AUSTERE TRAUMA TEAM RESUSCITATION RECORD

MASCAL EVENT ☐ Y ☐ N **TRIAGE CATEGORY** ☐ Immediate ☐ Delayed ☐ Minimal ☐ Expectant

PATIENT ARRIVAL INFO AND MEDICAL HISTORY

ARRIVAL
Date of Injury _____
Time of Injury _____
Date of Arrival _____
Time of Arrival _____

PATIENT CATEGORY
☐ US Military - All Services ☐ Non-US Military
☐ US Civilian ☐ Non-US Civilian
☐ Contractor ☐ EPW/Detainee
Other _____ **Nationality:** _____

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

MODE OF ARRIVAL
☐ Walked/Carried
☐ MEDEVAC *Air* ◯ *Ground* ◯ *Sea* ◯
☐ CASEVAC *Air* ◯ *Ground* ◯ *Sea* ◯
☐ Other _____

PATIENT MEDICAL INFORMATION
ALLERGIES ☐ NKDA/ _____ PMH ☐ UNK/ _____ PSH ☐ UNK/ _____

PREHOSPITAL M-I-S-T REPORT/HANDOFF

TCCC Card (DD 1380) **received?** ☐ Y ☐ N **SF 518** (blood transfusion form) **received?** ☐ Y ☐ N ***Upload documents to patient record***

MECHANISM OF INJURY *(provide description)*

Complete TBI screening questions on all conscious patients:
If a blast event, distance from blast: _____ *Strike/force to head?* ☐ *Y* ☐ *N* ☐ *UNK*

INJURIES

SIGNS
Temp _____
BP _____ / _____
HR _____
RR _____
SpO2 _____

SYMPTOMS
Amnesia with event? ☐ *Y* ☐ *N* ☐ *Unable to Assess*
Loss or alteration of consciousness? ☐ *Y* ☐ *N* ☐ *N/A*
If LOC: ☐ *< 30 min* ☐ *31-59 min* ☐ *> 1 hr*

GCS TOTAL ___ /15
◯ Alert
◯ Verbal
◯ Pain
◯ Unconscious

TREATMENT PRIOR TO ARRIVAL

Massive Hemorrhage

DRESSINGS
☐ n/a
☐ Field Dressing
☐ Direct Pressure
☐ Combat Gauze
☐ Other _____

TOURNIQUET OR BINDER ☐ n/a
Type: C = CAT / S = SOFTT / J = Junctional / I = Improvised

Extremity	#	Type	Time On	Time Off
☐ RUE				
☐ LUE				
☐ RLE				
☐ LLE				
☐ Pelvic Binder				

Notes _____

Airway

AIRWAY INTERVENTIONS
☐ Patent
☐ OPA/NPA
☐ BVM w/o intubation
☐ Intubated
◯ ETT Size _____
◯ Cric Size _____
◯ King LT ◯ LMA
Other _____

Respiration

BREATHING INTERVENTIONS ☐ n/a
☐ Chest seal ◯ R ◯ L Type _____
☐ Needle Decompression
◯ R ◯ Anterior ◯ Axillary
◯ L ◯ Anterior ◯ Axillary
☐ Finger Thoracostomy ◯ R ◯ L
☐ Chest Tube ◯ R Output (mL) ___
◯ L Output (mL) ___

Circulation

☐ **CPR Prior to Arrival**
Start/End Times ___ / ___
☐ REBOA Zone: ◯ I ◯ III
Min Aorta Occluded _____
☐ Thoracotomy

LINE ACCESS ☐ None

Type (IV, IO)	Size	Location

BLOOD ☐ None
☐ Whole Blood Amount _____ Reaction ☐ Y ☐ N
☐ RBC _____ Describe Reaction
☐ Plasma _____
☐ Plts _____
☐ Cryo _____

Hypothermia / Head Injury

Warming Measures ☐ None
☐ Blanket ☐ Space Blanket ☐ HPMK
☐ Other _____
Head of litter elevated en-route? ☐ Y ☐ N

Pain / Antibiotics

MEDICATIONS GIVEN ☐ n/a

Medication	Total Dose	Route
Ketamine		
Fentanyl		
Morphine		
Versed		
Zofran		
Antibiotic (name antibiotic below)		
TXA		
Calcium Chloride		
Calcium Gluconate		

Medication	Time	Total Dose	Route

Other Medication	Total Dose	Route

Tetanus Given ☐ Y ☐ N

Wounds / Splints

☐ n/a
☐ C-Collar / Other
☐ Eye Shield ◯ R ◯ L
☐ Foley Catheter
☐ Splints Placed *(location)* _____

