USE OF TRAUMA FLOW SHEETS

Original Release/Approval		1 Jun 2008	Note: This CPG requires an annual review.	
Reviewed:	Nov 2008	Approved:	1 Dec 2008	
Supersedes:	Use of Trauma Flow Sheets & Electronic Documentation, 1 Jun 08			

1. Goal. Obtain complete trauma documentation, including evacuation documentation, on all trauma patients from Level IIb & Level III within the CENTCOM AOR.

2. Background. The role of trauma documentation within the Joint Theater Trauma System for trauma performance improvement has continuously increased since the Joint Theater Trauma Registry (JTTR) was initiated in 2004. This progression is not unlike the first civilian trauma registries and standardized trauma flow sheets that were developed in the late 1980s. JTTR data acquisition and processing has improved greatly, partly because of the continuing advances (i.e. development of a standardized trauma flow sheet, initiation of Oracle-based registry database, and Level II MS Access trauma database) that offer new approaches and maximize computer technologies and the deployment of trauma coordinators to most Level III sites. Data collection that allows theater-wide comparison is important for the continuous learning process and to improve outcomes, standard of care development, analysis of differences in the mechanisms of injury, rescue systems, and approved treatment guidelines.

Although trauma flow sheet documentation can incorporate information from numerous sources (nursing flow sheets, monitors, medevac run-sheets, I-stat print outs, etc.); **if the history taking, physical examination, or decision making is not documented by the trauma team leader, it didn't occur.** Therefore, good documentation on the trauma flow sheets is most important for care of the individual patient and the system-wide delivery of trauma/critical care to all injured patients within the CENTCOM AOR. It is easy to forget or only capture limited data on trauma flow sheets when trauma patients spend very little time in the ED prior to heading to the OR. However, it is imperative to document the thought process and to take the time to complete the trauma flow sheet when time permits, even if completed the next day.

Although trauma documentation requirements are well known, it is noted that this is an area in need of improvement. Although not exhaustive, the following are documentation performance improvement areas that repeatedly surface which need careful attention:

a. Complete set of initial vital signs, including temperature and respiration rate

b. GCS total score and individual Motor, Verbal & Eye opening scores

c. Total IV volume (blood, colloid and crystalloid) infused in the ED, even if fluid administration continues after transport

d. Disposition: Place and time

e. Arrival time

f. Mechanism of Injury

g. Labs transferred to trauma flow sheet (especially HCT, INR, and BE)

h. Lethal Triad Indicators (Hypothermia, Acidosis, Coagulopathy)

3. Indications for Initiation and Completion of Trauma Flow Sheets. A trauma flow sheet should be initiated on ***ALL*** patients (battle/non-battle injury coalition forces, ANA, ANP, IP, IA, LN, contractors, etc.) triaged as Immediate. In addition, trauma flow sheets should be completed on all patients seen within the first 72 hours of the following mechanisms of injury and all unstable patients regardless of injury time:

a. GSW
b. Blast (IED, bomb, grenade, mortar, landmine, RPG, etc)
c. Burns (fire, liquid, chemical, electrical)
d. Head Injury (open and closed)
e. Blunt Trauma
f. Crush Injury
g. Assault/Fight
h. Motor Vehicle or Air Frame Crash
i. Penetrating wounds (stabbing, shrapnel, penetrating eye)
j. Falls
k. Drowning
l. NBC related
m. Inhalation injury
n. All trauma admissions to any/all Level III facilities in the continuum

It is the intent of this guideline that the broadest definition of trauma be used. This should include the majority of patients with single or multi-system injury seen in the emergency department or admitted directly to the ICU and is to be used as the primary method of initial documentation.

4. Responsibilities.

a. It is the trauma team leader's responsibility to ensure the physician's trauma flow sheet is complete at Level III and the Combined Trauma Flow Sheet is completed at Level II.
b. It is the responsibility of the nurse assigned to the trauma bay/patient to ensure the Nursing Trauma Flow Sheet is completed at Level III and that the nursing portion of the Combined Trauma Flow Sheet is completed.
c. A member of the trauma team that is receiving report (CCATT, medevac, ground ambulance) should request a copy of the transport run-sheet and ensure it is included in the patient's record. All times on the trauma flow sheet should be Zulu, not local.

Approved by CENTCOM JTTS Director and Deputy Director and CENTCOM SG

APPENDIX A

JTTR Level II Physician Form (2 Pages)

PHYSICIAN TRAUMA ADMITTING RECORD (Forward Resuscitative Capability) - Formerly Level 2

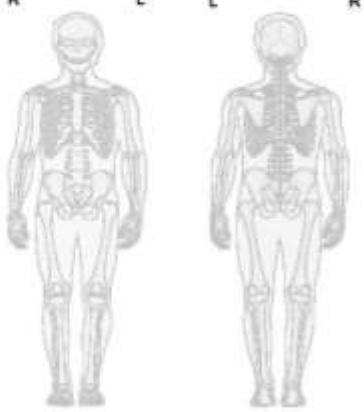
DATE: _____ VITAL SIGNS
TIME OF INJURY: _____
TIME OF ARRIVAL: _____ T____ P_____ R____ BP ___/____ O2 Sat ____
LOCATION OF PRE-HOSP. CARE: _____

TRIAGE CATEGORY
☐ Immediate ☐ Delayed
☐ Minimal ☐ Expectant

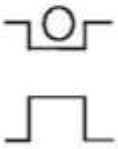
HISTORY & PHYSICAL

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
(P)ain



Pulses Present:
S= Strong
W= Weak
D= Doppler
A=Absent



HISTORY AND PRESENTING ILLNESS: _____

MECHANISM OF INJURY

☐ GSW/Bullet	☐ Assault
☐ Blunt trauma	☐ Chemical
☐ MVC	☐ Biological
☐ Building Collapse	☐ Rad/nuclear
☐ Helo crash	☐ Crush
☐ Plane Crash	☐ Fall
☐ Knife/edge (stab)	☐ Blast/Explosion
☐ Single frag	☐ IED
☐ Multi-frag	☐ Bomb
☐ Flying debris	☐ UXO
☐ Drowning	☐ Mortar
☐ Hot Obj/Liquid	☐ Landmine
☐ Burn	☐ Grenade
☐ Other _____	☐ Machinery

CARE DONE PRIOR TO ARRIVAL

Airway: ☐ no ☐ yes Type: _____
IVs: ☐ no ☐ yes Type:_____ Amt:_____
Chest tube: ☐ no ☐ yes R L (circle as applicable)
Temp control measure: ☐ no ☐ yes type: ☐ body bag ☐ other
Intraosseous access: ☐ no ☐ yes Location: _____

HISTORY & PHYSICAL

Head & Neck: Tymp Membranes Clear R ☐ L ☐ Blood R ☐ L ☐
Chest:
Abdomen:
Pelvis:
Upper Extremities:
Lower extremities:

