

# 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:

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

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