### Scene Information:
- Radio: ___
- Telephone: ___
- Agency: ___
- Calling: ____________
- Date: ____________
- Time of Call: ____________
- Location: ____________
- ETA: ____________

### Patient Information:
- Male: ___
- Female: ___
- Age: ___
- BP: ___ / ___
- Pulse: ___
- Resp Rate: ___
- GCS: ___
- Rhythm: ____________
- Intubated: ___
- IV: ___

### Description of Accident / Mechanism of Injury

### Procedures:
- Mandatory: 
  - 2 16 gauge or larger IV’s with LR (if possible)
  - Oximetry
  - ECG
  - Vital signs every 15 minutes
- Optional: 
  - Foley catheter (if no blood at meatus)
  - NG tube (OG if Facial fractures)

### Lab Orders:
- CBC
- BMP
- INR/PTT (head injuries GCS<10) (#2)
- ABG (if intubated)
- Blood alcohol level
- UA by dipstick
- Urine drug screen
- Band & Hold
- Crossmatch ___ units—Stay ahead ___ units
- HCG (if female 13-50 yrs.)
- Other:
  - Drug & Ethanol Intervention, (CRM Order)
  - Rehab notification

### Radiography:
- CT: 
  - Chest X-Ray
  - Thoracic Spine
  - Head
  - C-Spine (if blunt trauma)
  - L/S Spine
  - Neck
  - Pelvis (if blunt trauma)
  - Extremity:
    - Chest
    - Other
    - Abdomen/Pelvis

### Physician’s Signature: ________________________________
- Date/Time: ________________________________

---

### Full/Modeled Trauma Activation Orders

- **No Activation**
  - Physicians preference

- **Modified Trauma Activation**
  - Significant CNS injury (GCS <10 or paralysis)
  - Stab wound to the torso
  - Flail chest
  - Multiple long bone fractures
  - Crush injury to pelvis
  - Ejection from vehicle
  - Auto vs. Pedestrian >10mph or thrown > 10 feet
  - Any patient not meeting the criteria who decompensates in the ED

  - Page Trauma Team: Time paged______
  - Page Trauma Surgeon: Time paged______Called Back______

- **Full Trauma Activation**
  - Shock (Hypotension) - Systolic BP <90 (Age 15-Adult)
  - Systolic BP <80 (Age 0-14)
  - GSW (Head, Neck, Torso, or Groin)
  - Compromised airway or ventilation
  - Traumatic cardiac arrest
  - Traumatic Amputation (Arm/Leg)

  - Page Trauma Surgeon: Time paged______Called Back______
  - Page Trauma Team: Time paged______

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### Specialty

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<tr>
<th>Specialty</th>
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### Full/Modified Trauma Activation Orders

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- Page 1 of 1
The Trauma Rehab Coordinator is notified BY FAX, for EACH Trauma Team activation AND any head injury, spinal cord injury, significant peripheral nerve injury and major extremity injury.

TRAUMA REHAB CONSULTATION

Date of Trauma: __________________________

Type of Trauma:  ☐ Full  ☐ Modified  ☐ Non-activation

Hospital:  ☐ Yakima Regional  ☐ Yakima Valley Memorial

Diagnosis: __________________________

Disposition:  ☐ Admitted to (room number): __________________________

☐ OR

☐ Home

☐ Transferred to: __________________________

FAX TO: (509) 225-3059

Rehab Admission Coordinator/Trauma Manager
Office: (509) 573-3482, Cell: (509) 728-4045