## REACT Trauma Care Checklist: Prehospital/Local EMS

For Patients Meeting Major Trauma Criteria
Record Interventions Done Prior to Arrival at Your ED
See Back for Further Instructions

**Patient's Name:** ___________________________  **Hospital:** ___________________________

**Today's Date:** ___________________________  **Time of Assessment:** _______________________

*Patient Confidentiality will be maintained at all times*

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Needed and Done</th>
<th>Not Needed</th>
<th>Needed but Not Done</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airway secured (Trachea intubated)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical spine immobilized</td>
<td></td>
<td></td>
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<tr>
<td>Oxygen delivered at 100%</td>
<td></td>
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<tr>
<td>Chest decompressed</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Hemorrhage controlled</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Vascular access obtained</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injured extremities splinted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wounds Covered</td>
<td></td>
<td></td>
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</tbody>
</table>

**Level of EMS Certification:** Please circle the highest level of certification of the EMS personnel transporting the patient to your facility.

- EMT
- EMT-D
- EMT-I
- EMT-AI
- EMT-P

Squad: ___________________________

**Times (Military)**

- Time of Injury: _____
- Time of ED Arrival: _____
- Time of Request for Transfer to Trauma Center: _____
- Time of Arrival at Trauma Center: _____

**Injuries**

**Comments**

**Documenting Nurse:**

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**REACT: Rural Enhancement of Access and Care for Trauma**

For information, please call Project Manager: Sallie Gough, RN, MSN, 919-816-8687 FAX 919-816-7890
Instructions for Completing the Checklist

Prehospital Care

1. Please complete a checklist for each trauma patient meeting these criteria:

   - GCS <14 or RR <10 or >29 or PTS <9 or Systolic BP <90 or RTS <11
   - Pelvic fractures
   - Flail chest
   - 2 or more proximal long bone fractures
   - Combination trauma with burns of 10% or inhalation injuries
   - All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee
   - Limb paralysis
   - Amputation proximal to wrist/ankle
   - Ejection from automobile
   - Death in same passenger compartment
   - Pedestrian thrown or run over
   - High speed crash: Initial speed >40 mph, Velocity change >20 mph, Auto deformity >20", Intrusion into passenger compartment >12"
   - Extraction time >20 min.
   - Falls >20 ft.
   - Roll over
   - Auto-pedestrian injury with >5mph impact
   - Motorcycle crash >20 mph or with separation of rider and bike
   - Age <5 or >55
   - Known cardiac disease, respiratory disease or psychotics taking medication, insulin dependent diabetics, cirrhosis, malignancy, obesity or coagulopathy
   - Any other patient suspected of sustaining major trauma

2. Indicators refer to interventions performed prior to ED arrival.

3. Please check “needed and done” for each intervention needed and performed.

4. Please check “not needed” if an intervention was not needed based on the patient's condition.

5. Please check “needed but not done” for each intervention that should have been done based on the patient's condition but that was NOT done.

6. The "injured extremities splinted" indicator includes MAST applied for pelvic and/or lower extremities fractures.

7. Under the item "times" please list the times indicated if available.

8. The injuries section at the bottom is for any information that you can provide about injuries and/or mechanism of injury.

9. The comments section at the bottom is for any information that you feel is important in explaining or clarifying checklist responses.

10. If the patient is transferred to PCMH Trauma Center, please send this form with other transfer materials or please fax (see front for number) or mail it to REACT Project, ECIPP, Suite 300 BB&T Bldg., Greenville NC. 27834.

We appreciate your time and help in providing this information.
# REACT Trauma Care Checklist: Trauma Transfers

To be used on all trauma transfers to PCMH Trauma Center.

Record interventions done prior to assumption of care by Eastcare or PCMH Trauma Center.

See back for further instructions.

**Patient’s Name:** ____________________  **Referring Hospital:** ____________________

**Today’s Date:** ____________________  **Time of Assessment:** ____________________

*Patient confidentiality will be maintained at all times.*

<table>
<thead>
<tr>
<th>INTERVENTION</th>
<th>NEEDED AND DONE</th>
<th>NOT NEEDED</th>
<th>NEEDED BUT NOT DONE</th>
<th>Comments</th>
</tr>
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<tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest tube inserted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemorrhage controlled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vascular access obtained</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injured extremities splinted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastric tube inserted</td>
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<tr>
<td>Foley catheter inserted</td>
<td></td>
<td></td>
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<tr>
<td>Wounds covered</td>
<td></td>
<td></td>
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<tr>
<td>Tetanus documented</td>
<td></td>
<td></td>
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<tr>
<td>Antibiotics given</td>
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</tbody>
</table>

**Additional interventions at referring hospital**

**Times (Military)**

<table>
<thead>
<tr>
<th>Time of injury</th>
<th>Time of arrival at referring ED</th>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Time of request for transfer to Trauma Center</th>
<th>Time of arrival at Trauma Center</th>
</tr>
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**Injuries**

**Comments**

**Documenting Nurse:**

REACT: Rural Enhancement of Access and Care for Trauma.

For information, please call Project Manager: Sallie Gough, RN, MSN, 919-618-8687

Fax 919-816-7590
Instructions for Completing the Checklist

Trauma Transfers

1. Please complete a checklist for each trauma patient transferred from another facility.

2. **Indicators refer to interventions done prior to assumption of care by Eastcare or PCMH Trauma Center.**

3. Please check "needed and done" for each intervention needed and performed.

4. Please check "not needed" if an intervention was not needed based on the patient's condition.

5. Please check 'needed but not done" for each intervention that should have been done based on the patient's condition but that was **NOT** done.

6. The "hemorrhage controlled" indicator includes operative intervention for internal hemorrhage control as well as measures to control external hemorrhage. Please document operative procedures under the "comments" section.

7. The "injured extremities splinted" indicator includes MAST applied for pelvic and/or lower extremities fractures.

8. The additional interventions section is for listing interventions other than those already identified.

9. Under the item "times" please list the times indicated if available.

10. The injuries section at the bottom is for any information that you can provide about injuries and/or mechanism of injury.

11. The comments section at the bottom is for any information that you feel is important in explaining or clarifying checklist responses.

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