



# Arizona Trauma System Level IV Designation Medical Record Review Form

*Intended for use only in the BEMSTS quality assurance process*

<b>Hospital:</b>	<b>Surveyor:</b>	<b>Date:</b>
------------------	------------------	--------------

<b>Case 1</b>			
<b>Patient Age:</b>	<b>Date of Admission:</b>	<b>Disposition:</b>	
<b>Mode of Arrival:</b>	<b>Mechanism of Injury:</b>	<b>Restraints: Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
<b>Comments:</b>			

<b>Pre-Hospital Information:</b>			
<b>EMS PCR Present: Yes <input type="checkbox"/> No <input type="checkbox"/></b>	<b>Scene Time:</b>	<b>Extrication: Yes <input type="checkbox"/> No <input type="checkbox"/></b>	<b>Spinal Immobilization: Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>Cervical Collar: Yes <input type="checkbox"/> No <input type="checkbox"/></b>	<b>Medical Control Established: Yes <input type="checkbox"/> No <input type="checkbox"/></b>	<b>Order received: Yes <input type="checkbox"/> No <input type="checkbox"/></b>	<b>CPR <input type="checkbox"/></b>
<b>Trauma Team Activated <input type="checkbox"/></b>	<b>Intubation <input type="checkbox"/></b>	<b>RSI <input type="checkbox"/></b>	<b>IV/IO Access <input type="checkbox"/></b>
<b>HR:</b>	<b>BP: /</b>	<b>Resp:</b>	
<b>Comments:</b>			

<b>ED/Physician Performance:</b>			
<b>Time of Trauma Team Activation:</b>	<b>Level of Activation:</b>		
<b>ED Arrival Time:</b>	<b>ED Physician Notified:</b>	<b>ED Physician Arrived:</b>	
<b>Surgeon Notified:</b>	<b>Surgeon Arrived:</b>	<b>Ortho Notified:</b>	
<b>Ortho Arrived:</b>	<b>ED Discharge Time:</b>	<b>ED Length of stay:</b>	
<b>Comments:</b>			

<b>ED Documentation:</b>	
<b>Trauma Flow Sheet Used: Yes <input type="checkbox"/> No <input type="checkbox"/></b>	<b>Complete Serial Vital Signs: Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>Comments:</b>	

<b>Treatment:</b>			
<b>IV:</b>	<b>Crystalloid Inf.: ml</b>	<b>Central Line Placement:</b>	
<b>Blood T&amp;C: H&amp;H:</b>	<b>Transfused: Units</b>	<b>Chest Tube:</b>	
<b>Oxygen:</b>	<b>NG/OG Tube:</b>	<b>Foley:</b>	
<b>C-Spine Precautions in ED: Yes <input type="checkbox"/> No <input type="checkbox"/></b>			

<b>Diagnostics:</b>						
<b>CT Scans:</b>						
<b>Plain Films:</b>						
<b>Chest: <input type="checkbox"/></b>	<b>Head: <input type="checkbox"/></b>	<b>C-Spine: <input type="checkbox"/></b>	<b>Facial Bones: <input type="checkbox"/></b>	<b>Abdomen: <input type="checkbox"/></b>	<b>Pelvic: <input type="checkbox"/></b>	<b>Extremities: <input type="checkbox"/></b>
<b>FAST Exam: Yes <input type="checkbox"/> No <input type="checkbox"/> Other Diagnostic Studies:</b>						

