

Encounter Form: Chest Trauma

Institution: _____

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

Fill in the blanks and check all that apply

SUBJECTIVE:

Chief complaint (document in the patient's own words):

Precipitating event: _____

Date, time, and location of injury: _____

Mechanism of injury: weapon blunt trauma

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

Location: _____

Intensity: _____

Quality: Tingling Numbness Burning

Throbbing Constant

Other: _____

Radiating characteristics: _____

Shortness of breath.

Allergies: _____

Current medications and last dose taken:

History of chronic diseases: _____

Tetanus immunization status: _____

OBJECTIVE:

ABC present

Vital signs and pulse oximeter:

Time	BP	Pulse	Resp.	O2 Sat.

Assess the following:

- Assess airway, breathing and circulation.
- Dyspnea.
- Shortness of breath.
- Skin color and temperature.
- Restlessness.
- Distended neck veins.
- Tracheal deviation.
- Chest depressions or bulges.
- Asymmetrical or paradoxical chest wall movement.
- Entrance and exit wounds; wound size and estimated blood loss _____

Wound: No open wounds Open wound

Impaled object

Palpate chest wall for: crepitus swelling
 tenderness

Percuss for hyperresonance

Auscultate breath sounds bilaterally

Lungs Sounds: Upper Right

Clear

Wheezes

Crackles

Diminished

Lower Right

Clear

Wheezes

Crackles

Diminished

Upper Left

Clear

Wheezes

Crackles

Diminished

Lower Left

Clear

Wheezes

Crackles

Diminished

ASSESSMENT:

Impaired gas exchange related to/ evidenced by: _____

Ineffective breathing pattern related to /evidenced by: _____

Fluid volume deficit related /evidenced by: _____

PLAN:

STAT referral to physician (All chest trauma(

Physician (name/time): _____

Physician Responded (time): _____

Contact physician STAT.

Maintain airway, breathing, and circulation.

For non-penetrating trauma, immobilize the cervical/thoracic/lumbar spine with the patient secured to a backboard. Note: Thoracic trauma, in the absence of altered level of consciousness, neck tenderness, or signs and symptoms of neck trauma, does not require a backboard, which may interfere with evaluation, management, and patients comfort.

Control hemorrhage.

Administer supplemental oxygen via non-rebreather mask to maintain O₂ saturation above 90%. rebreather mask at _____l/min to maintain O₂ Sat ≥ 90%

Signature / Title

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- Start an intravenous line and infuse Sodium Chloride Intravenous Solution (0.9%). Adjust rate to keep systolic blood pressure > 90 mm Hg. Do not start an IV if vital signs are normal and the trauma is non-penetrating, non-vehicular or involves a fall less than ten (10) feet.

#1 IV started: Sodium Chloride Intravenous Solution (0.9%):

started at (time) _____ in (location) _____
with (needle) _____ at (rate) _____

#2 IV started: Sodium Chloride Intravenous Solution (0.9%):

started at (time) _____ in (location) _____
with (needle) _____ at (rate) _____

- DO NOT** remove impaled object unless object interferes with cardiopulmonary resuscitation.
- Cover (do not stuff) open chest wound with dry sterile gauze and occlusive tape. Apply occlusive dressing at the end of expiration and tape dressing on three sides only to allow air to escape. Continuously evaluate patient for development of pneumothorax. Remove dressing if tension pneumothorax develops.
- For paradoxical chest movement, immobilize the flail segment of the chest by stabilizing it with sandbags or bags of IV solution taped securely to the flail segment. This improves the patient's comfort and willingness to take a deep breath.
- Note: Paradoxical movement in itself rarely causes respiratory compromise; it is the underlying lung injury that creates the problem.
- Place patient on injured side to ensure the injury is compressed.
- Obtain EKG if blunt cardiac trauma is suspected.: _____
- Keep patient NPO.
- Continue to monitor airway, breathing, circulation, vital signs, oxygen saturation, and neurologic status 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

EDUCATION:

- Assess patient's potential for understanding the health information to be provided.
- Provide patient education consistent with the assessment of the condition.
- Document the education provided and the patient's level of understanding on the emergency care flow sheet.
- Refer patient to other resources as needed. Document all referrals on the emergency care flow sheet.

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

1. <u>Disability Code:</u> <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	2. <u>Accommodation:</u> <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*	3. <u>Effective Communication:</u> <input type="checkbox"/> P/I asked questions <input type="checkbox"/> P/I summed information Please check one: <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached *See chrono/notes
4. <u>Comments:</u> _____ _____ _____		