



**TRAUMA PATIENT REGISTRY FORM (NON-TRAUMA CENTER)**

1. IDENTIFICATION			Revised Trauma Score (RTS) on arrival					
Incident location:			Glasgow Coma Scale		Systolic BP		Respiratory Rate	
Receiving hospital:			GCS	Points	SBP	Points	RR	Points
Pre-hospital PCR#			13-15	4	> 89	4	10-29	4
<b>Did EMS contact a BH prior to arrival? Yes No</b>			9-12	3	76-89	3	> 29	3
<b>If yes, which BH?</b>			6-8	2	50-75	2	6-9	2
Pt age	Male	Female	4-5	1	1-49	1	1-5	1
2. EMERGENCY DEPARTMENT ADMISSION DATA			3	0	0	0	0	0
Date of arrival:			RTS Points:		RTS Points:		RTS Points:	
Time of arrival:			3. EMERGENCY DEPARTMENT DISPOSITION					
<b>Method of arrival</b>			Admit		Time:			
Walk in? Yes No			OR		Time:			
BLS ambulance provider			Admit post-op		Time:			
ALS ambulance provider			Hospital LOS		Days:			
Other (please describe)			Cont. of trauma care		Time of transfer:			
<b>Mechanism of injury</b>			Destination name:					
Assault			Motorcycle		Interfacility transport			
Auto accident			Pedestrian		Time of transfer:			
Bicycle			Sports injury		Destination name			
Fall			Stabbing		Discharged			
Gun shot			Thermal		Time:			
Other (please describe)					Discharge date			
					Discharge diagnosis			
<b>Vital signs on arrival</b>			Deceased		Time:			
BP:			Eyes:		Comments:			
HR:			Verbal:					
RR:			Motor:					
Temp:			Total GCS:					
<b>Procedures</b>			Time:					
Blood products								
Intubation								
CT								
TXA								
Other (please describe)								

**Within 30 days of patient arrival, email completed form to [shkissel@rivco.org](mailto:shkissel@rivco.org)**