Neuro: GCS:____ E__/4 M__/5 V__/6
C-Spine Tender ☐ Yes ☐ No
Motor Deficit: None / R UE/LE / L UE/LE
Skin: Burn: 1st 2nd 3rd %TBSA
Vision: Pupils R L
Brisk ☐☐ Sluggish ☐☐ NR ☐☐ Hand motion ☐☐ Light perception ☐☐ No light perception ☐☐
Size ____mm ____mm

RESUSCITATIVE PROCEDURES

☐ C-Collar ☐ Intubate
☐ Airway (oral/ nasal) ☐ CRIC
☐ Chest tube ☐ R ☐ L Output: ☐ Blood: mls _____ ☐ Air
☐ Needle decompression ☐ R ☐ L Output: ☐ Blood: mls _____ ☐ Air
☐ Pericardiocentesis ☐ Thoracotomy
Rectal Exam: Tone____ Gross blood +/- Prostate____ GYN_____
☐ FAST ☐ DPL ☐ NGA/OG ☐ Pelvic Binder ☐ Foley
☐ Closed reduction ☐ EXT Fixation ☐ Splint ☐ Wound washout ☐ Tourniquet Type: CAT / SOFTT / Other Time on____ Time off____
☐ Closed reduction ☐ EXT Fixation ☐ Splint ☐ Wound washout ☐ Tourniquet Type: CAT / SOFTT / Other Time on____ Time off____
☐ Sedated ☐ Chemically Paralyzed ☐ Seizure Protocol ☐ Mannitol ☐ Intraosseous ☐ Central Line ☐ A-Line

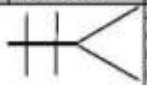
HYPO / HYPERTHERMIA CONTROL MEASURES

Begin temp _____ Time/date
End temp _____ Time/date
Temperature control procedure:
☐ Bair Hugger ☐ Chill Buster ☐ Cooling Blanket
☐ Level 1 Fluid Warmer ☐ Body Bag ☐ Other

LABORATORY

CBC

CHEMISTRY



PT/ INR/ PTT
___/___/_____

LFTs
Amylase: _____
Alk Phos: _____
LDH: _____
Bili: _____
SGOT: _____
SGPT: _____
Other:

URINALYSIS
SpGr: _____
Ph: _____
Chem: _____
Micro: _____
RBC: _____
WBC: _____
Bact: _____
HCG: _____

ALLERGIES
☐ NKDA
☐ ASA
☐ PCN
☐ Sulfa
☐ Morphine
☐ Codeine
☐ Latex
☐ Other

ABG
FIO2: _____ VENT: YES NO
Ph: _____ ETT Size: _____
PCO2: _____
PO2: _____
HCO3: _____
Sat: _____
BE: _____

MEDICATIONS
☐ DT
☐ Abx _____
☐ Versed
☐ Morphine
☐ Fentanyl
☐ Other:

IV FLUIDS/BLOOD PRODUCTS
☐ Crystalloids _____cc's NS LR
☐ Colloids _____cc's
☐ PRBC's _____units
☐ FFP _____units
☐ Whole Bld _____units
☐ Cryo _____units
☐ PLT's _____packs

PMH
☐ Unknown ☐ HTN
☐ None ☐ DM
☐ Cardiac ☐ Ulcer
☐ Respiratory ☐ Other
☐ Seizure

Patient NAME/ID:
Date: (dd.mm.yy)
Last: First MI
SSN/ID DOB/AGE

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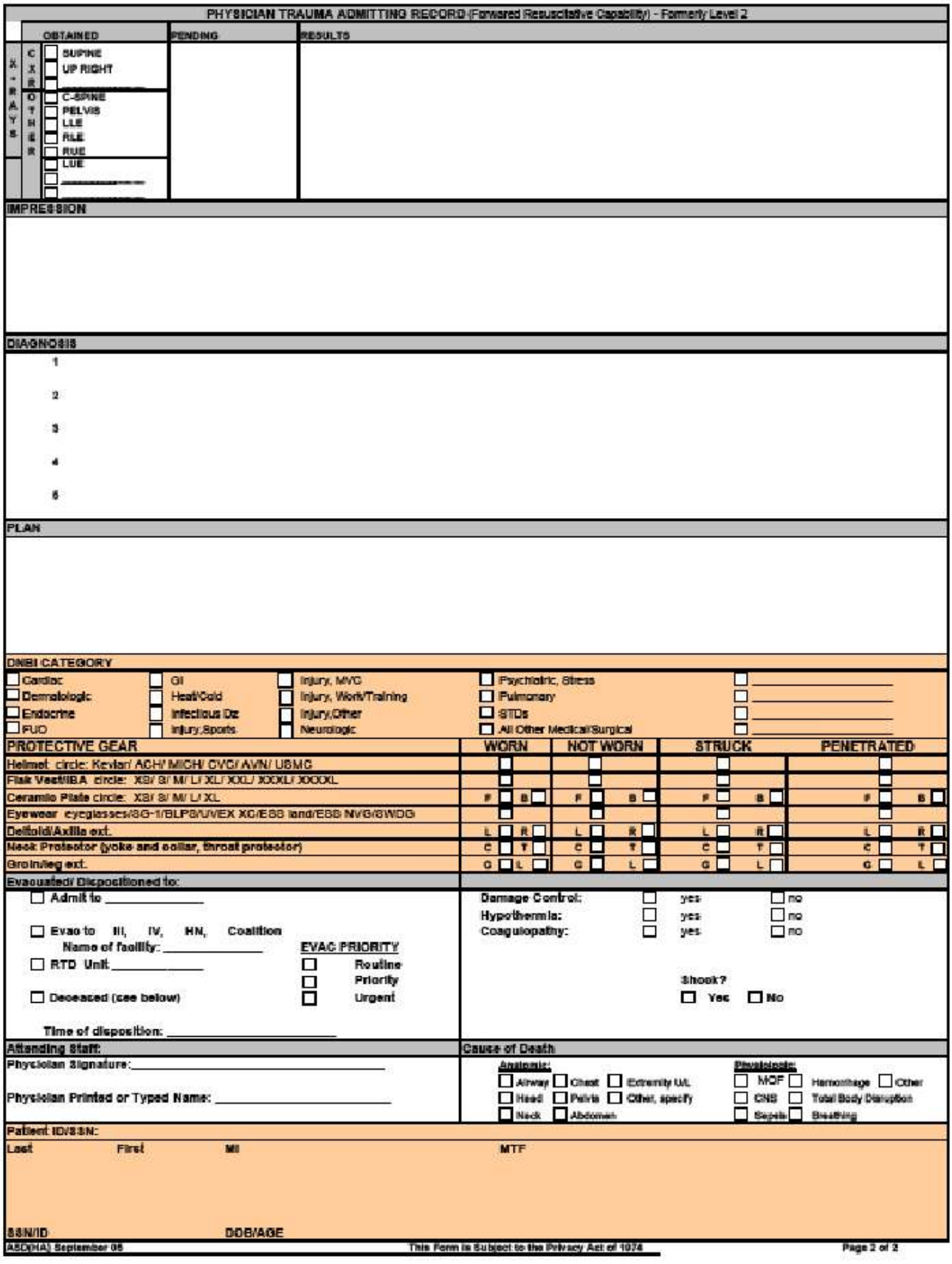


