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# EMERGENCY RECORD
## Trauma Continuation Note

Patient Name:_____

## PROGRESS NOTES:

**Glasgow Coma Score SCORE=**

Eyes Open- spontaneously (4) to voice (3) to pain (2) none (1)

Speech- normal (5) disoriented (4) inappropriate (3) incoherent (2) none (1)

Motor- normal (6) localizes pain (5) withdrawal (4) decorticate (3) decerebrate (2) none (1)

**Revised Trauma Score =** _____

Resp rate points + Systolic BP points + GCS points

| | | |
|---|---|---|
| 10-29 / min = 4 | greater than 89 mm Hg = 4 | (points from GCS) |
| greater than 29 / min = 3 | 76-89mm Hg = 3 | 11-15 = 4 4-5 = 1 |
| 5-9 / min = 2 | 50-75 mm Hg = 2 | 9-12 = 3 3 = 0 |
| 1-5 / min = 1 | 1-49 mm Hg = 1 | 6-8 = 2 |
| | No pulse = 0 | |

**Initial Resuscitation**

O2 *nasal prongs mask*_____
ventilation assisted ambu bag_____
IV(s) _____*sites*_____
nasogastric tube_____
Foley catheter *no blood at meatus*_____
clothing cut / removed _____
patient restrained _____
diptheria / tetanus toxoid _____
tetanus / dipth.-tetanus / TIG_____

## PROCEDURES:

intubated successfully with #_____ETT curved / straight blade nasal / oral
*preoxygenated / premedicated* _____
placement confirmed by: *auscultation CXR placement corrected*

chest tube inserted ( _____*French )* *Betadine prep*
*anesthesia-* _____*mL local lidocaine / marcaine /* _____
*position- mid / anter / post axillary line* _____ *interspace*
*sutured in place position confirmed on CXR*
*return- air / blood* _____ *connected to suction*

central line placed ____*-lumen* ____*-gauge* *Betadine prep*
*anesthesia-* _____*mL local lidocaine /* _____
*position- (R / L) femoral subclavian*
*carotid ( post. / anter. / infer. Approach )*
*sutured good blood return position confirmed on CXR*

cutdown performed _____*-gauge / fr line* *Betadine prep*
*anesthesia-* _____*mL local lidocaine / marcaine /* _____
*position- (R / L) saphenous sutured in place* _____

peritoneal lavage *bladder evacuated ( foley / urinated )*_____
*betadine prep* _____
*anesthesia-* _____*mL local lidocaine / marcaine /* _____
*position- infraumbilical* _____
*return- serous / serosanguinous / bloody* ____*-mL* _____
*cell count-* _____

***PROVIDER SIGNATURE-*** _____

**Wound #1 - Description / Repair**

**length**_____**cm** **location**_____

superficial *subcut. ^muscle linear stellate irregular

clean contaminated *moderately / *heavily* _____

**distal NVT:** neuro & vascular status intact no tendon injury

**anesthesia:** local digital block _____mL

lidoc 1% 2% epi / bicarb marcaine 0.25% 0.5% LET

**prep:**

Shur-Clens / Betadine / Hibiclens irrigated / washed w/ saline

wound explored *minimal / mod. / **extensive*

foreign material removed debrided / undermined

*minimal / mod. / **extensive* *minimal / *mod. / * / ^extensive*

**repair:** *Wound closed with: wound adhesive / steri-strips*_____

SKIN- #_____ _____-0 nylon / prolene / staples_____

*SUBCUT-#_____ _____-0 vicryl _____

*may indicate intermediate repair ^may indicate complex repair

**Wound #2 - Description / Repair**

**length**_____**cm** **location**_____

superficial *subcut. ^muscle linear stellate irregular

clean contaminated *moderately / *heavily* _____

**distal NVT:** neuro & vascular status intact no tendon injury

**anesthesia:** local digital block _____mL

lidoc 1% 2% epi / bicarb marcaine 0.25% 0.5% LET

**prep:**

Shur-Clens / Betadine / Hibiclens irrigated / washed w/ saline

wound explored *minimal / mod. / **extensive*

foreign material removed debrided / undermined

*minimal / mod. / **extensive* *minimal / *mod. / * / ^extensive*

**repair:** *Wound closed with: wound adhesive / steri-strips*_____

SKIN- #_____ _____-0 nylon / prolene / staples_____

*SUBCUT-#_____ _____-0 vicryl _____

*may indicate intermediate repair ^may indicate complex repair

**XRAYS**_____

**Consultations Obtained**

*general surgery trauma team orthopedics neurosurgery*

__Discussed with Dr._____

*will see patient in: office / ED / hospital*

__Discussed with Dr._____

*will see patient in: office / ED / hospital*

__Discussed with Dr._____

*will see patient in: office / ED / hospital*

## LABS & EKG:

**LAB**_____

**EKG**_____

## PROGRESS:

***PROVIDER SIGNATURE-*** _____