DESIGN AND IMPLEMENTATION OF A TRAUMA FLOW SHEET FOR RESUSCITATION

Jane E McCormack, RN, BSN, Erin Zazzera, RN, MPH and James A Vosswinkel, MD, FACS
Stony Brook University Hospital

The Trauma Flow Sheet (TFS) of our academic Level I adult and pediatric trauma center was outdated and was identified as a weakness by the American College of Surgeons (ACS) COT during a Consultative visit. The trauma center uses a fully electronic medical record (EMR) and there was an initial reluctance to support the revision of a paper form. Recommendations strongly in favor of paper documentation from the ACS Consultants were vital to maintain a paper form. Our goal was to develop a functional tool that would enhance documentation of trauma resuscitation following a primary and secondary survey format consistent with the principles of ATLS™ and TNCC™. Secondary objectives included: clear documentation of trauma team member and consultant response times; the incorporation of key elements for Performance Improvement; enhanced pre-hospital information; and injury and procedural information to aid in trauma registry data capture.

The Pediatric Trauma Program Manager and the Adult Trauma Medical Director took the lead on form redesign with input from nursing and physician staff. TFS from other centers were solicited and reviewed for content suggestions.

The fast paced nature of the resuscitation and the ever changing composition of the trauma team members make ongoing monitoring and staff education vital. TFS are audited for key data elements. These elements have changed slightly over the year as metrics are met and maintained. Compliance rates are reported on the trauma center quality dashboard, and all consulting departments have demonstrated commitment to correct deficiencies. Sustained improvements have been demonstrated in all areas. Documentation of FAST results has increased from 70% to 96%; pre-hospital fluid volume has improved from 43% to 92%; and trauma resident arrival time has improved from 65% to 94%. Recently, staff has identified the need to better define when (and how) to transition to the EMR. ACS reviewers also recommended the addition of some nursing ‘narrative’ in addition to check boxes. Plans are underway to do both of these.

All trauma centers face the challenges of documentation of critical events in ‘real time’ and integration of that documentation to the trauma registry and the patient’s medical record. Lessons learned during this process include: while form design is important and a good design can aid in documentation, it does not insure completion, ongoing monitoring of utilization is necessary; many staff prefer the opportunity to document a narrative rather than just checking boxes; and change is always slower and more complex than initially anticipated. Our experience has been successful in designing and implementing a trauma flow sheet for documentation of resuscitation.