PHYSICIAN TRAUMA ADMITTING RECORD (Forward Resuscitative Capability) - Formerly Level 2

X-RAYS	OBTAINED	PENDING	RESULTS
CXR	☐ SUPINE ☐ UP RIGHT		
OTHER	☐ C-SPINE ☐ PELVIS ☐ LLE ☐ RLE ☐ RUE ☐ LUE		

IMPRESSION

DIAGNOSIS

1

2

3

4

5

PLAN

DNBI CATEGORY

☐ Cardiac	☐ GI	☐ Injury, MVC	☐ Psychiatric, Stress	☐ _____
☐ Dermatologic	☐ Heat/Cold	☐ Injury, Work/Training	☐ Pulmonary	☐ _____
☐ Endocrine	☐ Infectious Dz	☐ Injury,Other	☐ STDs	☐ _____
☐ FUO	☐ Injury,Sports	☐ Neurologic	☐ All Other Medical/Surgical	☐ _____

PROTECTIVE GEAR	WORN	NOT WORN	STRUCK	PENETRATED
Helmet: circle: Kevlar/ ACH/ MICH/ CVC/ AVIN/ USMC	☐	☐	☐	☐
Flak Vest/IBA circle: XS/ S/ M/ L/ XL/ XXL/ XXXL/ XXXXL	☐	☐	☐	☐
Ceramic Plate circle: XS/ S/ M/ L/ XL	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐
Eyewear: eyeglasses/SG-1/BLPS/UVEX XC/ESS land/ESS NVG/8WDG	☐	☐	☐	☐
Deltoid/Axilla ext:	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐
Neck Protector (yoke and collar, throat protector)	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐
Groin/leg ext:	G ☐ L ☐	G ☐ L ☐	G ☐ L ☐	G ☐ L ☐

Evacuated/ Dispositioned to:

☐ Admit to _____

☐ Evac to II, IV, HN, Coalition
Name of facility: _____

☐ RTD Unit: _____

☐ Deceased (see below)

EVAC PRIORITY
☐ Routine
☐ Priority
☐ Urgent

Time of disposition: _____

Damage Control: ☐ yes ☐ no
Hypothermia: ☐ yes ☐ no
Coagulopathy: ☐ yes ☐ no

Shock?
☐ Yes ☐ No

Attending Staff:

Physician Signature: _____

Physician Printed or Typed Name: _____

Cause of Death

Anatomic:
☐ Airway ☐ Chest ☐ Extremity U/L
☐ Head ☐ Pelvis ☐ Other, specify
☐ Neck ☐ Abdomen

Physiologic:
☐ MOF ☐ Hemorrhage ☐ Other
☐ CNS ☐ Total Body Disruption
☐ Sepsis ☐ Breathing

Patient ID/SSN:

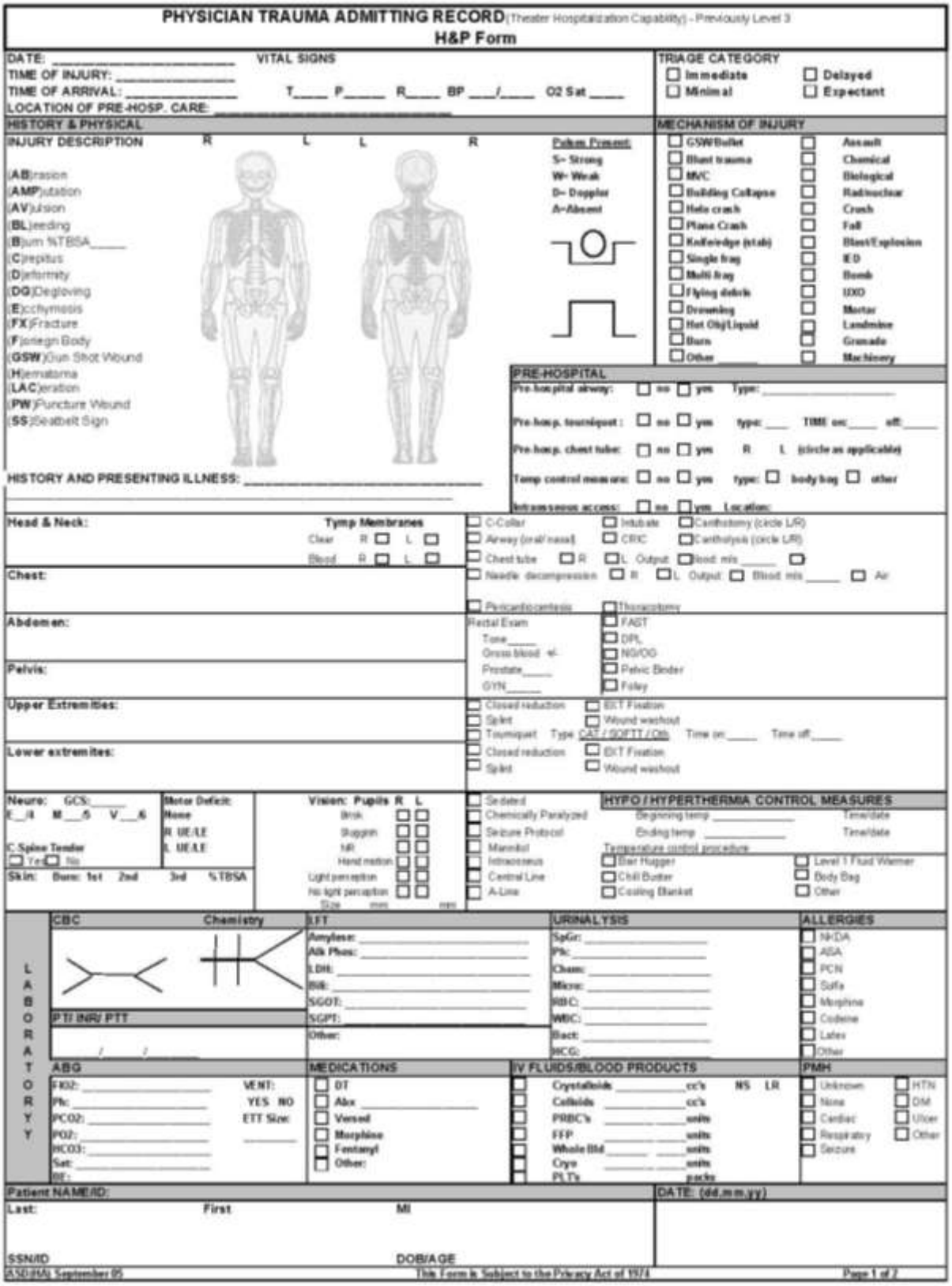
Last First MI MTF

SSN/ID DOB/AGE

AEC(HA) September 06 This Form is Subject to the Privacy Act of 1974 Page 2 of 2

APPENDIX B

JTTR Level III Physician Form (2 Pages)



PHYSICIAN TRAUMA ADMITTING RECORD (Theater Hospitalization Capability) - Previously Level 3