RECORD ANY FAILED/NONFUNCTIONING PREHOSPITAL DEVICE ATTEMPTS HERE:
(ineffective TQ, non-function IV/IO, misplaced airway/needle decompression, pelvic binder, etc)

PRIMARY SURVEY

INITIAL VITALS SIGNS
Time _____
Temp _____ ☐ F° ☐ C°
◯ tymp ◯ po ◯ ax ◯ rect
BP _____ / _____
HR _____ RR _____
SpO2 _____ %
Pain _____ /10

AIRWAY ☐ Patent
☐ Stridor ☐ Obstructed
☐ BVM ☐ Drooling
☐ Instrumented airway
Type _____
Distance _____ cm
ETCO2 _____ mmHg

BREATHING ☐ Normal
☐ Labored ☐ Absent ☐ Assisted

Breath Sounds

☐ Clear	◯ R	◯ L
☐ Coarse	◯ R	◯ L
☐ Wheeze	◯ R	◯ L
☐ Diminished	◯ R	◯ L
☐ Absent	◯ R	◯ L

Trachea ☐ Midline ☐ Deviated

Chest Symmetry
☐ Equal
☐ Left > Right
☐ Right > Left
☐ Flail ◯ R ◯ L
☐ Crepitus ◯ R ◯ L

CIRCULATION
Skin
☐ Warm ☐ Cool ☐ Hot
☐ Pink ☐ Pale ☐ Cyanotic
☐ Dry ☐ Moist ☐ Sweaty

Initial Radial Pulse
☐ Strong ☐ Weak
☐ Absent

Heart Sounds
☐ Clear
☐ Muffled

Alternate pulse site _____

NEURO
GCS
Eyes ___ /4
Verbal ___ /5
Motor ___ /6
Total ___ /15

Extremities
☐ Moves arms/legs
☐ Deficit ☐ n/a

TREATMENT TEAM INFORMATION

Facility/Loc _____ Unit _____ RN/Medic Name _____ Signature _____ Date _____
Team Type _____ Split Team? ☐ Y ☐ N Provider Name _____ Signature _____ Date _____

PATIENT INFORMATION

Patient Last Name _____ First Name _____ MI ___ Rank _____ Patient ID _____
DOB _____ Age ___ Gender ☐ M ☐ F MOS/AFSC/NEC _____ Patient Deployed Unit _____

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SECONDARY SURVEY

HEENT C-Spine

☐ C-Collar Placed ☐ Cleared ☐ Not Cleared
Time _____
◯ Normal Exam, Reliable Pt
◯ Normal CT, Normal Exam

Pupils

Size R ____ mm L ____ mm
Reactive ◯R ◯L
Non-Reactive ◯R ◯L
Unable to assess ◯R ◯L
Eye Shield ◯R ◯L

Visual Acuity Right +/- Left +/-

Light perception? _____ _____
Count fingers? _____ _____
Read name tapes? _____ _____

Tympanic Membranes

Intact ◯R ◯L
Rupture/Perforation ◯R ◯L
Blood/Obscured ◯R ◯L
Hemotympanum ◯R ◯L

RECTUM/GU

DRE performed ☐ Y ☐ N
☐ DRE blood ☐ Decreased tone
☐ Perineum wound/bruising

Blood at meatus ☐ Y ☐ N
☐ Scrotum wound/hematoma
☐ Penis wound/hematoma

Vaginal exam ☐ Y ☐ N ☐ n/a
☐ Vaginal blood ☐ Labia wound

eFAST Abdomen ☐ Pos ☐ Neg Details _____ Lung R ☐ Fluid ☐ Air ☐ Neg
Cardiac ☐ Pos ☐ Neg Details _____ L ☐ Fluid ☐ Air ☐ Neg

VITAL SIGNS

Time	BP	HR	RR	SpO2	Pain	GCS	Temp/ Route
	/						
	/						
	/						
	/						
	/						
	/						

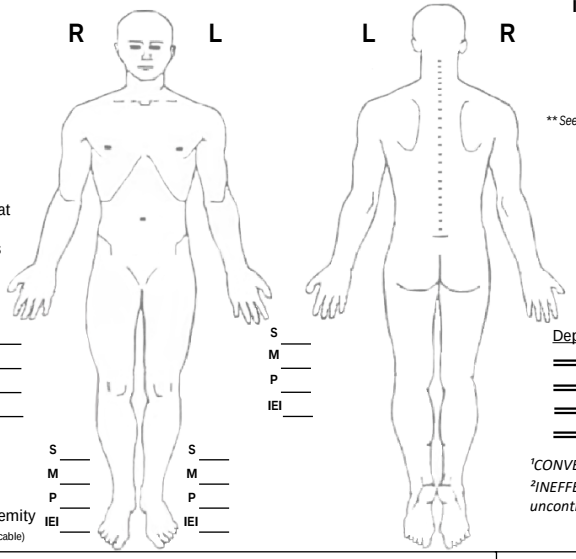
NEURO EXAM*

S - Sensory
(N)ormal
(AB)normal

M - Motor
(N)ormal
(AB)normal

*For SUSPECTED SPINE INJURIES, complete Combat Neuro Exam or ASIA worksheets

P - Pulse
(S)trong
(W)eak
(DOP)pler only
(A)bsent
(IEI)njured Extremity Index (if applicable)



