

Encounter Form: Abdominal Trauma

Institution: _____

Name: _____ CDC# _____ DOB _____ Date/Time _____

Fill in the blanks and check all that apply

SUBJECTIVE:

Chief Complaint: _____

Precipitating event: _____

Date and time of onset: _____

Mechanism of injury: Weapon Blunt Trauma
 Fight Accident Other: _____

Pain: Scale of 0-10 (0=no pain 10=worst pain): _____

Location of pain: _____

Pain characteristics: Intermittent Constant
 Dull Sharp Throbbing Radiating
 Numbness Tingling Burning

What makes it better or worse? _____

Last tetanus immunization: _____

Allergies: _____

Current medications: _____

Time of last meal: _____

History of chronic diseases: _____

OBJECTIVE:

- ABCs present
- Vital Signs (Assess for s/s of shock or hypovolemia)

Time	BP	Pulse	Resp.	O2 Sat.

Lungs Sounds: Upper Right

- Clear
- Wheezes
- Crackles
- Diminished

Upper Left

- Clear
- Wheezes
- Crackles
- Diminished

Lower Right

- Clear
- Wheezes
- Crackles
- Diminished

Lower Left

- Clear
- Wheezes
- Crackles
- Diminished

Abdomen: Open wound Describe: (location, size, entrance/ exit): _____

- Impaled object Eviscerating organs
- Abdominal distention

Wounds:

- Site # 1: No open wounds Open wound
 Impaled object Eviscerating organs

Describe: _____

Location: _____

Size: _____

Bleeding: NO / YES (circle) If yes: EBL: _____

- Site # 2: No open wounds Open wound
 Impaled object Eviscerating organs

Describe: _____

Location: _____

Size: _____

Bleeding: NO / YES (circle) If yes: EBL: _____

Umbilical area: Bruising Discoloration

Describe: _____

Flank area: Bruising Discoloration

Other: Describe: _____

Bowel sounds: present absent diminished

- Hyperactive guarding rigidity
- rebound tenderness

Describe: _____

Genitals: Bruising Tenderness Swelling

Describe: _____

Urine: Blood absent Blood present

Urine Dipstick results: _____

ASSESSMENT:

Fluid volume deficit related to/evidenced by: _____

Pain related to/evidenced by: _____

Impaired gas exchange related to/evidenced by: _____

Signature / Title

Institution: _____

Encounter Form: Abdominal Trauma

Name: _____ CDC# _____ DOB _____ Date/Time _____

Fill in the blanks and check all that apply

PLAN:

- Contact Physician **STAT** (All abdominal trauma)
Physician (name/time): _____
Physician Responded (time): _____
- Based on patient condition and physician order:
 - Maintain airway, breathing, and circulation.
 - Administer supplemental oxygen via nasal cannula or mask to maintain O₂ saturation above 90. cannula rebreather mask at _____ l/min to maintain O₂ Sat ≥ 90%.
Pulse oximeter reading on O₂ _____
 - Apply pressure to any open bleeding wound.
 - Start an intravenous line with large bore needles (14-18 gauge) and infuse Sodium Chloride Intravenous Solution (0.9%). Titrate rate to maintain systolic blood pressure ≥ 90mm Hg.
started at (time) _____ in location) _____
with(needle) _____ at (rate) _____
 - Start a second IV line if there are signs and symptoms of shock or hypovolemia.
started at (time) _____ in (location) _____
with(needle) _____ at (rate) _____
 - DO NOT** attempt to remove impaled object. Instead, secure object in place.
 - Cover eviscerated organs with gauze soaked in Sodium Chloride Irrigation Solution (0.9%).
 - Cover injured genitals with sterile gauze soaked in Sodium Chloride Irrigation Solution (0.9%).
 - Keep patient N.P.O.
 - Continue to monitor vital signs every 15 minutes.
 - Prepare to transfer patient to outside facility or admit to a facility capable of providing a higher level of care.
 - Fax a copy of the relevant progress notes, physician orders, and emergency care flow sheet to receiving facility.

- Provide patient education consistent with the assessment of the condition
- Document the education provided and the patients level of understanding on the emergency care flow sheet
- Refer patient to other resources as needed. Document all refers on the emergency care flow sheet
- Use of medication
- Wound care: _____
- Other: _____
- Resubmit Health Care Service Request Form (CDC) 7362) if: redness swelling, bleeding or drainage at the wound site develops or changes; change in level or location of pain; change in bowel or urinary habits occur;
- Education deferred due to patient condition

DISPOSITION

Time released: _____

- Condition on release: _____
- Returned to housing unit
- Housing reassignment to: _____
- Referred for follow-up
 - Physician clinic RN clinic

Referred to higher level of care: (specify) _____

Person/time contacted: _____

- Records faxed to facility

Time/Mode of transfer: _____

ERV contacted (time) _____

ERV arrived (time) _____

List name of RN Protocol used: _____

Additional Comments _____

Signature / Title

EDUCATION:

- Patient instructed in:
- Assess patients potential for understanding the health information to be provided

<p>1. Disability Code:</p> <input type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable	<p>2. Accommodation:</p> <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	<p>3. Effective Communication:</p> <input type="checkbox"/> P/I asked questions <input type="checkbox"/> P/I summed information <p>Please check one:</p> <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached *See chrono/notes
<p>4. Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p>		