H&P Form

DATE: _____ VITAL SIGNS

TIME OF INJURY: _____

TIME OF ARRIVAL: _____ T____ P____ R____ BP ___/___ O2 Sat ____

LOCATION OF PRE-HOSP. CARE: _____

TRIAGE CATEGORY

☐ Immediate ☐ Delayed

☐ Minimal ☐ Expectant

HISTORY & PHYSICAL

INJURY DESCRIPTION R L L R

Pulses Present: S= Strong W= Weak D= Doppler A=Absent

(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

HISTORY AND PRESENTING ILLNESS: _____

MECHANISM OF INJURY

☐ GSW/Bullet ☐ Assault
☐ Blunt trauma ☐ Chemical
☐ MVC ☐ Biological
☐ Building Collapse ☐ Radiuochear
☐ Helo crash ☐ Crush
☐ Plane Crash ☐ Fall
☐ Knife/edge (stab) ☐ Blast/Explosion
☐ Single frag ☐ IED
☐ Multi frag ☐ Bomb
☐ Flying debris ☐ UXO
☐ Drowning ☐ Mortar
☐ Hot Obj/Liquid ☐ Landmine
☐ Burn ☐ Grenade
☐ Other _____ ☐ Machinery

PRE-HOSPITAL

Pre-hospital airway: ☐ no ☐ yes Type: _____

Pre-hosp. tourniquet: ☐ no ☐ yes type: ___ TIME on:____ off:_____

Pre-hosp. chest tube: ☐ no ☐ yes R L (circle as applicable)

Temp control measure: ☐ no ☐ yes type: ☐ body bag ☐ other

Intraosseous access: ☐ no ☐ yes Location:

Head & Neck: Tymp Membranes Clear R ☐ L ☐ Blood R ☐ L ☐

☐ C-Collar ☐ Intubate ☐ Canthotomy (circle L/R)
☐ Airway (oral/ nasal) ☐ CRIC ☐ Cantholysis (circle L/R)

Chest:

☐ Chest tube ☐ R ☐ L Output: ☐ Blood: mls _____ ☐
☐ Needle decompression ☐ R ☐ L Output: ☐ Blood: mls _____ ☐ Air
☐ Pericardiocentesis ☐ Thoracotomy

Abdomen:

Rectal Exam
Tone_____
Gross blood +/-
Prostate_____
GYN_____

☐ FAST
☐ DPL
☐ NG/OG
☐ Pelvic Binder
☐ Foley

Pelvis:

Upper Extremities:

☐ Closed reduction ☐ EXT Fixation
☐ Splint ☐ Wound washout
☐ Tourniquet Type: CAT / SOFTT / Oth Time on:____ Time off:____

Lower extremities:

☐ Closed reduction ☐ EXT Fixation
☐ Splint ☐ Wound washout

Neuro: GCS:____
E__/4 M__/5 V__/6

C Spine Tender
☐ Yes ☐ No

Motor Deficit:
None
R UE/LE
L UE/LE

Vision: Pupils R L
Brisk ☐ ☐
Sluggish ☐ ☐
Nil ☐ ☐
Hand motion ☐ ☐
Light perception ☐ ☐
No light perception ☐ ☐
Size mm mm

☐ Sedated
☐ Chemically Paralyzed
☐ Seizure Protocol
☐ Mannitol
☐ Intraosseous
☐ Central Line
☐ A-Line

HYPO / HYPERTHERMIA CONTROL MEASURES

Beginning temp _____ Time/date
Ending temp _____ Time/date
Temperature control procedure

☐ Bair Hugger ☐ Level 1 Fluid Warmer
☐ Chill Buster ☐ Body Bag
☐ Cooling Blanket ☐ Other

Skin: Burns: 1st 2nd 3rd %TBSA

LABORATORY

CBC Chemistry

PT/ INR/ PTT

__/__/____

LFT
Amylase: _____
Alk Phos: _____
LDH: _____
Bili: _____
SGOT: _____
SGPT: _____
Other: _____

URINALYSIS
SpGr: _____
Ph: _____
Chem: _____
Micro: _____
RBC: _____
WBC: _____
Bact: _____
HCG: _____

ALLERGIES
☐ NKDA
☐ ASA
☐ PCN
☐ Sulfa
☐ Morphine
☐ Codeine
☐ Latex
☐ Other

ABG
FiO2: _____ VENT:
Ph: _____ YES NO
PCO2: _____ ETT Size:
PO2: _____ _____
HCO3: _____
Sat: _____
BE: _____

MEDICATIONS
☐ DT
☐ Abx _____
☐ Versed
☐ Morphine
☐ Fentanyl
☐ Other:

IV FLUIDS/BLOOD PRODUCTS
☐ Crystalloids _____cc's NS LR
☐ Colloids _____cc's
☐ PRBC's _____units
☐ FFP _____units
☐ Whole Bld _____ _____units
☐ Cryo _____ _____units
☐ PLT's _____packs

PMH
☐ Unknown ☐ HTN
☐ None ☐ DM
☐ Cardiac ☐ Ulcer
☐ Respiratory ☐ Other
☐ Seizure

Patient NAME/ID:

Last: First MI

SSN/ID DOB/AGE

DATE: (dd.mm.yy)

ASD(HA) September 05 This Form is Subject to the Privacy Act of 1974 Page 1 of 2

PHYSICIAN TRAUMA ADMITTING RECORD (Theater Hospitalization Capability) - Previously Level 3

XRAYS		OBTAINED	PENDING	RESULTS
	CT	☐ HEAD ☐ C-SPINE ☐ ABD/PELVIS ☐ CHEST		
	CXR	☐ SUPINE ☐ UP RIGHT ☐ _____		
	OTHER	☐ C-SPINE ☐ PELVIS ☐ LLE ☐ RLE ☐ RUE ☐ LUE ☐ _____ ☐ _____		

IMPRESSION:

DIAGNOSIS

1

2

3

4

5

PLAN:

EVACUATED TO/DISPOSITION

☐ Admit to OR, ICU, ICW _____

☐ Evac to III, IV, HN, Coalition
Location: _____

☐ RTD Unit _____

☐ Deceased (see below)

EVAC PRIORITY
☐ Routine
☐ Priority
☐ Urgent

Time of disposition: _____

Damage Control:	☐ yes	☐ no
Hypothermia:	☐ yes	☐ no
Coagulopathy:	☐ yes	☐ no
	☐ yes	☐ no

Shock? ☐ Yes ☐ No

DNBI CATEGORY

☐ Cardiac	☐ GI	☐ Injury, MVC	☐ Psychiatric, Stress	☐ _____
☐ Dermatologic	☐ Heat/Cold	☐ Injury, Work/Training	☐ Pulmonary	☐ _____
☐ Endocrine	☐ Infectious Dz	☐ Injury,Other	☐ STDs	☐ _____
☐ FUO	☐ Injury,Sports	☐ Neurologic	☐ All Other Medical/Surgical	☐ _____

ATTENDING STAFF

Physician Signature: _____

Physician Printed or Typed Name: _____

CAUSE OF DEATH

Anatomic:
☐ Airway ☐ Chest ☐ Extremity U / L
☐ Head ☐ Pelvis ☐ Other, specify
☐ Neck ☐ Abdomen

