

EMS Level 1 Trauma Form

Oct 09, 2019 11:11:13

ETA:

Patient Name:

Apply Patient Label

AMB

Other:

AGE

SEX

☐ M☐ F

BP

PULSE

RR

O2 SAT

O2 Adjuncts

ECG Rhythm

STEMI via 12 Lead

☐ Yes☐ No

Blood Glucose

GCS

ET CO2

CHIEF COMPLAINT

☐ Other

PAST MEDICAL HISTORY

☐ Asthma☐ CA☐ Cardiac☐ CHF☐ COPD☐ DM☐ HTN☐ Seizures☐ Other

CURRENT MEDS

ALLERGIES

PHYSICAL EXAM

Consciousness

Pupils

Skin Condition

Breath Sounds

Resp. Distress

L

Color

Temp

Moisture

L

R

Color

Temp

Moisture

R

OTHER EXAM

FIELD RX☐ ALBUTEROL☐ D50☐ DILAUDID☐ DUONEB☐ FENTANYL☐ GLUCAGON☐ KETAMINE☐ MORPHINE☐ NARCAN☐ NITROUS☐ TORADOL☐ ZOFRAN☐ OTHER:**LEVEL ONE TRAUMA ACTIVATION**

* ED physician MUST be consulted prior to activation of this level. Trauma Surgeon MUST respond to ED in 30 minutes.

AIRWAY:☐ Unable to adequately ventilate, intubated, or assisted ventilation☐ Any respiratory compromise, obstruction, asphyxia**BREATHING:**☐ Respiratory Distress; Rate <10 or >30 per minute-Adult☐ Peds(6-12 yo): <16 or >60 per minute and/or ineffective breathing, grunting, or stridor**CIRCULATION:**☐ SBP <90 mm HG in adult x2, 5 minutes apart any clinical signs of shock (pale, cold, weak pulse, CRT >3sec. HR >140, multisystem trauma with hypotension)☐ Age <1y and SBP <60 mm HG☐ Age 1-13 y and SBP <70 + 2x age mmHG**DEFICIT:**☐ GCS <9 due to traumatic MOI☐ AVPU: responsive to pain or unresponsive☐ Deterioration of previously stable patient☐ Distended or rigid abdomen from trauma (blunt)☐ Emergency physician's discretion☐ Diverted inter-facility transfer trauma patient receiving blood products to maintain vitals☐ Application of pre-hospital tourniquet☐ Traumatic arrest☐ Paralysis, new onset related to trauma, suspected SCI☐ Unstable pelvic fracture☐ Any penetrating injury to the head, neck, torso☐ Traumatic amputation proximal to wrist/ankle with pulseless extremity

EMS Interventions		Field treatment prior to calling
Immob.	IV	
☐ C Collar	☐ Saline lock Guage	
☐ Backboard	☐ 0.9 NS ☐ Unsuccessful	
☐ Other Splint	☐ Amt./	
	Site	

Online Medical Direction☐ Orders given

PCH Physician Orders:

☐ Refusal☐ Diversion (destination hospital notified)

RN Signature

Physician Signature:

Printed Name: