

**BARNES-JEWISH HOSPITAL
TRAUMA SERVICES POLICIES/PROCEDURES**

TITLE: Prehospital Report

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Trauma Services

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Policy Statement

A. Upon arrival to the Emergency Department with a Level I trauma patient, prehospital providers will provide a report to the waiting trauma team.

Purpose

A. To provide quality care to trauma patients by understanding prehospital events and treatment.

Procedure

A. Implementation

1. This report is expected to be 30-45 seconds in length. It will consist of the following elements:

<u>M</u> - Mechanism of injury	<u>I</u> - Injuries identified
<u>V</u> - Vital signs	<u>T</u> - Treatment rendered so far
2. During this report, all trauma team members should remain quiet to facilitate transfer of this important information. The only activity will be the primary resuscitation nurse validating the absence or presence of a radial pulse.
3. Trauma team members who arrive after the MIVT report has been given will obtain patient information from the documentation nurse, not the prehospital providers.
4. Prehospital personnel should share additional pertinent patient information with the documenting nurse who will share the information with the trauma team as appropriate.
5. Patient report for Level II-A, II-E and III trauma patients will be given to the nurses and physicians responsible for the patient's care. The information expected will be the same as above as well as any additional applicable information.

Resources/References

American College of Surgeons, Committee on Trauma "Resources for Optimal Care of the Injured Patient, 2014"

Dr. Scott Gilmore, Medical Director, St. Louis Fire Department & Emergency Medicine Faculty Member

Dr. David Tan, Medical Director, Abbott Ambulance, Inc & Washington University EMS Chief

Approval

Dr. Douglas Schuerer, Medical Director, Trauma Services Date of Approval 10/2015