Physiologic:
☐ MOF ☐ Hemorrhage ☐ Other
☐ CNS ☐ Total Body Disruption
☐ Sepsis ☐ Breathing

PATIENT ID/SSN

Last First MI MTF

SSN/ID DOB/AGE

ASD(HA) September 06 | This Form is Subject to the Privacy Act of 1974 | Page 2 of 2

APPENDIX C

JTTR Level III Nursing Form (3 Pages)

JOINT THEATER TRAUMA NURSING RECORD (Theater Hospitalization Capability) - Previously Level 3

(All shaded areas mandatory for Joint Theater Trauma Registry data collection)

ARRIVAL STATUS	TRIAGE CATEGORY	WOUNDED BY	MODE OF ARRIVAL	PATIENT CATEGORY
Date: _____ Time of arrival: _____ Time of injury: _____ Transit time: _____	☐ Immediate ☐ Delayed ☐ Minimal ☐ Expectant	☐ Unknown ☐ Enemy ☐ Friendly ☐ Civ (Host nation) ☐ Training ☐ Self accident ☐ Self inflicted ☐ Sports recreation ☐ Other:	☐ Walked ☐ Carried ☐ USMC CASEVAC ☐ Non-med ground ☐ Ground ambulance ☐ Non-med air ☐ Air ambulance ☐ Ship EVAC ☐ Other:	Nation: ☐ US ☐ Host nation ☐ Coalition: _____ ☐ Enemy: _____ Service: ☐ USA ☐ USN ☐ USMC ☐ USAF ☐ SOF ☐ Civilian ☐ Combatants ☐ Contractor ☐ ING ☐ IP ☐ Non-gov't org ☐ Other:

C-spine immob: Y/N Functional IV: Y/N
Intubated: Y/N Cric: Y/I/N Needle Decompr: Y/N
T: ____ BP: ____/____ HR: ____ RR: ____ O2Sat: ____
PAIN: _____ 0 1 2 3 4 5 6 7 8 9 10
Last Tetanus: _____ GCS: _____

TOURNIQUET	CPR IN PROGRESS	GENDER	PRE-HOSP. WARMING
☐ Yes ☐ No Time on: _____ off: _____ Type: CAT / SOFTT / Other: _____	☐ Yes ☐ No Time started: _____ Time ended: _____	☐ Male ☐ Female	☐ Blanket ☐ Space blanket ☐ Body bag ☐ Other:

PRE HOSP. MEDS @ _____ (time)
☐ Morphine _____ ☐ RSI meds ☐ Antibiotic ☐ Other:
☐ Fentanyl _____ ☐ Seizure med ☐ Mannitol

HOSP. WARMING
☐ Radiant warmer
☐ IV bag warmer
☐ Bair hugger
☐ Level I
☐ Other:

CHIEF COMPLAINT

EVAC FROM (Check/circle all that apply)
☐ Field
☐ Coalition
USA/ USN/ USAF/ USMC/
Level I IIa IIb III

☐ ID WRIST BAND ON

PRIMARY SURVEY

AIRWAY	BREATHING	Breath Sounds	CIRCULATION	DEFICIT/NEURO
☐ Patent ☐ Stridor ☐ Drooling ☐ Obstructed ☐ Oral/Nasal Airway ☐ BVM ☐ Combi tube ☐ Intubated ☐ Other:	☐ Unlabored ☐ Labored ☐ Absent ☐ Retraction ☐ Flaring Trachea: ☐ Midline ☐ Deviated Chest symmetry: (circle one) Left> Equal <Right	Right Left ☐ ☐ Clear ☐ ☐ Rales ☐ ☐ Flail ☐ ☐ Wheeze ☐ ☐ Absent	Skin: ☐ Warm ☐ Cool ☐ Hot ☐ Pink ☐ Pale ☐ Cyanotic ☐ Dry ☐ Moist ☐ Diaph Heart Sounds: ☐ Clear ☐ Muffled Capillary Refill: ☐ <2 seconds (normal) ☐ >2 seconds (delayed)	☐ Alert ☐ Responds to verbal ☐ Responds to pain ☐ Unresponsive GCS: _____ Eyes __/4 Verbal __/5 Motor __/6 Total___/15 Sphincter Tone: ☐ WNL ☐ Weak ☐ None

SECONDARY SURVEY

HEAD/NECK EENT	HEART	ABDOMINAL/GU		EXTREMITIES
Drainage: Nose (color): _____ CSF: + / - Eyes: Equal R / L Fixed R / L Reactive R / L Dilated R / L Other: _____ C-Spine tender: ☐ Yes ☐ No Dental injury: ☐ Yes ☐ No Tympanic Membrane: Clear R L Blood R L	Rhythm: ☐ NSR (tachy/brady) ☐ V-fib/tach ☐ PEA ☐ Asystole ☐ Other Pulses: S = Strong D = Doppler W = Weak A = Absent Carotid ____ R ____ L Femoral ____ R ____ L Brachial ____ R ____ L Radial ____ R ____ L Pedal ____ R ____ L JVD Distension: ☐ Yes ☐ No	☐ Flat ☐ Distended ☐ Obese ☐ Non-tender ☐ Tender ☐ Rigid ☐ Guarding ☐ Rebound tenderness ☐ Unable to assess ☐ Open wound	Pelvis stable: ☐ Yes ☐ No Binder: ☐ Yes ☐ No Hemorrhage: ☐ Yes ☐ No Blood at meatus/vagina: ☐ Yes ☐ No Prostate: ☐ WNL ☐ Abnormal Heme +/-	Fracture/dislocation: ☐ RUE ☐ RLE ☐ LUE ☐ LLE Motor Sens ROM RUE + / - + / - + / - LUE + / - + / - + / - RLE + / - + / - + / - LLE + / - + / - + / - LOG ROLL TIME: _____ Back exam: ☐ WNL ☐ ABNL (describe)

FAST DONE: POS / NEG / NA
Last Meal @ _____

PATIENT IDENTIFICATION	ALLERGIES	PAST MED HX	CURRENT MEDICATIONS
Name/Rank: SSN/Patient Id #: DOB: (ddmmyy) Age: _____ Deployed unit: MTF transferred from: MTF:	☐ Unknown ☐ NKDA ☐ PCN ☐ Sulfa ☐ Morphine ☐ Codeine ☐ Other: _____	☐ Unknown ☐ None ☐ Respiratory hx ☐ Seizure hx ☐ Cardiac hx ☐ HTN ☐ DM ☐ Ulcers ☐ Other:	☐ Unknown ☐ None ☐ List current meds:

