



South Dakota Regional Trauma Performance Improvement Case Review Abstract Form 1

07/2024

INSTRUCTIONS: Type or print clearly. To be completed by Community Trauma and Trauma Receiving Hospitals.

Complete and return to [Bailey Wilcox](#), Trauma Consultant or [Jamie Zilverberg](#), State Trauma Program Manager.

Facility:	Trauma Registry #:	Injury Date: ex: MM/DD/YYYY	Injury Time: FORMAT - HH:MM		
Pt. Name:	Patient Age:	Patient Gender:	EMS Dispatch Time: FORMAT - HH:MM		
Scene Time: (minutes)	Scene Delay: (reason)				
ED Arrival Date: ex: MM/DD/YYYY	ED Arrival Time: FORMAT - HH:MM	ED length of stay: FORMAT - HH:MM			
Mechanism of Injury: (Be Specific)					
Mode of transport to your facility:	ALS Ground	BLS Ground	Air	POV	Other
Procedures completed by EMS (ex.O2, Spolingting, Intubation, IV, etc.)					

Did the patient meet Physiological and/or Anatomical Absolute Criteria?	Yes	No			
Check all that apply:					
GCS < 10	BP < 90	Pulse > 120	Respirations < 10 or > 29, Airway Obstruction or Resp. Compromise		
Penetrating injury to chest, abdomen, head, neck			Limb Paralysis (Associated with Trauma)		
Amputation proximal to wrist or ankle			Pediatric Assessment Triangle Finding		Flail Chest
Facility Defined Criteria					
Was the Trauma Team activated?	Yes	No	Who activated the Trauma Team?	EMS	Hospital Staff

Was e-Emergency/tele-medicine utilized?	Yes	No	Time e-Emergency/tele-medicine called: format - HH:MM
Provider arrival time to patients side, <u>in minutes</u> :	Surgeon arrival time to patients side <u>in minutes</u> , if applicable:		Transfer initiated time: format - HH:MM
Pre-Hospital Vital Signs	Initial ED Vital Signs	Additional Vital Signs	Vital Signs Comments:
Time:	Time:		
Temp	Temp	Temp	
Pulse	Pulse	Pulse	
Resp	Resp	Resp	
BP	BP	BP	
GCS	GCS	GCS	Total Inputs: (mL)
O2 Sat	O2 Sat	O2 Sat	Total outputs: (mL)

Trauma Assessment

Airway

ET

Yes

No

N/A

ET Time:
format - HH:MM

Breathing

Circulation

Disability

Co-Morbidities

ISS

Traumatic
Injuries

Abnormal Lab Findings
Pertinent to Trauma:

Portable Chest X-Ray

Time:
HH:MM

Portable Pelvic X-Ray

Time:
HH:MM

FAST

Time:
HH:MM

Backboard removal time
in minutes:

CT of Head Performed
With Contrast
Without Contrast

Time:
HH:MM

CT of Neck Performed
With Contrast
Without Contrast

Time:
HH:MM

CT of Chest Performed
With Contrast
Without Contrast

Time:
HH:MM

CT of Abd. Performed
With Contrast
Without Contrast

Time:
HH:MM

CT of Pelvis Performed
With Contrast
Without Contrast

Time:
HH:MM

Procedures completed in the ED (ex. O2, Intubation, Chest Tube, X-Rays, etc.) **With Times

Procedures completed in the ER by transport team, prior to departure (ex. O2, Intubation, Chest Tube, X-Rays, etc.) **With Times

If applicable, which warming measures were taken in the care of this patient.

Mechanical Warmer (Bair Hugger)

Warmed IV Fluids

Warm Blankets

Increasing ER Bay Temperature

Other Measures

Patient Disposition from your ER

format - m/d/yyyy h:MM:tt

Patient Died

Date/Time

Patient Discharged Home from ER

Date/Time

Patient Discharged to Teritary Center

Date/Time

Facility:

Patient Admitted to your facility

Date/Time

LOS:

Performance Improvement Findings/Requested Action Items

Section To be completed by Facility

A Primary PI review was conducted on this case
A Secondary PI review was conducted on this case
A Multidisciplinary review was conducted on this case

Facility Findings

PI Indicators

EMS Scene Time > 20 minutes
Backboard Removal > 20 minutes
Trauma Activation Criteria Met--Team not activated
Provider at Patients side > 30 minutes
CT performed after decision to transfer had been made
CT Chest without portable X-Ray
CT Chest/Abdomen/Pelvis without contrast
CT scan done on pediatric case <= 16 years

Decision to Transfer > 15 minutes
Decision to Transfer > 15 minutes and Tx protocol *NOT* followed
GCS <= and NOT intubated
Hypothermic (<97 degrees) without warming measures
Hemo/pneumo diagnosed and chest tube NOT placed
> 2 L crystalloid given before blood products started
I and O documentation missing
Death-Autopsy not required

Other:

Regional Performance Improvement Review Findings:

No action required:

Trend:

Guideline or Protocol:

Education:

CAH-Multidisciplinary Review:

Tertiary Hospital-M&M Review:

Additional Review: