

Emergency Care Checklist

(Adapted from the WHO Trauma Checklist)

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.

Immediately after primary & secondary surveys:

IS FURTHER AIRWAY INTERVENTION NEEDED? May be needed if: <ul style="list-style-type: none"> GCS 8 or below Hypoxaemia or hypercarbia Respiratory distress Face, neck, chest or any severe trauma 	<input type="checkbox"/> YES, DONE <input type="checkbox"/> NO
IS THERE A TENSION PNEUMO-THORAX?*	<input type="checkbox"/> YES, CHEST DRAIN PLACED <input type="checkbox"/> NO
IS THE PULSE OXIMETER PLACED AND FUNCTIONING?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT AVAILABLE
DOES THE PATIENT NEED OXYGEN (SPO2 <94%) ?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT AVAILABLE
LARGE-BORE IV PLACED AND FLUIDS/BLOOD TRANSFUSION STARTED?	<input type="checkbox"/> YES <input type="checkbox"/> NOT INDICATED <input type="checkbox"/> NOT AVAILABLE
HEAD-TO-TOE SURVEY FOR (AND CONTROL OF) EXTERNAL BLEEDING, INCLUDING:*	<input type="checkbox"/> SCALP <input type="checkbox"/> PERINEUM <input type="checkbox"/> BACK
ASSESS FOR PELVIC FRACTURE BY:*	<input type="checkbox"/> EXAM <input type="checkbox"/> X-RAY <input type="checkbox"/> CT-SCAN
ASSESS FOR INTERNAL BLEEDING BY:*	<input type="checkbox"/> EXAM <input type="checkbox"/> ULTRASOUND (E-FAST) <input type="checkbox"/> CT-SCAN
IS SPINAL IMMOBILIZATION NEEDED?*	<input type="checkbox"/> YES <input type="checkbox"/> NOT INDICATED
RANDOM BLOOD SUGAR CHECKED	<input type="checkbox"/> YES <input type="checkbox"/> NO
NEUROVASCULAR STATUS OF ALL 4 LIMBS CHECKED?*	<input type="checkbox"/> YES
IS THE PATIENT HYPOTHERMIC?	<input type="checkbox"/> YES, WARMING <input type="checkbox"/> NO
DOES THE PATIENT NEED (IF NO CONTRAINDICATION)?	<input type="checkbox"/> URINARY CATHETER <input type="checkbox"/> NASOGASTRIC TUBE <input type="checkbox"/> CHEST DRAIN <input type="checkbox"/> NONE INDICATED

*associated with trauma but not specific

Before TEAM leaves the patient's bedside:

HAS THE PATIENT BEEN GIVEN:	<input type="checkbox"/> TETANUS VACCINE <input type="checkbox"/> ANALGESICS <input type="checkbox"/> ANTIBIOTICS <input type="checkbox"/> NONE INDICATED
HAVE ALL TESTS AND IMAGING BEEN REVIEWED?	<input type="checkbox"/> YES <input type="checkbox"/> NO, FOLLOW-UP PLAN IN PLACE
WHICH SERIAL EXAMINATIONS ARE NEEDED?	<input type="checkbox"/> NEUROLOGICAL <input type="checkbox"/> ABDOMINAL <input type="checkbox"/> VASCULAR <input type="checkbox"/> NONE
PLAN OF CARE DISCUSSED WITH:	<input type="checkbox"/> PATIENT/FAMILY <input type="checkbox"/> RECEIVING UNIT <input type="checkbox"/> PRIMARY TEAM <input type="checkbox"/> OTHER SPECIALIST
RELEVANT EMERGENCY CARE CHART OR FORM COMPLETED?	<input type="checkbox"/> YES <input type="checkbox"/> NOT AVAILABLE