<b>Documented Injuries:</b>	
<b>ISS:</b>	<b>Comments:</b>

# Arizona Trauma System Level IV Designation Medical Record Review Form

*Intended for use only in the BEMSTS quality assurance process*

<b>Operative Care:</b>		
Care Timely: Yes <input type="checkbox"/> No <input type="checkbox"/>	Appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/>	Un-anticipated Return to OR: Yes <input type="checkbox"/> No <input type="checkbox"/>
Operative Care Concerns:		
<b>Transfer to Acute Care Facility:</b>		
Length of Stay Before Transfer:	Is a Transfer Agreement in place for receiving facility?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Documentation Indicating Medical Record Was Sent To Receiving Facility : Yes <input type="checkbox"/> No <input type="checkbox"/>		Transfer Delay Yes <input type="checkbox"/> No <input type="checkbox"/>
If transfer delay "Yes", was time-line documentation provided indicating the actions taken to expedite transfer?: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Mode of Transportation:		Mode of Transport Appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:		
<b>QI Process:</b>		
Care Timely: Yes <input type="checkbox"/> No <input type="checkbox"/>	Appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/>	Unanticipated Return to OR: Yes <input type="checkbox"/> No <input type="checkbox"/>
Review by: Trauma Coordinator <input type="checkbox"/>	Trauma Director <input type="checkbox"/>	Peer <input type="checkbox"/>
QI Issues Identified by Trauma Program:	Loop Closed?	QI Issues NOT Identified by Trauma Program:
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Case Summary</b>		
Comments:		
Recommendations:		

# Arizona Trauma System Level IV Designation Medical Record Review Form

*Intended for use only in the BEMSTS quality assurance process*

<b>Case 2</b>			
Patient Age:	Date of Admission:	Disposition:	
Mode of Arrival:	Mechanism of Injury:	Restraints: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments:			
<b>Pre-Hospital Information:</b>			
EMS PCR Present: Yes <input type="checkbox"/> No <input type="checkbox"/>	Scene Time:	Extrication: Yes <input type="checkbox"/> No <input type="checkbox"/>	Spinal Immobilization: Yes <input type="checkbox"/> No <input type="checkbox"/>
Cervical Collar: Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Control Established: Yes <input type="checkbox"/> No <input type="checkbox"/>	Order received: Yes <input type="checkbox"/> No <input type="checkbox"/>	CPR <input type="checkbox"/>
Trauma Team Activated <input type="checkbox"/>	Intubation <input type="checkbox"/>	RSI <input type="checkbox"/>	IV/IO Access <input type="checkbox"/>
HR:	BP: /	Resp:	
Comments:			
<b>ED/Physician Performance:</b>			
Time of Trauma Team Activation:		Level of Activation:	
ED Arrival Time:	ED Physician Notified:	ED Physician Arrived:	
Surgeon Notified:	Surgeon Arrived:	Ortho Notified:	
Ortho Arrived:	ED Discharge Time:	ED Length of stay:	
Comments:			
<b>ED Documentation:</b>			
Trauma Flow Sheet Used: Yes <input type="checkbox"/> No <input type="checkbox"/>		Complete Serial Vital Signs: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments:			
<b>Treatment:</b>			
IV:	Crystalloid Inf.: ml	Central Line Placement:	
Blood T&C: H&H:	Transfused: Units	Chest Tube:	
Oxygen:	NG/OG Tube:	Foley:	
C-Spine Precautions in ED: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Diagnostics:</b>			
CT Scans:			
Plain Films:			
Chest: <input type="checkbox"/>	Head: <input type="checkbox"/>	C-Spine: <input type="checkbox"/>	Facial Bones: <input type="checkbox"/>
Abdomen: <input type="checkbox"/>	Pelvic: <input type="checkbox"/>	Extremities: <input type="checkbox"/>	
FAST Exam: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other Diagnostic Studies:			
<b>Documented Injuries:</b>			
ISS:	Comments:		

# Arizona Trauma System Level IV Designation Medical Record Review Form

*Intended for use only in the BEMSTS quality assurance process*

<b>Operative Care:</b>		
Care Timely: Yes <input type="checkbox"/> No <input type="checkbox"/>	Appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/>	Un-anticipated Return to OR: Yes <input type="checkbox"/> No <input type="checkbox"/>
Operative Care Concerns:		
<b>Transfer to Acute Care Facility:</b>		
Length of Stay Before Transfer:	Is a Transfer Agreement in place for receiving facility?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Documentation Indicating Medical Record Was Sent To Receiving Facility : Yes <input type="checkbox"/> No <input type="checkbox"/> Transfer Delay Yes <input type="checkbox"/> No <input type="checkbox"/>		
If transfer delay "Yes", was time-line documentation provided indicating the actions taken to expedite transfer?: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Mode of Transportation:		Mode of Transport Appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:		
<b>QI Process:</b>		
Care Timely: Yes <input type="checkbox"/> No <input type="checkbox"/>	Appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/>	Unanticipated Return to OR: Yes <input type="checkbox"/> No <input type="checkbox"/>
Review by: Trauma Coordinator <input type="checkbox"/>	Trauma Director <input type="checkbox"/>	Peer <input type="checkbox"/>
QI Issues Identified by Trauma Program:	Loop Closed?	QI Issues NOT Identified by Trauma Program:
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Case Summary</b>		
Comments:		
Recommendations:		

