

ACS Medical Record Face Sheet

(To be completed on every chart selected)

Patient	Name		
	Age	Gender	
MRN/Trauma registry #			
Injury Category			
ISS			
EMS Scene Time			
Trauma Team Activation	Yes	No	Level
Patient arrival date/time to trauma bay/ED	Date	Time	Surgeon arr time
Time of initial imaging	Chest xray	Pelvic xray	CT
MTP activated	Yes	No	Time
Consultant services engaged in ED			
Response time for services with 30-minute requirement	Neuro	Ortho	IR
Patient destination after ED	OR	Floor	ICU IR Other
OR timeline (if next after ED)	In OR	Incision	Out of OR
Final destination (after initial ED/OR care)	Floor	ICU	Other
Time arr at final destination in hospital			
LOS	ED	ICU	Hospital
SBIRT screening completed	Yes	No	NA
If Yes, SBIRT intervention offered	Yes	No	
Timeline of transfers between units (up to three after final destination noted above)	Date	Time	
	Date	Time	
	Date	Time	

PI filters triggered	Primary review	Date
	Secondary review	Date
	Tertiary review	Date
Action items that occurred as a result of review		