

May 9, 2001

To: EMS Transport Agencies, Base Hospital Personnel

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Subj: Standardized Trauma Report

A standardized trauma report format has been developed with the help of many EMS participants over the past several months. This issue grew out of the concern that there was not a standardized report format, and that the detail and type of information presented by field personnel did not always match the expectations of base personnel. With use of the standardized format, we hope to align expectations of all participants. This report should be used in all trauma cases effective July 1, 2001.

Much of the emphasis with trauma patients should be to minimize scene time. Paramedics and EMT's may be working with multiple victims, or be occupied with patient care en route to the hospital, which means that communications with the base need to be efficient.

I also would like to re-emphasize that **all** patients meeting trauma mechanism criteria need to be called in to the base. Reports should also be called in by ground personnel for **all** patients being transported by helicopter.

Attached is the trauma report format. This report has significant differences than a standard report in that it primarily reports pertinent positive findings rather than including a number of negative findings. Much of this report is self-explanatory, though there are a few items I wish to elaborate upon:

- Item 2:** Let the base know up front whether there is decision-making involved or whether the patient is definitely coming to the trauma center based on "automatic go" criteria.
- Item 5:** The mechanism of injury should be brief. Extensive descriptions of automobile damage aren't needed.
- Item 7:** Report abnormal primary survey items, state that others are normal (if they are). If time has not allowed for a blood pressure measurement, report of skin signs and pulse rate and quality is sufficient.
- Item 8:** Report only abnormal findings on secondary survey. (Of interest, trauma physicians have noted over the years that abnormal pelvis exams have been one of the most common missed findings in the field.)

Our intent is to increase the quality of information being provided as well as decrease the extent of questioning and overall time spent on the report. Questions may still need to occur but hopefully will be less frequent. Please let me know if you have comments or concerns.



TRAUMA REPORT FORMAT

1. Ambulance agency name and unit number
2. State need for “Trauma Destination Decision” or if en route with patient meeting “Automatic Go” criteria
3. ETA at trauma center
4. Patient age and sex
5. Mechanism of injury (brief description)
6. Basic scene information
 - Seatbelt or helmet use
 - Airbag deployment
 - Extrication time if prolonged
 - Estimated MPH if known
7. Primary Survey – ABCD (Can report as ABCD normal except.....)
Items to report if abnormal:
 - Airway (if not patent)
 - Breathing (labored, shallow, or rapid)
 - Circulation (delayed capillary refill, pulse rate/quality, BP if obtained or pulses palpable), presence or absence of active hemorrhage (from what site), EBL
 - Disability (level of consciousness, orientation if altered or intoxication—if not awake/alert), pupils if abnormal
8. Secondary Survey – Head-to toe – report abnormal findings only
9. Prehospital treatment(s) and patient response
10. Paramedic/EMT concerns

The following is a list of examples of positive findings on secondary survey that would be appropriate to report. This is not exhaustive list, and other important positive findings need reporting.

HEENT: Blood, swelling anywhere on head, around eyes, ears, mouth, nose
Inability to open mouth

Neck: Midline tenderness to touch

Chest: Visible wounds
Breath sounds unequal
Pain upon compression

Abdomen: Visible wounds
Tender to palpation
Distention

Pelvis: Pain on compression

Extremities: Deformity/Tenderness/Swelling

Neurological: Presence of numbness or tingling
Abnormal motor exam of extremities (if non-tender/not splinted)

Spine: Tenderness to palpation