# Arizona Trauma System Level IV Designation Medical Record Review Form

*Intended for use only in the BEMSTS quality assurance process*

<b>Case 3</b>			
Patient Age:	Date of Admission:	Disposition:	
Mode of Arrival:	Mechanism of Injury:	Restraints: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments:			
<b>Pre-Hospital Information:</b>			
EMS PCR Present: Yes <input type="checkbox"/> No <input type="checkbox"/>	Scene Time:	Extrication: Yes <input type="checkbox"/> No <input type="checkbox"/>	Spinal Immobilization: Yes <input type="checkbox"/> No <input type="checkbox"/>
Cervical Collar: Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Control Established: Yes <input type="checkbox"/> No <input type="checkbox"/>	Order received: Yes <input type="checkbox"/> No <input type="checkbox"/>	CPR <input type="checkbox"/>
Trauma Team Activated <input type="checkbox"/>	Intubation <input type="checkbox"/>	RSI <input type="checkbox"/>	IV/IO Access <input type="checkbox"/>
HR:	BP: /	Resp:	
Comments:			
<b>ED/Physician Performance:</b>			
Time of Trauma Team Activation:		Level of Activation:	
ED Arrival Time:	ED Physician Notified:	ED Physician Arrived:	
Surgeon Notified:	Surgeon Arrived:	Ortho Notified:	
Ortho Arrived:	ED Discharge Time:	ED Length of stay:	
Comments:			
<b>ED Documentation:</b>			
Trauma Flow Sheet Used: Yes <input type="checkbox"/> No <input type="checkbox"/>		Complete Serial Vital Signs: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments:			
<b>Treatment:</b>			
IV:	Crystalloid Inf.: ml	Central Line Placement:	
Blood T&C: H&H:	Transfused: Units	Chest Tube:	
Oxygen:	NG/OG Tube:	Foley:	
C-Spine Precautions in ED: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Diagnostics:</b>			
CT Scans:			
Plain Films:			
Chest: <input type="checkbox"/>	Head: <input type="checkbox"/>	C-Spine: <input type="checkbox"/>	Facial Bones: <input type="checkbox"/>
Abdomen: <input type="checkbox"/>	Pelvic: <input type="checkbox"/>	Extremities: <input type="checkbox"/>	
FAST Exam: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other Diagnostic Studies:			
<b>Documented Injuries:</b>			
ISS:	Comments:		

# Arizona Trauma System Level IV Designation Medical Record Review Form

*Intended for use only in the BEMSTS quality assurance process*

<b>Operative Care:</b>		
Care Timely: Yes <input type="checkbox"/> No <input type="checkbox"/>	Appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/>	Un-anticipated Return to OR: Yes <input type="checkbox"/> No <input type="checkbox"/>
Operative Care Concerns:		
<b>Transfer to Acute Care Facility:</b>		
Length of Stay Before Transfer:	Is a Transfer Agreement in place for receiving facility?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Documentation Indicating Medical Record Was Sent To Receiving Facility : Yes <input type="checkbox"/> No <input type="checkbox"/>		Transfer Delay Yes <input type="checkbox"/> No <input type="checkbox"/>
If transfer delay "Yes", was time-line documentation provided indicating the actions taken to expedite transfer?: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Mode of Transportation:		Mode of Transport Appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:		
<b>QI Process:</b>		
Care Timely: Yes <input type="checkbox"/> No <input type="checkbox"/>	Appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/>	Unanticipated Return to OR: Yes <input type="checkbox"/> No <input type="checkbox"/>
Review by: Trauma Coordinator <input type="checkbox"/>	Trauma Director <input type="checkbox"/>	Peer <input type="checkbox"/>
QI Issues Identified by Trauma Program:	Loop Closed?	QI Issues NOT Identified by Trauma Program:
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Case Summary</b>		
Comments:		
Recommendations:		