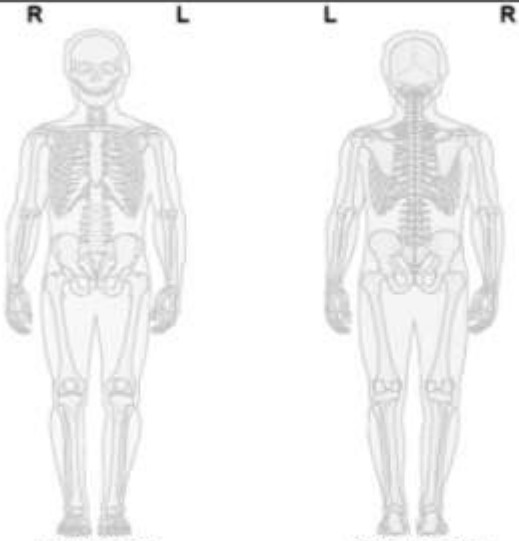
ASC(HA) September 05 Subject to the Privacy Act of 1974 Page 1 of 3

JOINT THEATER TRAUMA NURSING RECORD

SECONDARY SURVEY

(AB)rasion
(AMP)utation
(AV)ulsion
(BL)eeding
(B)urn
(C)repitus
(D)eformity
(DG)Degloving
(E)cchymosis
(FX)Fracture
(F)oreign Body
(GSW)Gun Shot Wound
(H)ematoma
(LAC)eration
(PW)Puncture Wound
(P)ain
(SS)Seatbelt Sign
(SW)Stab Wound

R L L R



ANTERIOR POSTERIOR

MECHANISM OF INJURY

- ☐ GSW/Bullet
- ☐ Blunt trauma
- ☐ Single frag
- ☐ Multi-frag
- ☐ Plane crash
- ☐ Helo crash
- ☐ Knife (stab)
- ☐ Mortar
- ☐ RPG/Grenade
- ☐ Drowning
- ☐ Flying Debris
- ☐ Machinery
- ☐ Landmine
- ☐ Building collapse
- ☐ Assault / fight
- ☐ Other:
- ☐ MVC
- ☐ Blast
- ☐ Burn
- ☐ Crush
- ☐ Fall
- ☐ IED
- ☐ Chemical
- ☐ Biological
- ☐ Radiologic
- ☐ Nuclear
- ☐ Bomb
- ☐ UXO
- ☐ Hot obj/liq

Burn: ☐ 1st ☐ 2nd ☐ 3rd
%TBSA = _____

PRE-HOSPITAL HEMOSTATIC DEVICES:

☐ Unknown ☐ None ☐ Direct Pressure ☐ Field Dressing
☐ Quick Clot ☐ Fibrin bandage (Type: _____ example: Chitosan) ☐ Other: _____

PROTECTIVE GEAR	Worn	Not Worn	Struck	Penetrated
Helmet (Kevlar / ACH /MICH / CVC / AVN / USMC)	☐	☐	☐	☐
Flak vest/IBA (circle XSM/S/M/L/XL/XXL/XXXL/XXXXL)	☐	☐	☐	☐
Ceramic plate (circle XSM / S / M / L / XL)	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐
Eyewear (SPECS/SG-1/BLPS/UVEX XC/ESS land/ESS NVG/SWDG)	☐	☐	☐	☐
Deltoid/Axilla ext (left/ right)	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐
Neck Protector (collar/ throat)	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐
Groin/leg ext	G ☐ L ☐	☐ ☐	G ☐ L ☐	G ☐ L ☐

TIME	PROCEDURE	SIZE	SITE		BY	RESULTS		X-RAY TIME	X-RAY TYPE	CT TIME	CT TYPE
	ET intubation	Teeth_____	☐ oral ☐ nasal			☐ $ETCO_2$ change ☐ BBS post int.			Chest		Head
	Gastric Tube		☐ oral ☐ nasal			☐ Verified _____ Suction Y N			Abdom.		Chest
	Urinary		☐ meatus ☐ supra			Heme dip + / - Results	cc		C-spine		Abdom.
									Pelvis		Pelvis
									Extrem.		
	Chest tube #1		L	R		air	blood				
	Chest tube #2		L	R		air	blood				
	A-line		L	R				O2 on:	O2 off:	Nasal canula ☐	
	Thoracotomy		L	R						NRB Mask ☐	
	Tourniquet	Type:	Site:							BVM ☐	

LABS

Time	Test	Time	Test
	CBC		T & S
	ABG		T & C x ___
	Chemistry		UA
	PT/PTT		HCG
	TEG		Other

Intravenous Access

Time	#	gauge	IVF type	site	amt up	amt in
					total:	

PATIENT IDENTIFICATION

Name: (Last/First/Rank) **DOB:** (ddmmyy) Age

Patient Id./SSN: **Deployed Unit**

ASD(HA) September 05 | Subject to the Privacy Act of 1974 | Page 2 of 3

JOINT THEATER TRAUMA NURSING RECORD

IV FLUIDS						NOTES
TIME	FLUID	RATE	START	STOP	VOLUME	

BLOOD PRODUCTS					
UNIT #	TYPE	START	STOP	INITIAL	VOLUME

MEDICATIONS				
DRUG	DOSE	ROUTE	TIME	INITIAL

VITAL SIGNS							
TIME	NBP	ABP	HR	RR	TEMP	SAO2	RYTHYM

INTUBATION MECH/VENT

TIME: _____
FIO2: _____
PEEP: _____
MODE: _____
RATE _____
TV: _____

DEATH INFORMATION

Time of Death: _____

Mortuary Affairs Notified?
Yes No

Time to Morgue: _____

DISPOSITION

ADMIT: OR ICU ICW TIME: _____
RTD: FULL QUARTER PROFILE
AIR EVACUATION TO: _____
TIME DISPOSITION: _____ LITTER W/C AMBULATORY

VALUABLES

	None found
	Secured by PAD
	Given to Patient
Time: _____	

PATIENT IDENTIFICATION

Name:
SSN:
Trauma No.:

Nurse Name:

Signature:

ASD(HA) September 05 Subject to the Privacy Act of 1974 Page 3 of 3

APPENDIX D

Afghanistan Level IIb – WHMC Form 5064, 20061201 (3 Pages)

TRAUMA TREATMENT RECORD (FORWARD RESUSCITATIVE CARE) (Level 2B)

(This form is subject to the Privacy Act of 1974 - PAWS on DD Form 2005 applies)

ARRIVAL STATUS	TRIAGE CATEGORY	WOUNDED BY	MECHANISM OF INJURY	PT CAT.	PRE HOSP HEMOSTATIC
Date: _____ Time of Injury: _____ Time of Arrival: _____ Transit Time: _____	☐ Immediate ☐ Delayed ☐ Minimal ☐ Expectant	☐ Unknown ☐ Enemy ☐ Friendly ☐ Civ (Host Nation) ☐ Training ☐ Self Accident ☐ Self Inflicted ☐ Sports Recreation ☐ Other:	☐ GSW/Bullet ☐ Machinery ☐ Blunt Trauma ☐ Landmine ☐ Single Frag ☐ Crush ☐ Multi-Frag ☐ MVC ☐ Plane Crash ☐ Chemical ☐ Helo Crash ☐ Biological ☐ Knife (Stab) ☐ Rad/Nuclear ☐ Mortar ☐ Hot Object/Liquid ☐ RPG/Grenade ☐ Assault/Fight ☐ Drowning ☐ Blast/Explosion ☐ Flying Debris ☐ Building Collapse ☐ Bomb ☐ Fall ☐ UXO ☐ Burn ☐ IED ☐ Other	Nation: ☐ US ☐ Host Nation ☐ Coalition ☐ Enemy Service: ☐ USA ☐ USN ☐ USMC ☐ USAF ☐ SOF ☐ Civilian ☐ Combatant ☐ Contractor ☐ ING/ANA ☐ IP/ANP ☐ Non-Govt Org Media: ☐ Other:	☐ Unknown ☐ Quick Clot ☐ Fibrin Bandage ☐ Direct Pressure ☐ Field Dressing ☐ HemCon ☐ None ☐ Other

