

# PHYSICIAN FORM

## AIRWAY

Assessment:

Phonation: Patient can phonate appropriately -> demonstrate by asking question

Obstruction: look for obstruction, lacerations or bruising of airway

C-spine: immobilization

Management Questions:

Normal Phonation? Adventitious sounds? C-spine is immobilized

“Do we need to obtain a definitive airway?”

Closed Loop Declaration:

**“Phonation is normal, no obstructions, C-spine is immobilized – Airway is intact” or verbalize how abnormalities need addressed**

## BREATHING

Assessment:

Inspect - Signs of respiratory distress, bruising, or paradoxical motion?

Palpate – Crepitus or chest wall instability?

Auscultation – Are there breath sounds bilaterally?

O<sub>2</sub> Saturation

Management Questions:

Respiration rate? Saturation normal? Cyanosis?

Breath sounds bilaterally? Crepitus? Deformity?

“Do we need oxygen or a chest tube?”

Closed Loop Declaration:

**“Breath sounds equal bilaterally, no respiratory distress, O<sub>2</sub> Sat > than 92%, - Breathing is intact” or verbalize how abnormalities need addressed**

## CIRCULATION

Assessment:

Inspect – Are there signs of active bleeding? Are there signs of shock?

Palpate – Is there a palpable pulse?

HR & BP

Management Questions:

Active bleeding? 2 large bore IV's? Signs of shock? Do we need IVF? Do we need blood? Do we need to activate the MTP?

Closed Loop Declaration:

**“We have IV access, no active visible bleeding, palpable pulse & HR less than 90 - Circulation is intact” or verbalize how abnormalities need**

## DISABILITY

Assessment:

Inspect - GCS + Pupils

Management Questions:

Is this patient protecting their airway?

Closed Loop Declaration:

**“Pupils’ size \_\_ and reactivity \_\_, GCS is \_\_, no focal deficits - Neurologically intact” or verbalize how abnormalities need addressed**

## EXPOSURE

Assessment: Remove clothing and Uncover patient + “Tuck and Roll” the backboard

Inspect - Contusions?

Palpate - Tenderness? Spinal step-offs? *Rectal exam for high suspicion injuries*

Closed Loop Declaration:

**“Clothes removed, log roll performed, warming applied - Time for our 1° Survey Summary”**

## Primary Survey Summary

Recap Primary Survey - Summarize condition and stability

EMS review & questions

Confirmation team leader & staff agree on primary survey

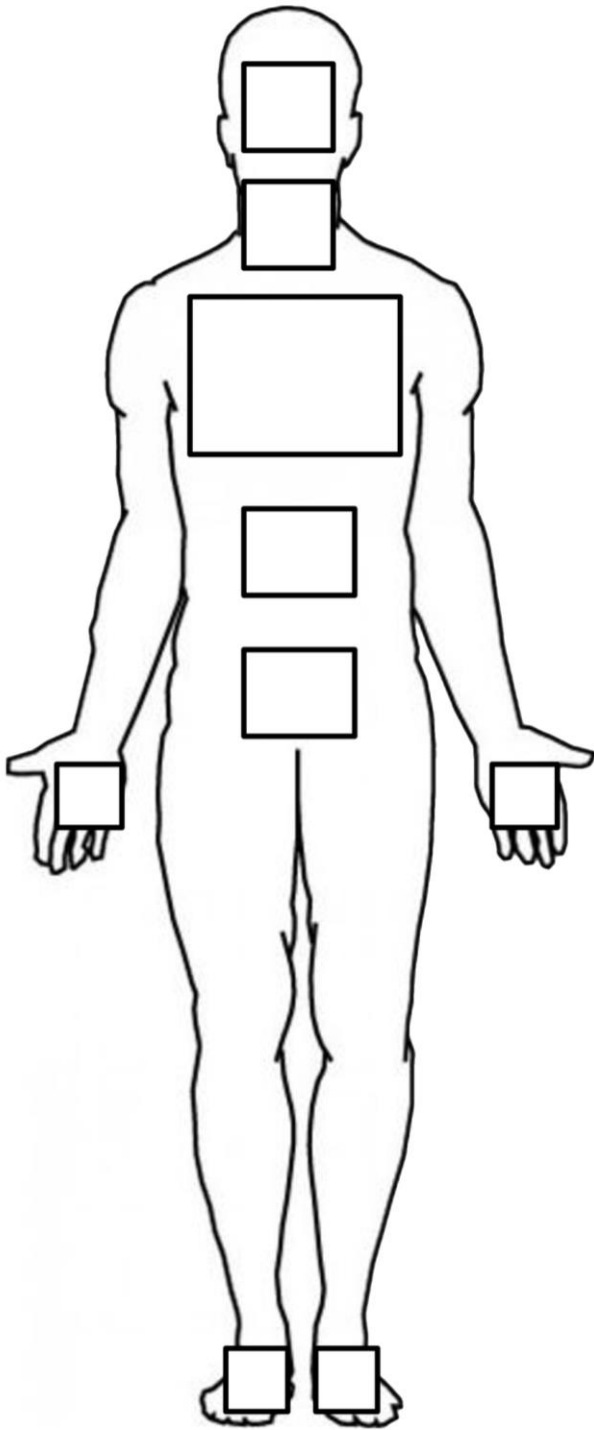
Ask for adjunct orders - **FAST? CXR/Pelvis? Labs? Fluids & Medications?**

