructions/Teaching** |
| Teaching/Education (fall prevention, wound care etc.)  |  |  |  |  |
| Follow-Up Appointments Discussed |  |  |  |  |
| **Death** |
| Organ Donation Form Completed |  |  |  |  |
| Donation Center Consulted |  |  |  |  |
| **Special Circumstances** |
| TBI Time to CT (with suspected TBI, time to CT < 30 minutes) |  |  |  |  |
| TBI and Anticoagulation Reversal (appropriate reversal agent, time to administration < 120 min) |  |  |  |  |
| CT Interpretation Time (review time from CT to time of interpretation, goal < 60 min) |  |  |  |  |
| Blood Administration (does it follow blood admin policy) |  |  |  |  |
| Massive Transfusion (time from order to admin, check ratio followed 1:1:1) |  |  |  |  |