# Arizona Trauma System Level IV Designation Medical Record Review Form

*Intended for use only in the BEMSTS quality assurance process*

<b>Case 4</b>			
Patient Age:	Date of Admission:	Disposition:	
Mode of Arrival:	Mechanism of Injury:	Restraints: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments:			
<b>Pre-Hospital Information:</b>			
EMS PCR Present: Yes <input type="checkbox"/> No <input type="checkbox"/>	Scene Time:	Extrication: Yes <input type="checkbox"/> No <input type="checkbox"/>	Spinal Immobilization: Yes <input type="checkbox"/> No <input type="checkbox"/>
Cervical Collar: Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Control Established: Yes <input type="checkbox"/> No <input type="checkbox"/>	Order received: Yes <input type="checkbox"/> No <input type="checkbox"/>	CPR <input type="checkbox"/>
Trauma Team Activated <input type="checkbox"/>	Intubation <input type="checkbox"/>	RSI <input type="checkbox"/>	IV/IO Access <input type="checkbox"/>
HR:	BP: /	Resp:	
Comments:			
<b>ED/Physician Performance:</b>			
Time of Trauma Team Activation:		Level of Activation:	
ED Arrival Time:	ED Physician Notified:	ED Physician Arrived:	
Surgeon Notified:	Surgeon Arrived:	Ortho Notified:	
Ortho Arrived:	ED Discharge Time:	ED Length of stay:	
Comments:			
<b>ED Documentation:</b>			
Trauma Flow Sheet Used: Yes <input type="checkbox"/> No <input type="checkbox"/>		Complete Serial Vital Signs: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments:			
<b>Treatment:</b>			
IV:	Crystalloid Inf.: ml	Central Line Placement:	
Blood T&C: H&H:	Transfused: Units	Chest Tube:	
Oxygen:	NG/OG Tube:	Foley:	
C-Spine Precautions in ED: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Diagnostics:</b>			
CT Scans:			
Plain Films:			
Chest: <input type="checkbox"/>	Head: <input type="checkbox"/>	C-Spine: <input type="checkbox"/>	Facial Bones: <input type="checkbox"/>
Abdomen: <input type="checkbox"/>	Pelvic: <input type="checkbox"/>	Extremities: <input type="checkbox"/>	
FAST Exam: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other Diagnostic Studies:			
<b>Documented Injuries:</b>			
ISS:	Comments:		

# Arizona Trauma System Level IV Designation Medical Record Review Form

*Intended for use only in the BEMSTS quality assurance process*

<b>Operative Care:</b>		
Care Timely: Yes <input type="checkbox"/> No <input type="checkbox"/>	Appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/>	Un-anticipated Return to OR: Yes <input type="checkbox"/> No <input type="checkbox"/>
Operative Care Concerns:		
<b>Transfer to Acute Care Facility:</b>		
Length of Stay Before Transfer:	Is a Transfer Agreement in place for receiving facility?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Documentation Indicating Medical Record Was Sent To Receiving Facility : Yes <input type="checkbox"/> No <input type="checkbox"/>		Transfer Delay Yes <input type="checkbox"/> No <input type="checkbox"/>
If transfer delay "Yes", was time-line documentation provided indicating the actions taken to expedite transfer?: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Mode of Transportation:		Mode of Transport Appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:		
<b>QI Process:</b>		
Care Timely: Yes <input type="checkbox"/> No <input type="checkbox"/>	Appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/>	Unanticipated Return to OR: Yes <input type="checkbox"/> No <input type="checkbox"/>
Review by: Trauma Coordinator <input type="checkbox"/>	Trauma Director <input type="checkbox"/>	Peer <input type="checkbox"/>
QI Issues Identified by Trauma Program:	Loop Closed?	QI Issues NOT Identified by Trauma Program:
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Case Summary</b>		
Comments:		
Recommendations:		

