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

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):

1.11 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 ____ / ____
- O_2 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 ____ / ____
- O_2 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
- ☐ Hyperactive
- ☐ Alert
- ☐ Sedated
- ☐ Depressed

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/Notes
O_2 Therapy ____ Lpm	On _____	☐ Nasal Cannula ☐ Oral Airway	_____	_____	
	Off _____	☐ 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/Notes
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 ☐ Combat Gauze ☐ Field Dressing ☐ QuikClot ☐ Unknown
☐ ChitoFlex ☐ Direct Pressure ☐ HemCon ☐ None ☐ 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

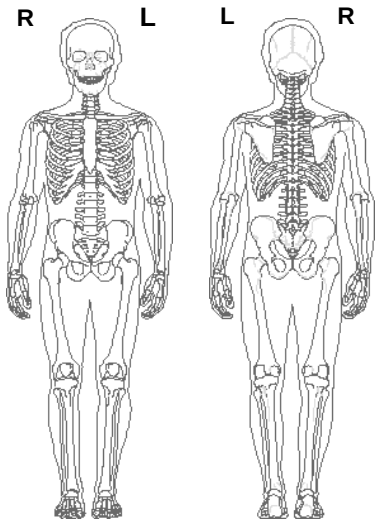
1. HISTORY & PHYSICAL - INJURY DESCRIPTION

1.1 ARRIVAL
Date _____
Time of Arrival _____

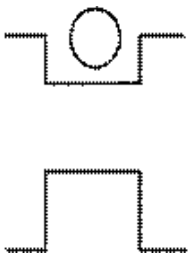
1.2 TRIAGE CATEGORY
- ☐ Immediate
- ☐ Delayed
- ☐ Minimal
- ☐ Expectant

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

Pre/Initial
- ☐☐ Eye Shield ☐ R ☐ L

Needle Decompression ☐ R ☐ L
Output ☐ Air ☐ Blood (cc) _____
Pericardial FAST ☐ - / ☐ + describe: _____
☐ Pericardiocentesis

DPL ☐ Gross Blood: ☐ - / ☐ + describe _____
Log Roll Time _____
Back Exam ☐ WNL ☐ ABNL describe _____
Rectal Exam ☐ WNL ☐ Weak/Absent Tone Gross Blood: ☐ - / ☐ +

Prostate _____
Gyn _____

- ☐ Closed Reduction ☐ Splint ☐ Tourniquet ☐ R # _____ ☐ L # _____
- ☐ Wound Washout ☐ EXT Fixation

- ☐ Closed Reduction ☐ EXT Fixation ☐ Tourniquet ☐ R # _____ ☐ L # _____
- ☐ Wound Washout ☐ Splint

- ☐ Chemical Paralyze ☐ 3% Saline ☐ Cntrl Line Loc _____ Site _____
- ☐ Seizure Protocol ☐ Mannitol ☐ IO/IV Loc _____ Site _____
- ☐ Sedated ☐ 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	Sensory	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
- ☐ 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)

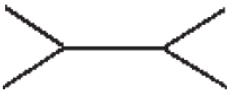
2.5 C-SPINE RESULTS
- ☐ CT Scan Normal
- ☐ CT Scan Abnormal

C-Spine cleared based on:
- ☐ Normal Exam, reliable Pt
- ☐ Normal CT scan, normal exam

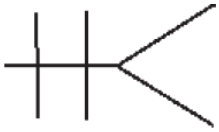
C-Spine not cleared based on:
- ☐ Neuro c/o, abnormal exam
- ☐ Abnormal imaging
- ☐ Unreliable Pt

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. _____
2. _____
3. _____
4. _____
5. _____
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 _____