

01/13/2024 - ED to Hosp-Admission (Discharged) in H4 - TSICU/CVICU (continued)

ED Provider Note (continued)

10000056626191

Unkntwentyfour, Whiskey Ac
HAR: 1009483899 MRN: 004120303
1/1/1920 ADMIT:
EMERGENCY DEPARTMENT



✓ Lynn, Sean
UAMS
Medical Center

Position		Name	Role	Response	
Airway MD		Takasugi	ED Attending	Watkins	1705
MD Right			Chief Surgery Resident	Applebaum/Smith	1705
MD Left			Surgery Attending	Bruce	1715
Nurse Right		Andy P	Other:		
Nurse Left		Beck			
Primary Nurse		Nathan Ernst			

Name: _____ DOB: _____ M ☒ F Notification Time: 1700 Activation Time: 1704 X Scene ☐ Transfer
Mode of Arrival: ☒ Ambulance ☐ Helicopter ☐ POV/TRIAGE ☐ Police ☐ Fixed Wing EMS Name: MEWS
Mechanism of Injury: Fall 7-30 ft from ladder Time of injury: _____
☐ Driver ☐ Passenger ☐ Front Seat ☐ Back Seat Restrained: ☐ Yes ☐ No ☐ Unk ☐ Air Bag Deployment Helmet: ☐ Yes ☐ No
LOC: ☒ Yes ☐ No ☐ Unk Intubated: ☐ Yes ☒ No Anticoagulant: _____ ☐ No
Received: ☐ PRBC ☐ Platelets ☐ FFP
V/S: B/P 160/90 HR 100 RR: _____ GCS: 14 Hypotensive (SBP < 90) Episode: ☐ Yes ☐ No Highest HR: _____ Lowest SBP: _____
For Transfer Patient: CT Scans: ☐ Yes ☐ No ☐ Head ☐ C-Spine ☐ Abdomen ☐ Pelvis ☐ Chest ☐ Other Images pushed to TIR: ☐ YES ☐ No
Facility _____ Trauma Band #: _____

"PRIMARY SCENE TRAUMA"		
Level 1 Activation	Level 2 Activation	Level 3 Activation
<ul style="list-style-type: none"> Penetrating injury to the Neck, Chest, Abdomen, or Extremities proximal to elbow/knee Signs of Shock (BP < 90 reported at any time, absent carotid, femoral or radial pulse, or HR > SBP) – for children < 10 years = SBP < 70+2*age Neurological injury with GCS < 9 without sedation Severe uncontrolled hemorrhage or transfer patients receiving blood products or > 1 liter crystalloid to treat signs of shock Unable to intubate or intubated from the scene or airway compromise (including blunt neck injury with evidence of potential airway injury) Emergency surgical airway placed at the scene or at the referring hospital Major vascular injuries, including significant crush or amputation proximal to the elbow or knee or need for prehospital tourniquet application Suspected spinal cord injury from the scene Major impalement to torso Open or unstable pelvic fracture Pregnancy with > 20 weeks gestation if other activation criteria of Level 2 or greater present Trauma Code Emergency Physician Discretion 	<ul style="list-style-type: none"> Penetrating injury to Extremity distal to elbow or knee Flail Chest, multiple rib fractures Major burns of > 20% BSA (Grade 2 or 3) or any signs of inhalation injury Neurologic injury with GCS ≥ 9 or < 14 Open and depressed skull fracture 2 or more long bone fractures (ulna/radius or tibia/fibula count as 1 long bone) Extremity trauma with loss of distal pulse or sensation Severe maxillofacial injury with stable airway Near drowning Trauma patient on anticoagulants (not including Aspirin) with external signs of a supraclavicular injury Trauma patient > 65 with HR > 90 and/or BP < 110 Pregnancy with > 20 weeks gestation without other level 2 criteria present Major MVC, ejection from the vehicle, extrication > 20 mins, death of an occupant in the same vehicle or impact speed > 50mph Pedestrian struck by vehicle or auto-bike crash > 10 mph Falls > 20 feet Motorcycle crash/ATV > 20 mph or with separation of rider/bike Trauma patient with a Seatbelt Sign Emergency Physician Discretion 	<ul style="list-style-type: none"> MVC with rollover or intrusion into passenger compartment > 12 inches not meeting higher activation criteria Hanging mechanisms (without evidence of airway compromise or evidence of airway injury) Trauma Patient > 65 Stable pelvic fractures not meeting higher activation criteria Single system injury with high index of suspicion based on mechanism Traumatic injury with hypothermia (< 35°C) or hyperthermia (> 35°C) not meeting higher activation criteria Any other trauma related injury where 2 or more systems are involved that does not meet a higher activation criteria MD/Charge RN Discretion

"TRANSFER ACTIVATIONS"		
Level 1 Activation	Level 2 Activation	Level 3 Activation
<ul style="list-style-type: none"> Hemodynamic instability – requiring blood transfusion, pressors, or > 1 liter of crystalloid to maintain SBP > 90mmHg (> 70+2*age if < 10 years) HR > SBP Penetrating Thoracoabdominal Trauma Resp Compromise with lack of definitive airway Intubated patients transferred from another facility Acute decompensation enroute MD/Charge RN discretion 	<ul style="list-style-type: none"> Must meet all these criteria: <ul style="list-style-type: none"> Transfer with multiple system trauma or CHI Less than 12 hours from original injury Hemodynamically stable MD/Charge RN Discretion 	<ul style="list-style-type: none"> Not meeting Level 1 or Level 2 transfer activation criteria Single system trauma; excluding transfers for isolated ENT, ophthalmology, or hand ED evaluation with direct consult to trauma team or responsible service



Report/Triaged by: [Signature]
Date: 1/13/24 Time: 1700

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