

HISTORY

Date & time of event:

Location:

GCS at scene: /15 (E /4, V /5, M /6)

- MVA Speed _____ Driver Restrained Unrestrained Death of other
- Rollover Ejection Trapped - duration _____
- Motorcycle Helmet Speed _____

- Pedestrian vs. _____ CPR ROSC _____
- Fall Distance _____ Mechanical Witnessed Unwitnessed
- Assault Electrocutation Explosion/blast
- Other _____

Ambulance obs: BP ____/____ HR _____ SpO₂ ____%
 ADT Pregnancy test

Procedures pre-ICU:

Fluid/blood products administered pre-ICU:

ICU TRAUMA SUMMARY

attach patient label

RECORD INJURIES BELOW

HEAD

- Scalp
- Nose
- Ears
- Mouth
- Eyes - bruising, acuity, pupils, movement

NECK & TRACHEA

CHEST

- Movement
- Bruising
- Breath sounds
- Drains

ABDOMEN

- Seatbelt marks
- Bruising
- Wounds
- Distension
- Tenderness
- Urinalysis

BURNS

Indicate burnt areas & thickness

PELVIS

- Stability
- Tenderness

LOG ROLL

Tenderness, Crepitus Step, Wounds, Bruising

GENITAL

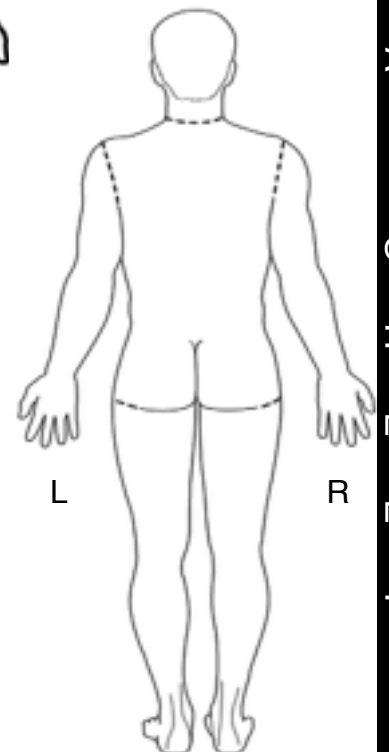
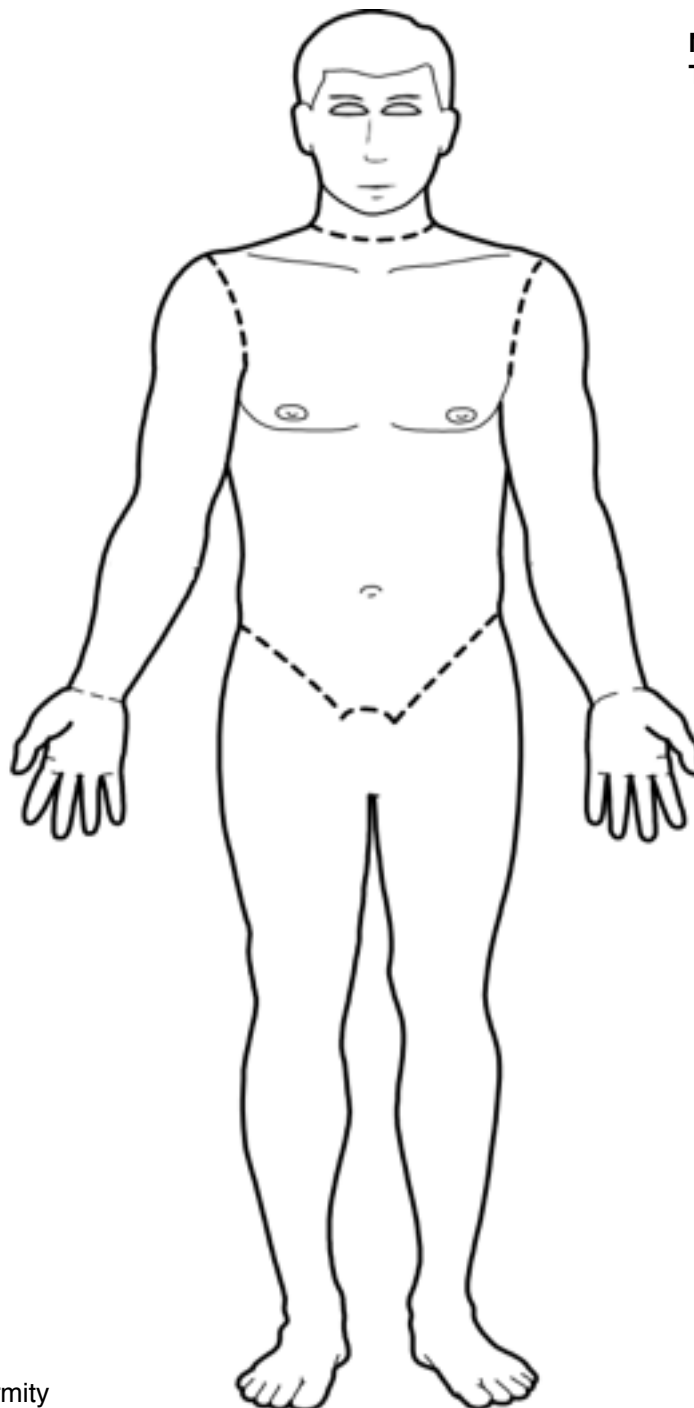
- Meatal blood
- Priapism
- Bruising

RECTAL

- Tone
- Blood
- Prostate

UPPER & LOWER LIMBS

- Tenderness
- Movement
- Power
- Reflexes
- Sensation
- Pulses
- Crush
- Inspect for bruises, wounds, deformity



W e l l i n g t o n I C U T R A U M A S H E E T

I n v e s t i g a t i o n s	RADIOLOGY	Ordered	RESULT
	CXR		
	Pelvic XR		
	C-Spine XR/CT		
	CT Brain		
	CT Chest		
	CT Abdo/ Pelvis		
	CT Facial Bones		
	Other		

R e f e r a l s	SPECIALTY	NAMED DOCTOR	Referred	OUTCOME

PLEASE NOW COMPLETE A SEPARATE 'ICU SPINAL CARE ORDERS' STICKER & ATTACH TO AN ADJACENT PAGE



Signature Name (PRINT) Time/Date

PLEASE CONSIDER THIS PATIENT FOR ENROLMENT IN ANY CURRENT CLINICAL TRIALS