# Arizona Trauma System Level IV Designation Medical Record Review Form

*Intended for use only in the BEMSTS quality assurance process*

<b>Case 5</b>			
Patient Age:	Date of Admission:	Disposition:	
Mode of Arrival:	Mechanism of Injury:	Restraints: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments:			
<b>Pre-Hospital Information:</b>			
EMS PCR Present: Yes <input type="checkbox"/> No <input type="checkbox"/>	Scene Time:	Extrication: Yes <input type="checkbox"/> No <input type="checkbox"/>	Spinal Immobilization: Yes <input type="checkbox"/> No <input type="checkbox"/>
Cervical Collar: Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Control Established: Yes <input type="checkbox"/> No <input type="checkbox"/>	Order received: Yes <input type="checkbox"/> No <input type="checkbox"/>	CPR <input type="checkbox"/>
Trauma Team Activated <input type="checkbox"/>	Intubation <input type="checkbox"/>	RSI <input type="checkbox"/>	IV/IO Access <input type="checkbox"/>
HR:	BP: /	Resp:	
Comments:			
<b>ED/Physician Performance:</b>			
Time of Trauma Team Activation:		Level of Activation:	
ED Arrival Time:	ED Physician Notified:	ED Physician Arrived:	
Surgeon Notified:	Surgeon Arrived:	Ortho Notified:	
Ortho Arrived:	ED Discharge Time:	ED Length of stay:	
Comments:			
<b>ED Documentation:</b>			
Trauma Flow Sheet Used: Yes <input type="checkbox"/> No <input type="checkbox"/>		Complete Serial Vital Signs: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments:			
<b>Treatment:</b>			
IV:	Crystalloid Inf.: ml	Central Line Placement:	
Blood T&C: H&H:	Transfused: Units	Chest Tube:	
Oxygen:	NG/OG Tube:	Foley:	
C-Spine Precautions in ED: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Diagnostics:</b>			
CT Scans:			
Plain Films:			
Chest: <input type="checkbox"/>	Head: <input type="checkbox"/>	C-Spine: <input type="checkbox"/>	Facial Bones: <input type="checkbox"/>
Abdomen: <input type="checkbox"/>	Pelvic: <input type="checkbox"/>	Extremities: <input type="checkbox"/>	
FAST Exam: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other Diagnostic Studies:			
<b>Documented Injuries:</b>			
ISS:	Comments:		

# Arizona Trauma System Level IV Designation Medical Record Review Form

*Intended for use only in the BEMSTS quality assurance process*

<b>Operative Care:</b>		
Care Timely: Yes <input type="checkbox"/> No <input type="checkbox"/>	Appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/>	Un-anticipated Return to OR: Yes <input type="checkbox"/> No <input type="checkbox"/>
Operative Care Concerns:		
<b>Transfer to Acute Care Facility:</b>		
Length of Stay Before Transfer:	Is a Transfer Agreement in place for receiving facility?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Documentation Indicating Medical Record Was Sent To Receiving Facility : Yes <input type="checkbox"/> No <input type="checkbox"/>		Transfer Delay Yes <input type="checkbox"/> No <input type="checkbox"/>
If transfer delay "Yes", was time-line documentation provided indicating the actions taken to expedite transfer?: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Mode of Transportation:		Mode of Transport Appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:		
<b>QI Process:</b>		
Care Timely: Yes <input type="checkbox"/> No <input type="checkbox"/>	Appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/>	Unanticipated Return to OR: Yes <input type="checkbox"/> No <input type="checkbox"/>
Review by: Trauma Coordinator <input type="checkbox"/>	Trauma Director <input type="checkbox"/>	Peer <input type="checkbox"/>
QI Issues Identified by Trauma Program:	Loop Closed?	QI Issues NOT Identified by Trauma Program:
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Case Summary</b>		
Comments:		
Recommendations:		

