



## PREHOSPITAL RECEIVING CENTER TRAUMA PATIENT REGISTRY FORM

### 1. IDENTIFICATION

Incident Location \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 Patient \_\_\_\_\_  
 Age \_\_\_\_\_ Male  Female

### 2. EMERGENCY DEPARTMENT ADMISSION DATA

Date of Arrival \_\_\_\_\_ Time of Arrival \_\_\_\_\_

#### Method of Arrival

Walk-In  BLS Ambulance  ALS Ambulance  Other   
 If other, please describe: \_\_\_\_\_

Base Hospital Directed  Base Hospital \_\_\_\_\_

#### Mechanism of Injury

Auto Accident  Motorcycle  Bicycle  Pedestrian   
 Assault  Stabbing  Gun Shot  Shot Gun   
 Fall  Sports  Thermal  Other   
 If other, describe: \_\_\_\_\_

#### Vital Signs Upon Arrival

Eyes: \_\_\_\_\_  
 Verbal: \_\_\_\_\_  
 Motor: \_\_\_\_\_  
 GCS: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_ BP: \_\_\_\_\_

#### Procedures

Intubation  \_\_\_\_\_ Time Blood Products  \_\_\_\_\_ Time  
 CT  \_\_\_\_\_ Other  \_\_\_\_\_  
 If other, describe: \_\_\_\_\_

### Revised Trauma Score (RTS) Upon Arrival

Glasgow Coma Scale		Systolic BP		Respiratory Rate		
GCS	RTS Points	SBP	RTS Points	RR	RTS Points	
13 – 15	4	> 89	4	10 – 29	4	
9 – 12	3	76 – 89	3	> 29	3	
6 – 8	2	20 – 75	2	6 – 29	2	
4 – 5	1	1 – 49	1	1 – 5	1	
3	0	0	0	0	0	
Points: _____		+ Points: _____		+ Points: _____		= _____

### Survival Probability

RTS	Survival	RTS	Survival	RTS	Survival	RTS	Survival
12	99.5%	8	66.7%	4	33.3%	0	3.7%
11	96.9%	7	63.6%	3	33.3%		
10	87.9%	6	63.0%	2	28.6%		
9	76.6%	5	45.5%	1	25.0%		

### 3. EMERGENCY DEPARTMENT DISPOSITION

Time Time  
 Admit  \_\_\_\_\_ Continuation of Trauma Care  \_\_\_\_\_  
 OR  \_\_\_\_\_ Interfacility Transfer  \_\_\_\_\_  
 Admit Post-op  \_\_\_\_\_ Ground Transport  \_\_\_\_\_  
 Discharge  \_\_\_\_\_ Air Transport  \_\_\_\_\_  
 Deceased  \_\_\_\_\_ Destination \_\_\_\_\_

Please include comments concerning difficulties with Continuation of Trauma Care (Policy 5302), interfacility transfer arrangements, procedures, patient care, etc.

### 4. COMMENTS

Within **30** days of patient arrival, send completed form to address below.  
 Attention: **Trauma Coordinator**, or Fax (951) 358-5160 or Email: [shkissel@rivcocha.org](mailto:shkissel@rivcocha.org)