Dismissal of EMS, ED, & RT staff as appropriate

Closed Loop Declaration:

**“Primary survey is done time for the secondary survey.”**

# PHYSICIAN FORM



## HISTORY (AMPLE & ROS)

### HEENT

Assessment:

- Inspect for lacerations, bruising, and hematomas
- Check EOM
- Check for malocclusion
- Palpate for bony tenderness V1-V3

Closed Loop Declaration:

**“HEENT is normal” or Verbalize abnormalities**

### NECK

Assessment:

- Maintain c-spine precautions*
- Inspect for lacerations, bruising, and hematomas
- Palpate for bony tenderness
- Switch to soft collar

Closed Loop Declaration:

**“Neck is normal” or Verbalize abnormalities**

### CHEST

Assessment:

- Inspect for lacerations, bruising, and hematomas
- Palpate for bony tenderness (include clavicles)

Closed Loop Declaration:

**“Chest is normal” or verbalize abnormalities**

### ABDOMEN

Assessment:

- Inspect for lacerations, bruising, and hematomas
- Palpate for tenderness

Closed Loop Declaration:

**“Abdomen is normal” or verbalize abnormalities**

### PELVIS

Assessment:

- Inspect for lacerations, bruising, and hematomas
- Include genitalia and perineum
- Palpate for pelvic bone tenderness
- Pelvic exam for high suspicion injuries

Closed Loop Declaration:

**“Pelvis exam is normal” or verbalize abnormalities**

### EXTREMITIES

Assessment:

- Inspect for lacerations, bruising, and hematomas
- All 4 extremities including axilla and groin
- Palpate for tenderness in all 4 extremities
- PROM of all joints in all 4 extremities
- Strength in all 4 extremities
- Check for sensory deficits in all 4 extremities
- Palpate distal pulses in all 4 extremities

Closed Loop Declaration:

**“Extremities are normal” or verbalize abnormalities**

## **“Let’s do our SMARTT Stepback”**

Review findings & plan with team

Confirm agreement on plan

Patient to CT or definitive care

# RN Scribe Form

Trauma Name/FIN:

Arrival Time:

EMS Narrative:

Complete Primary before asking for additional details (see reverse side)

## Airway

Phonation Obstruction C-spine immobilized  Airway intact: <b>yes or no</b>	Comments, questions for step back (after primary completed)
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## Breathing

Breath sounds equal bilaterally No respiratory distress O2 sat >92%  Breathing intact: <b>yes or no</b>	
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## Circulation

No active bleeding Palpable pulse/heart rate What do we have for IV access?  Circulation intact: <b>yes or no</b>	
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## Disability

GCS ____ Pupil size and reactivity Focal deficits  Neurologically intact: <b>yes or no</b>	
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## Exposure Environment

Clothing removed Log roll Warming measures	
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Proceed to Smrtt Step Back

# RN Scribe Form

Declaration Time \_\_\_\_\_ (time of page)

Declared by \_\_\_\_\_

Category: 1 2 Upgraded @ \_\_\_\_\_

Arrival Time \_\_\_\_\_

EMS Call Letters \_\_\_\_\_

Time of incident: \_\_\_\_\_

Location (with city and state)

ED Physician \_\_\_\_\_ @ \_\_\_\_\_

Trauma Surgeon \_\_\_\_\_ @ \_\_\_\_\_

Trauma Chief \_\_\_\_\_ @ \_\_\_\_\_

Trauma Jr \_\_\_\_\_ @ \_\_\_\_\_

Trauma Jr \_\_\_\_\_ @ \_\_\_\_\_

Lab@ \_\_\_\_\_ RAD@ \_\_\_\_\_

RT@ \_\_\_\_\_ CT@ \_\_\_\_\_

Chaplain@ \_\_\_\_\_ Other@ \_\_\_\_\_

LOC: Yes No Unk

Seatbelts: Yes No Airbags: Yes No

Speed: \_\_\_\_\_

Fall Height \_\_\_\_\_

Blood thinners: No Yes:

<b>VITALS:</b>	T: _____	RR: _____
	HR: _____	BP: _____
	Sat: _____	Pain: _____
	Ht: _____	Wt: _____

C-collar @ \_\_\_\_\_ by \_\_\_\_\_

Head to Toe:

Backboard off @ \_\_\_\_\_

IV:

IV:

Allergies:

Tetanus: UTD<5 years Given Today Not Given

Procedure @ \_\_\_\_\_

Notes

Procedure @ \_\_\_\_\_

Notes

Consults:

Specialty \_\_\_\_\_

Attending \_\_\_\_\_ @ \_\_\_\_\_

Resident \_\_\_\_\_ @ \_\_\_\_\_

Arrived@ \_\_\_\_\_

Specialty \_\_\_\_\_

Attending \_\_\_\_\_ @ \_\_\_\_\_

Resident \_\_\_\_\_ @ \_\_\_\_\_

Arrived@ \_\_\_\_\_