# Arizona Trauma System Level IV Designation Medical Record Review Form

*Intended for use only in the BEMSTS quality assurance process*

<b>Case 6</b>			
Patient Age:	Date of Admission:	Disposition:	
Mode of Arrival:	Mechanism of Injury:	Restraints: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments:			
<b>Pre-Hospital Information:</b>			
EMS PCR Present: Yes <input type="checkbox"/> No <input type="checkbox"/>	Scene Time:	Extrication: Yes <input type="checkbox"/> No <input type="checkbox"/>	Spinal Immobilization: Yes <input type="checkbox"/> No <input type="checkbox"/>
Cervical Collar: Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Control Established: Yes <input type="checkbox"/> No <input type="checkbox"/>	Order received: Yes <input type="checkbox"/> No <input type="checkbox"/>	CPR <input type="checkbox"/>
Trauma Team Activated <input type="checkbox"/>	Intubation <input type="checkbox"/>	RSI <input type="checkbox"/>	IV/IO Access <input type="checkbox"/>
HR:	BP: /	Resp:	
Comments:			
<b>ED/Physician Performance:</b>			
Time of Trauma Team Activation:		Level of Activation:	
ED Arrival Time:	ED Physician Notified:	ED Physician Arrived:	
Surgeon Notified:	Surgeon Arrived:	Ortho Notified:	
Ortho Arrived:	ED Discharge Time:	ED Length of stay:	
Comments:			
<b>ED Documentation:</b>			
Trauma Flow Sheet Used: Yes <input type="checkbox"/> No <input type="checkbox"/>		Complete Serial Vital Signs: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments:			
<b>Treatment:</b>			
IV:	Crystalloid Inf.: ml	Central Line Placement:	
Blood T&C: H&H:	Transfused: Units	Chest Tube:	
Oxygen:	NG/OG Tube:	Foley:	
C-Spine Precautions in ED: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Diagnostics:</b>			
CT Scans:			
Plain Films:			
Chest: <input type="checkbox"/>	Head: <input type="checkbox"/>	C-Spine: <input type="checkbox"/>	Facial Bones: <input type="checkbox"/>
Abdomen: <input type="checkbox"/>	Pelvic: <input type="checkbox"/>	Extremities: <input type="checkbox"/>	
FAST Exam: Yes <input type="checkbox"/> No <input type="checkbox"/> Other Diagnostic Studies:			
<b>Documented Injuries:</b>			
ISS:	Comments:		

# Arizona Trauma System Level IV Designation Medical Record Review Form

*Intended for use only in the BEMSTS quality assurance process*

<b>Operative Care:</b>		
Care Timely: Yes <input type="checkbox"/> No <input type="checkbox"/>	Appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/>	Un-anticipated Return to OR: Yes <input type="checkbox"/> No <input type="checkbox"/>
Operative Care Concerns:		
<b>Transfer to Acute Care Facility:</b>		
Length of Stay Before Transfer:	Is a Transfer Agreement in place for receiving facility?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Documentation Indicating Medical Record Was Sent To Receiving Facility : Yes <input type="checkbox"/> No <input type="checkbox"/>		Transfer Delay Yes <input type="checkbox"/> No <input type="checkbox"/>
If transfer delay "Yes", was time-line documentation provided indicating the actions taken to expedite transfer?: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Mode of Transportation:		Mode of Transport Appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:		
<b>QI Process:</b>		
Care Timely: Yes <input type="checkbox"/> No <input type="checkbox"/>	Appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/>	Unanticipated Return to OR: Yes <input type="checkbox"/> No <input type="checkbox"/>
Review by: Trauma Coordinator <input type="checkbox"/>	Trauma Director <input type="checkbox"/>	Peer <input type="checkbox"/>
QI Issues Identified by Trauma Program:	Loop Closed?	QI Issues NOT Identified by Trauma Program:
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Case Summary</b>		
Comments:		
Recommendations:		

Arizona Trauma System Level IV Designation  
Medical Record Review Form

*Intended for use only in the BEMSTS quality assurance process*

<b>Medical Record Review Summary</b>	
<b>Strengths:</b>	<b>Comments:</b>
<b>Weaknesses:</b>	<b>Comments:</b>
<b>Recommendations:</b>	<b>Comments:</b>