

**KEY:** NA = NOT APPLICABLE  
 ND = NOT DOCUMENTED\*  
 A = ACCEPTABLE-MEETS STANDARDS  
 C = ACCEPTABLE WITH CORRECTIONS\*  
 U = UNACCEPTABLE-DOES NOT MEET STANDARDS\*

MED REC # \_\_\_\_\_

SURVEY CHART # \_\_\_\_\_

Revised 01/10

**TRAUMA NURSE**

		NA	ND	A	C	U
A. EMERGENCY DEPARTMENT (E.D.)/RESUSCITATION AREA (IF PEDIATRIC PATIENT, PLEASE COMPLETE SECTION G ALONG WITH SECTION A):						
1. TRAUMA FLOWSHEET:						
a. TRAUMA ALERT						
VE2	1. APPROPRIATELY CALLED TRAUMA ALERT CRITERIA					
VD2d	2. TIMELINESS OF TEAM RESPONSE					
b. QUALITY OF NURSING ASSESSMENT						
	1. ADMISSION AND DISCHARGE					
VD2e	2. SERIAL PARAMETERS					
	3. APPROPRIATE NURSING INTERVENTIONS					
III B4b (LI) III B3b (L2,LP)	c. HEAD INJURY/C-SPINE MANAGEMENT (PROTOCOLS)					
	1. QUALITY OF NURSING ASSESSMENT					
	2. APPROPRIATE NURSING INTERVENTIONS					
VD2i	e. TOTAL HOURS IN E.D. _____ TO _____					
VD2 (a-l) or (a-m)	f. DOCUMENTATION OF NURSING CARE IN THE E.D					
COMMENTS: *COMMENTS ARE REQUIRED FOR "C," "U," AND "ND."						



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**TRAUMA NURSE** *(continued)*

NA	ND	A	C	U
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**C. POST ANESTHESIA CARE UNIT (PAR):**

<b>VIB1</b>	1.	QUALITY OF CARE (NURSING ASSESSMENT/ INTERVENTION) AND STAFFING					
<b>VIID (L1)</b> <b>VIIC (L2,LP)</b>	2.	DOCUMENTATION OF NURSING CARE					

**COMMENTS:** \*COMMENTS ARE REQUIRED FOR "C," "U," AND "ND."

**D. INTENSIVE CARE UNIT (ICU):**

<b>VIIB2a (L1)</b> <b>VIIB1 (L2,LP)</b>	1.	QUALITY OF CARE/STAFFING					
<b>VIID (L1)</b> <b>VIIC (L2,LP)</b>	2.	DOCUMENTATION OF NURSING CARE					

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**TRAUMA NURSE** *(continued)*

NA	ND	A	C	U
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**E. BURN UNIT/CENTER:**

<b>XIII A</b>	<b>1.</b>	<b>EARLY TRANSFER TO BURN UNIT/CENTER INITIATED</b>					
<b>XIII A</b>	<b>2.</b>	<b>DOCUMENTATION OF BURN CENTER EPISODE</b>					

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**TRAUMA NURSE** *(continued)*

			NA	ND	A	C	U
<b>F. ACUTE REHABILITATIVE SERVICES:</b>							
xvb	1.	COMPREHENSIVE REHABILITATION PLAN DEVELOPED AND DOCUMENTED WITHIN 7 DAYS OF ADMISSION					
xvc	2.	DOCUMENTATION OF REHABILITATION SHORT OR LONG TERM REHABILITATION GOALS AND PLANS					
xvd	3.	DOCUMENTATION OF ASSESSMENT AND RECOMMENDATIONS WITHIN 48 HOURS					
xvic	4.	SOCIAL WORK AND DRUG & ALCOHOL ADDICTION SERVICES AVAILABLE FROM ADMISSION THROUGH DISCHARGE (PATIENTS AND FAMILIES).					
xvib	4.	PASTORAL CARE, PATIENT ADVOCATES, PSYCHOLOGISTS, SOCIAL WORKERS AVAILABLE TO PATIENTS AND FAMILIES					

**COMMENTS:** \*COMMENTS ARE REQUIRED FOR "C," "U," AND "ND."

**IDENTIFY AND SUPPORT WITH DOCUMENTATION ANY ITEMS NOT IN COMPLIANCE WITH THE STANDARDS.**

**INSTRUCTIONS TO SURVEYORS:**

**IF YOU MARKED ANY ITEMS ON PREVIOUS PAGES EITHER “C” OR “U,” YOU MUST REFER TO YOUR COMMENTS ON THIS SUMMARY SHEET AND MAY NOT MARK “A” WITHOUT SIGNIFICANT JUSTIFICATION AND DOCUMENTATION.**

**QUALITY OF ASSESSMENT**

**STANDARD**

**COMMENTS:**

ACCEPTABLE	
ACCEPTABLE WITH CORRECTIONS	
UNACCEPTABLE	

**APPROPRIATENESS OF CARE**

**STANDARD**

**COMMENTS:**

ACCEPTABLE	
ACCEPTABLE WITH CORRECTIONS	
UNACCEPTABLE	

**DOCUMENTATION OF CARE**

**STANDARD**

**COMMENTS:**

ACCEPTABLE	
ACCEPTABLE WITH CORRECTIONS	
UNACCEPTABLE	