Trauma Evaluation/Resuscitation checklist

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completes primary survey Y N

Proper fluid/blood orders Y N NA

Ensure adequate IV/IO access Y N

Proper selection of lab tests Y N

Proper selection of radiographic studies Y N

Completes secondary survey Y N

Appropriate use/interaction with consultants Y N NA

Updates parent/family Y N NA

Appropriate disposition Y N

Did the person display the skill to perform the procedure independently without direct supervision? Y N

Comments:

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Preceptors name and signature