C-spine immob. ☐ Yes ☐ No Functional IV ☐ Yes ☐ No
Intubated: ☐ Yes ☐ No Cric: ☐ Yes ☐ No
Needle Decompr: ☐ Yes ☐ No
T: ___ BP: ___/___ HR: ___ RR: ___ O2Sat: ___
PAIN: ___ 0 1 2 3 4 5 6 7 8 9 10
Last Tetanus: _____ GCS: _____

TOURNIQUET	CPR IN PROGRESS	GENDER	PRE HOSP WARM
☐ Yes ☐ No Time On: ___ Off: ___ Type: ☐ CAT ☐ SOFTT ☐ Other:	☐ Yes ☐ No Time Started: ___ Time Ended: ___	☐ Male ☐ Female	☐ Blanket ☐ Space Blanket ☐ Body Bag ☐ Other ☐ HPMK

PRE HOSP MEDS	PRE HOSP AIRWAY	PRE HOSP IV	Intra Osseous	HOSP WARMING
☐ Morphine ___ ☐ RSI Meds ☐ Antibiotic ☐ Fentanyl ___ ☐ Seizure Med ☐ Mannitol	☐ Yes Type ___ ☐ No	☐ Yes ☐ No Type/Size/Location: Amt/Type Fluid:	☐ Yes ☐ No	☐ Radiant Warmer ☐ IV Bag Warmer ☐ Bair Hugger ☐ Initial Responder ☐ Other:

PRE HOSP CHEST TUBE	EVAC FROM	MODE OF ARRIVAL
☐ Yes Location ☐ No ☐ R ☐ L	☐ Field ☐ USA ☐ USN ☐ Init Responder ☐ Coalition ☐ USAF ☐ USMC ☐ Fwd Resus Unit ☐ Theater Hospital	☐ Walked ☐ Carried ☐ Air Ambulance ☐ USMC Casvac ☐ Non-Med Ground ☐ Ground Ambulance ☐ Ship Evac ☐ Non-Med Air ☐ Other MISSION #_____

Chief Compliant:

HISTORY & PHYSICAL	AIRWAY	INITIAL PROCEDURES/DIAGNOSTICS
Head & Neck: Tymp Membranes Clear ☐ R ☐ L Blood ☐ R ☐ L	☐ Patent ☐ Stridor ☐ Drooling ☐ Obstructed ☐ BVM ☐ Other	☐ C-Collar ☐ Intubate ☐ Combi-tube ☐ Airway (oral/nasal) ☐ CRIC ☐ Chest Tube ☐ R ☐ L Output: ___ Blood: mls___ ☐ Air ☐ Needle Decompression ☐ R ☐ L ☐ Output Blood: mls___ ☐ Air ☐ Pericardiocentesis ☐ Thoracotomy
Chest:		
Abdomen:		RECTAL EXAM: Tone ___ Gross Blood +/- Prostate ___ GYN ___
Pelvis: ☐ Stable ☐ Unstable		☐ FAST ☐ DPL ☐ NG/OG ☐ Pelvic Binder ☐ Foley
Upper Extremities:		☐ Closed Reduction ☐ Splint ☐ EXT Fixation ☐ Wound Washout ☐ Tourniquet Type ☐ CAT ☐ SOFTT ☐ Other Time On:___ Time Off:___
Lower Extremities:		☐ Closed Reduction ☐ Splint ☐ EXT Fixation ☐ Wound Washout ☐ Tourniquet Type ☐ CAT ☐ SOFTT ☐ Other Time On:___ Time Off:___

Neuro: GCS: ___	Motor Deficit:	Vision: Pupils	R	L		Burns:
E___/4 M___/6 V___/5	☐ None	Brisk	☐	☐	☐ Sedated	☐ Burn Sheet Initiated
C-Spine Tender	Right ☐ UE ☐ LE	Sluggish	☐	☐	☐ Chemically Paralyzed	☐ 1st ☐ 2nd ☐ 3rd
☐ Yes	Left ☐ UE ☐ LE	NR	☐	☐	☐ Seizure Protocol	% TBSA_____
☐ No		Hand Motion	☐	☐ Size ___mm	☐ Mannitol	Cause_____
		No Light Perception	☐	☐ ___mm	☐ Intraosseous	
					☐ A-Line	

LABORATORY: CBC / CHEMISTRY	LFTs	URINALYSIS	ALLERGIES	IV FLUIDS/BLOOD PRODUCTS
PT/INR/PTT ___/___/___	Amylase:_____	SpGr:_____	☐ NKDA	☐ Crystalloids_____cc's ☐ NS ☐ LR
ABG	Alk Phos:_____	pH:_____	☐ ASA	☐ Colloids _____cc's
FIO2:_____	LDH:_____	Chem:_____	☐ PCN	☐ PRBC's_____ _____units
pH:_____	Bili:_____	Micro:_____	☐ Sulfa	☐ FFP _____ _____units
pCO2:_____	SGOT:_____	RBC:_____	☐ Morphine	☐ Whole Bld _____ _____units
HCO3:_____	SGPT:_____	WBC:_____	☐ Codeine	☐ Cryo _____ _____units
Sat:_____	Other:_____	Bact:_____	☐ Latex	☐ PLT's _____packs _____packs
BE:_____	Vent: ☐ Yes ☐ No	HCG:_____	☐ Other	
	ETT Size:_____			

MEDICATIONS	PMH
☐ DT ☐ Fentanyl ☐ Versed ☐ Abx _____ ☐ Morphine ☐ Other _____	☐ Unknown ☐ None ☐ HTN ☐ Respiratory ☐ Cardiac ☐ DM ☐ Seizure ☐ Ulcer ☐ Other

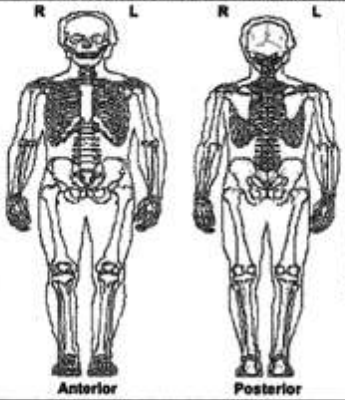
Patient Name/ID: DOB (ddmmyy):
SSN/ID: Age: Date (ddmmyy):