INJURY DESCRIPTION KEY

- Abrasion
AMP - Amputation
B - Bruising
▒ - Burn** (____) %TBSA
** See JTS Burn Worksheet if >=20%TBSA
D - Deformity
L - Laceration
F - OPEN fracture
P - Pain
PP - Pepper
X - Penetrating injury
O - Other _____

Depict status of TQs ON ARRIVAL
TQ - Tourniquet
TQE - Effective
TQC - CONVERTED[1]
TQI - INEFFECTIVE[2]

[1]*CONVERTED = intentionally loosened*
[2]*INEFFECTIVE = TQ WITH A PULSE or uncontrolled bleeding*

IV/IO ACCESS

Time	IV/IO	Size	Location

BLOOD/FLUIDS

WBB Initiated ☐ Y ☐ N

Type	#Units
WB	
RBCs	
Plasma	
Plts	
Cryo	

Fluids (type/amt) _____

MEDS GIVEN

Time	Medication	Dose	Route
	Tdap / Immune globulin	0.5ml/ units	IM

PROCEDURES

		Time	
☐	Oxygen		____ Lpm ◯ NC ◯ NRB ◯ BVM
☐	ET Intubation		Size ____ mm ____ cm @ teeth
			Confirmed by ◯ Bilateral Breath Sounds ◯ ETCO2 Change
☐	Cricothyrotomy		
☐	Needle Decomp		☐R ☐ Air ☐L ☐ Air
☐	Finger Thoracostomy		☐R ☐ Air ☐L ☐ Air
☐	Chest Tubes		☐R ☐ Air ☐ Blood ____ mL
			☐L ☐ Air ☐ Blood ____ mL
☐	Gastric Tube		◯ Oral ◯ Nasal
☐	Urinary Cath		Amt _____ Color _____
☐	A-Line		Loc(s) _____ / _____
☐	Central-Line		Loc(s) _____ / _____
☐	CPR		Defib ____ J Paddle type ◯External ◯Internal
☐	Thoracotomy*		◯L ◯Clamshell **AORTA clamped - start time** ____
☐	REBOA*		Balloon volume ____ **start time** ____

Complete Aortic Occlusion (AO) Procedure Note

Zone ____ Distance ____

RADIOLOGY

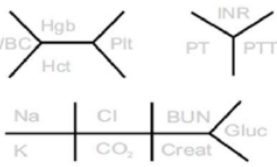
Xrays
☐ C-Spine
☐ CXR
☐ KUB
☐ Pelvis
☐ Extremity
☐ Upper right
☐ Upper left
☐ Lower right
☐ Lower left

CT
☐ Pan
☐ Head
☐ C-Spine
☐ Chest
☐ Abd/Pelvis
☐ Other _____

Radiology Results

LAB RESULTS Time _____

attach iStat labs if prefer



ABG/VBG (circle/select)

_____ pH _____ BE
_____ pCO2 _____ HCO3
_____ pO2 _____ iCa
_____ Lactate Blood Type _____

Other _____

Diagnoses/Plan

Does this patient screen positive for concussion? ☐ Y ☐ N ☐ NA
If YES, complete MACE 2 neuro and cognitive exam within 24 hr. Prescribe 24 hr rest w/ follow-up in accordance with PRA.

DISPOSITION FROM ER Date _____ Time _____

☐ RTD/home
☐ Transfer - *See EVACUATION*
☐ Admit ◯ OR ◯ ICU ◯ ICW
☐ Death
Cause of Death _____

EVACUATION

Priority	Mode	Evacuated to	Type
☐ Urgent	☐ Ambulatory	☐ Role 2	☐ MEDEVAC - rotary wing
☐ Priority	☐ Litter	☐ Role 3	☐ Ground ambulance
☐ Routine		☐ Role 4	☐ Other _____
		☐ Host Nation Facility _____	

PATIENT INFORMATION

Patient Last Name _____ First Name _____ MI ____ Rank _____ Patient ID _____