## SUPPLEMENTAL E.D. TRAUMA RESUSCITATION RECORD

### ARTERIAL BLOOD GAS

<table>
<thead>
<tr>
<th>Time</th>
<th>FiO₂</th>
<th>pH</th>
<th>PCO₂</th>
<th>PO₂</th>
<th>TotCO₂</th>
<th>HGB</th>
<th>O₂ Sat</th>
<th>CO HGB</th>
<th>O₂ Content</th>
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</thead>
</table>

**Vent Settings**

- Mode: FiO₂
- VT:
- PEEP:
- PS:

### LABORATORY

**Examination**

- PT/INR/PTT
- ASAT/ALAT
- AMYLASE/LIPASE

**Result**

- URINE RBC'S
- URINE HCG
- ETOH / % ETOH
- URINE TOX

### RADIOLOGY

**Examination**

- CXR
- PELVIS
- EXTREMITIES
- FAST
- HEAD CT
- CSPINE CT
- CHEST CT
- ABD / PELVIS CT
- TLS CT RECON

**Result**

- Preliminary
- Final
## SUPPLEMENTAL E.D. TRAUMA RESUSCITATION RECORD

<table>
<thead>
<tr>
<th>INJURIES: KNOWN AND SUSPECTED</th>
<th>MANAGEMENT PLAN</th>
</tr>
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<tbody>
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Signature / Title:__________________________  Pager:_______________  Date: __________ Time: __________

I was present during the above patient’s resuscitation and personally examined the patient. I agree with the above findings with the following addenda (required):

I was present for the following procedure(s):

I performed the following procedure(s):

___________Critical Care Time (if applicable)  *(Time spent by physician only – does not include resident time)*

Attending Signature___________________________________________  Date:_____________ Time: ____________