RESUSCITATION RECORD
Part I, Nursing Flow Sheet

Submit by Email

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 _____

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 _____

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 ____ / ____
O2Sat _____

2.3 PREHOSPITAL HEMORRHAGE CONTROL MEASURES
☐ Celox
☐ ChitoFlex
☐ Combat Gauze
☐ Direct Pressure
☐ Field Dressing
☐ HemCon
☐ QuikClot
☐ None
☐ Unknown
☐ Other _____

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
OD	☐ Y	☐ N
CPR prior to arrival..	☐ Y	☐ N

3. PRIMARY SURVEY

3.1 VITALS
P _____
RR _____
BP ____ / ____
O2Sat _____
Pain Scale (0 - 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 _____
End Time _____

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 >
Flail ☐ R ☐ L
Trachea:
☐ Midline
☐ Deviated

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

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

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 (Put additional changes in Remarks)	Time _____	Teeth _____ cm	☐ Oral ☐ Nasal	_____	☐ $ETCO_2$ Change ☐ BBS Post Intubation
C-Collar Placed Time _____	C-Collar Removed Time _____				
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 _____

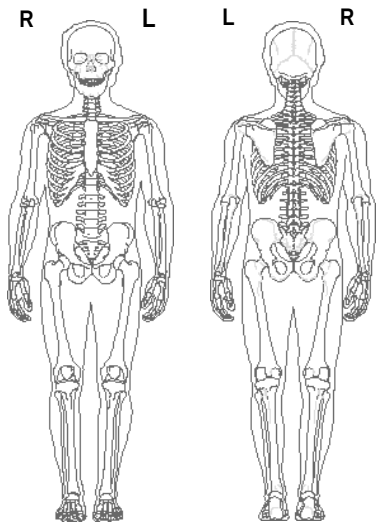
1.2 TRIAGE CATEGORY

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

1.3 CHIEF COMPLAINT, HISTORY AND PRESENTING ILLNESS

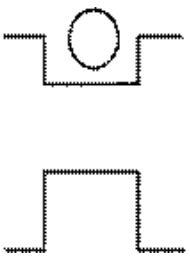
1.4 INJURY DESCRIPTION

(**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		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 _____

☐ Closed Reduction ☐ EXT Fixation ☐ Tourniquet ☐ R # _____ ☐ L # _____

☐ Wound Washout ☐ Splint

☐ 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:

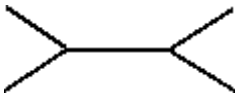
- ☐ Normal Exam, reliable Pt
- ☐ Normal CT scan, normal exam

C-Spine not cleared based on:

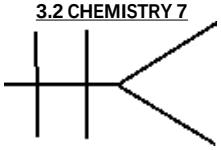
- ☐ Neuro c/o, abnormal exam
- ☐ Abnormal imaging
- ☐ Unreliable Pt

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 _____ Nurse Name _____ Nurse Signature _____