WHMC Form 5064, 20061201

	OBTAINED	PENDING	RESULTS
X-RAYS	C-XR: ☐ Supine ☐ Up Right ☐ _____		
	OTHER: ☐ C-Spine ☐ Pelvis ☐ LLE ☐ RLE ☐ RUE ☐ LUE ☐ _____ ☐ _____		

SECONDARY SURVEY

(AB)rasion
(AMP)utation
(AV)ulsion
(BL)eeding
(B)urn
(C)repitus
(D)eformity
(DG)Degloving
(E)cchymosis
(FX)Fracture
(F)oreign Body
(GSW)Gunshot Wound
(H)ematoma
(LAC)eration
(PW)Puncture Wound
(P)ain
(SS)Seatbelt Sign
(SW)Stab Wound



Pulses Present:
S=Strong
W=Weak
D=Doppler
A=Absent

IMPRESSION

DIAGNOSIS

1
2
3
4
5

PLAN

DNBI CATEGORY

☐ Cardiac ☐ Endocrine ☐ Infectious Dz ☐ Injury, Work/Training ☐ Psychiatric, Stress ☐ All Other Medical/Surgical ☐ _____
☐ Dermatologic ☐ GI ☐ Injury, Sports ☐ Injury, Other ☐ Pulmonary ☐ _____
☐ FUO ☐ Heat/Cold ☐ Injury, MVC ☐ Neurologic ☐ STDs ☐ _____

PROTECTIVE GEAR ☐ Unknown	WORN	NOT WORN	STRUCK	PENETRATED
Helmet ☐ Kevlar ☐ ACH ☐ MICH ☐ CVC ☐ AVN ☐ USMC	☐	☐	☐	☐
Flak Vest/IBA ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL ☐ XXXXL	☐	☐	☐	☐
Ceramic Plate ☐ XS ☐ S ☐ M ☐ L ☐ XL	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐
Eyewear ☐ SPECS ☐ SG-1 ☐ BLPS ☐ UVEX XC ☐ ESS land ☐ ESS NVG ☐ SWDG	☐	☐	☐	☐
Deltoid/Axilla ext. ☐ Side Armor ☐	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐
Neck Protector (yoke and collar, throat protector) ☐	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐
Groin/Leg ext. ☐	G ☐ L ☐	G ☐ L ☐	G ☐ L ☐	G ☐ L ☐

Evaluated/Dispositioned To:

☐ Admit to _____
☐ Evac to: ☐ Theater Care ☐ Definitive Care ☐ HN ☐ Coalition
Name of Facility: _____
☐ RTD Unit _____
☐ Deceased (see below)
Time of Disposition (MOVE): _____
MISSION # _____

Damage Control: ☐ Yes ☐ No
Hypothermia: ☐ Yes ☐ No
Coagulopathy: ☐ Yes ☐ No
Shock: ☐ Yes ☐ No

Class of Hemorage: ☐ I ☐ II ☐ III ☐ IV

Attending Staff:

Physician Signature: _____

Physician Printed or Typed Name: _____

Cause of Death

Anatomic:		Physiologic:	
☐ Airway	☐ Pelvis	☐ MOF	☐ Total Body Disruption
☐ Head	☐ Abdomen	☐ CNS	☐ Hemorrhage
☐ Neck	☐ Extremity U/L	☐ Sepsis	☐ Other
☐ Chest		☐ Breathing	
☐ Other, Specify _____			

Patient Name/ID: DOB (ddmmyy):
SSN/ID: Age: Date (ddmmyy): MTF:

WHMC Form 5064, 20061201

Page 2 of 3

IV FLUIDS						NOTES
TIME	FLUID	RATE	START	STOP	VOLUME	

BLOOD PRODUCTS					
UNIT #	TYPE	START	STOP	INITIAL	VOLUME

MEDICATIONS				
DRUG	DOSE	ROUTE	TIME	INITIAL

VITAL SIGNS							
TIME	SBP	DBP	HR	RR	TEMP	O2 Sat	RHYTHM

INTUBATION MECH/VENT

TIME: _____
FIO2: _____
PEEP: _____
MODE: _____
RATE: _____
TV: _____

DEATH INFORMATION

Time of Death: _____
Mortuary Affairs Notified? ☐ Yes ☐ No
Time to Morgue: _____

DISPOSITION

ADMIT: ☐ OR ☐ ICU ☐ ICW ☐ ICW TIME: _____
RTD: ☐ FULL ☐ QUARTER ☐ PROFILE
AIR EVACUATION TO: _____
TIME DISPOSITION: _____ ☐ LITTER ☐ W/C ☐ AMBULATORY

VALUABLES

☐ None found
☐ Secured by PAD
☐ Given to Patient
Time: _____

PATIENT IDENTIFICATION

Name: Patient ID/SSN/Trauma No.	Nurse Name: Date: Signature:

WHMC Form 5064, 20061201 GPO U.S. GOVERNMENT PRINTING OFFICE: 2006 — 656-270/01946 Page 3 of 3

APPENDIX E

ADDITIONAL INFORMATION REGARDING OFF-LABEL USES IN CPGs

A. Purpose.

The purpose of this Appendix is to ensure an understanding of DoD policy and practice regarding inclusion in CPGs of "off-label" uses of U.S. Food and Drug Administration (FDA)–approved products. This applies to off-label uses with patients who are armed forces members.

B. Background.

Unapproved (i.e., "off-label") uses of FDA-approved products are extremely common in American medicine and are usually not subject to any special regulations. However, under Federal law, in some circumstances, unapproved uses of approved drugs are subject to FDA regulations governing "investigational new drugs." These circumstances include such uses as part of clinical trials, and in the military context, command required, unapproved uses. Some command requested unapproved uses may also be subject to special regulations.

C. Additional Information Regarding Off-Label Uses in CPGs.

The inclusion in CPGs of off-label uses is not a clinical trial, nor is it a command request or requirement. Further, it does not imply that the Military Health System requires that use by DoD health care practitioners or considers it to be the "standard of care." Rather, the inclusion in CPGs of off-label uses is to inform the clinical judgment of the responsible health care practitioner by providing information regarding potential risks and benefits of treatment alternatives. The decision is for the clinical judgment of the responsible health care practitioner within the practitioner-patient relationship.

D. Additional Procedures.

1. Balanced Discussion. Consistent with this purpose, CPG discussions of off-label uses specifically state that they are uses not approved by the FDA. Further, such discussions are balanced in the presentation of appropriate clinical study data, including any such data that suggest caution in the use of the product and specifically including any FDA-issued warnings.

2. Quality Assurance Monitoring. With respect to such off-label uses, DoD procedure is to maintain a regular system of quality assurance monitoring of outcomes and known potential adverse events. For this reason, the importance of accurate clinical records is underscored.

3. Information to Patients. Good clinical practice includes the provision of appropriate information to patients. Each CPG discussing an unusual off-label use will address the issue of information to patients. When practicable, consideration will be given to including in an appendix an appropriate information sheet for distribution to patients, whether before or after use of the product. Information to patients should address in plain language: a) that the use is not approved by the FDA; b) the reasons why a DoD health care practitioner would decide to use the product for this purpose; and c) the potential risks associated with such use.