

Corewell Health Ludington Hospital Trauma Service – Chart Audit Tool

Event Data	
Patient Initial	
MRN	
Date of Service	
Trauma Activation	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> None
Charge Captured	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
MOI	
Diagnosis	
Method of Arrival	<input type="checkbox"/> Car <input type="checkbox"/> EMS <input type="checkbox"/> Other
Trauma Base #	

Time Tracking			
EMS Dispatch		Documentation start	
EMS en Route		Documentation end	
EMS Arrive		CT Orders	
EMS leave scene		CT Start	
Hospital Arrival		CT Results	
ED Provider Assigned		Transfer Order	
Team Activation		Bed Request	
Trauma Team Arrival		Admit	
Time Out Briefing		Discharge	
EMS 60 seconds		Death	

Prehospital					
<input type="checkbox"/>	Airway managed	<input type="checkbox"/>	Fluids managed appropriately	<input type="checkbox"/>	Scene time < 20 min.
<input type="checkbox"/>	C collar / back board	<input type="checkbox"/>	VS/GCS	<input type="checkbox"/>	Timely transport
<input type="checkbox"/>	CPR / ACLS	<input type="checkbox"/>	Pre arrival info appropriate	<input type="checkbox"/>	Prolonged extrication
<input type="checkbox"/>	IV's started	<input type="checkbox"/>	Splint/pelvic wrap	<input type="checkbox"/>	Tourniquet
<b>Care was appropriate: Yes No If no, explain:</b>					
ED Phase- Provider:					
<input type="checkbox"/>	Activation protocol followed	<input type="checkbox"/>	TXA given	<input type="checkbox"/>	<b>Pediatric Audit Filters</b>
<input type="checkbox"/>	Trauma team members present	<input type="checkbox"/>	GCS	<input type="checkbox"/>	Weight obtained
<input type="checkbox"/>	ED provider present <30min	<input type="checkbox"/>	Pupils	<input type="checkbox"/>	Wt based fluids/meds admin
<input type="checkbox"/>	ATLS protocols followed	<input type="checkbox"/>	Temp. & Interventions (< 36.6)	<input type="checkbox"/>	Blood glucose
<input type="checkbox"/>	Care provided by NP/PA	<input type="checkbox"/>	Pain meds given	<input type="checkbox"/>	
<input type="checkbox"/>	FAST exam documented	<input type="checkbox"/>	VS w/proper interventions	<input type="checkbox"/>	Surgeon consult
<input type="checkbox"/>	Airway managed	<input type="checkbox"/>	Time off backboard documented	<input type="checkbox"/>	Orthopedic consult
<input type="checkbox"/>	Fluid resuscitation documented	<input type="checkbox"/>	Trauma panel ordered	<input type="checkbox"/>	Trauma consult
<input type="checkbox"/>	Blood given	<input type="checkbox"/>	ETOH	<input type="checkbox"/>	Door to abx for open fx:
<input type="checkbox"/>	MTP appropriately initiated	<input type="checkbox"/>	ABG/VBG	<input type="checkbox"/>	Rib fx guidelines met:
<input type="checkbox"/>	Weight	<input type="checkbox"/>	C-spine clearance documented	<input type="checkbox"/>	
<input type="checkbox"/>	Injuries documented	<input type="checkbox"/>	Anti-coagulated	<input type="checkbox"/>	Transfer
<input type="checkbox"/>		<input type="checkbox"/>	X-rays	<input type="checkbox"/>	Discharge
<input type="checkbox"/>		<input type="checkbox"/>	Labs	<input type="checkbox"/>	ED dwell time:

Activation Status Appropriate: Yes No N/A If no, explain:

Care was Appropriate: Yes No If no, explain:

Any PI Issues Identified: Yes No If no, explain:

Trauma Narrator Complete: Yes No N/A If no, explain:

**OR Phase- Provider:**

ER to OR		Labs obtained as needed		MTP initiated / terminated
Inpatient to OR		IV fluids documented		Temp./managed appropriately
Medical clearance		Coagulopathy treated		Any intra/post-op complications

Care was appropriate: Yes No If no, explain:

**Acute Care Phase (ICU, MS)- Provider:**

Admit to surgeon		VTE assess/risk/treatment		Unplanned return to OR
Admit to hospitalist		Discharge planning		Unplanned transfer out
Appropriate consults		Family communication		Unplanned transfer to CCU
Daily progress note		Nutritional needs addressed		ETOH screening

Care was appropriate: Yes No If no, explain:

**Mortality / State & Center Audit Filters**

Brain death protocol		Autopsy		Classification
Transfer out		Activation		Non-surgical admit
ISS>16		MTP review		Unplanned ICU admit

Care was appropriate: Yes No If no, explain:

**Recommendation**

Improvement Opportunities Identified:		Determine Level of Review 1,2,3		Action Plan / Loop Closure:
<input type="checkbox"/> None		<input type="checkbox"/> Level I (TPM)		<input type="checkbox"/> Track & Trend / Periodic Review
<input type="checkbox"/> Documentation Issues		<input type="checkbox"/> Refer to Level II (TMD, liaison) <input type="checkbox"/> Transfer Review Criteria		<input type="checkbox"/> Education
<input type="checkbox"/> System Issues		<input type="checkbox"/> Refer to Level III (Peer Review / Operations Committee Review)		<input type="checkbox"/> Protocol / Guideline Development
<input type="checkbox"/> Clinical Issues		<input type="checkbox"/> Refer to Level IV (Executive Review)		<input type="checkbox"/> Coaching with TMD
<input type="checkbox"/> Communication / Responsiveness		<input type="checkbox"/> Subject Matter Expert Review		<input type="checkbox"/> Corrective Action / FPPE
<input type="checkbox"/> Follow-up / Follow-through				<input type="checkbox"/> No Concerns Close as Appropriate

Additional PI Notes:

**Date review completed:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Loop closure with completion date:**

**Further chart review may be necessary according to the Trauma PI policy.**