



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

**EMERGENCY PHYSICIAN** (*continued*)

		NA	ND	A	C	U
2. DIAGNOSTIC PROCEDURES (LAB, X-RAY, CT SCAN, ETC.)						
	a. APPROPRIATENESS OF TESTS					
	b. TIMELINESS/RESULTS OF TESTS					
VD2h	1. RADIOLOGY					
VD2g	2. LAB					
VD2e	3. HISTORY AND PHYSICAL ASSESSMENT (SERIAL/NEURO STATUS)					
4. CONSULTATION						
VD2d	a. APPROPRIATENESS OF CONSULTS					
	b. TIMELINESS OF NOTIFICATION AND RESPONSE					
IIIA1	1. TRAUMA SURGEON					
IIIB1	2. NEUROSURGEON					
	3. OTHER					
VB2a	5. ACTIVE PARTICIPATION BY THE EMERGENCY PHYSICIAN IN THE RESUSCITATION					
VB2c	6. TRANSFER OF PATIENT CARE RESPONSIBILITY FROM EMERGENCY PHYSICIAN TO TRAUMA SURGEON					
IIIC1a	7. APPROPRIATENESS OF PATIENT MANAGEMENT (PROTOCOLS)					
VD2 (a-l) or (a-m)	8. DOCUMENTATION OF E.D. EPISODE					
<b>COMMENTS:</b> *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	