

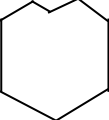



PRIMARY SURVEY

PROGRESS NOTE	DATE TIME	ORDER FOR ONE DAY	DATE TIME	ORDER FOR CONTINUE
DETECTION OF SHOCK V/S แรกรับ (เวลา _____) HR _____ bpm BP _____ mmHg		LAB TRAUMA <input checked="" type="checkbox"/> Blood for CBC, BUN, Cr, Electrolyte, PT, PTT, INR, ฝื่อ tube G/M <input checked="" type="checkbox"/> G/M PRC _____ units <input checked="" type="checkbox"/> Hct stat = _____ % <input checked="" type="checkbox"/> DTX stat = _____ mg/dL (สำหรับผู้ป่วยที่อายุ \geq 18 ปี)		<input type="checkbox"/> NPO <input type="checkbox"/> _____ diet <input type="checkbox"/> Record V/S, I/O as mL <input type="checkbox"/> Absolute bed rest <input type="checkbox"/> Dressing wound
RESUSCITATION PHASE <input type="checkbox"/> Vital signs stable <input type="checkbox"/> Hemorrhage class <input type="checkbox"/> 1 <input type="checkbox"/> 2 (tachycardia) <input type="checkbox"/> 3-4 (BP drop) <input type="checkbox"/> Non-hemorrhagic shock <hr/> V/S หลัง load RLS (เวลา _____) HR _____ bpm BP _____ mmHg *สำหรับเด็ก น้ำหนัก < 40 kg Load RLS 20 mL/kg IV in 15 min		INITIAL RESUSCITATION <input type="checkbox"/> เปิด IV 2 เส้น (เบอร์ 16 หรือ 18) <input type="checkbox"/> warm RLS 500 mL IV load in 15 min x _____ ครั้ง รวม load RLS ไปทั้งหมด _____ mL (รวมแล้วไม่เกิน 1,000 mL) <input type="checkbox"/> then RLS 1000 mL IV rate _____ mL/hr <input type="checkbox"/> PRC group O uncross-matched 1 unit IV push <input type="checkbox"/> PRC _____ unit IV drip in _____ hr <input type="checkbox"/> Retain Foley catheter <input type="checkbox"/> monitor EKG <input type="checkbox"/> Transamine 1 gm (4 amps) IV load in 10 min <input type="checkbox"/> Film CXR portable <input type="checkbox"/> Film Pelvis portable		Medications
A: AIRWAY AND C-SPINE RESTRICTION <input type="checkbox"/> can talk <input type="checkbox"/> clear voice <input type="checkbox"/> C-spine midline not tender <input type="checkbox"/>		<input type="checkbox"/> open airway + on O2 mask with bag 10 LPM <input type="checkbox"/> on hard collar <input type="checkbox"/> tension pneumothorax Rt / Lt lung \rightarrow needle decompression Rt / Lt <input type="checkbox"/> on ETT No _____ depth _____ cm		
B: BREATHING AND VENTILATION SpO2 แรกรับ _____% room air <input type="checkbox"/> Lung clear Lt = Rt <input type="checkbox"/>		If presented with hemo-pneumothorax แล้วให้ใส่ ICD หลังจบ check list นี้ <input type="checkbox"/> on ICD Rt / Lt lung No. _____ depth _____ cm		
Name of patient	Age	H.N.	A.N.	
Department of Service	Ward/Bed	Attending Physician		



STANDING ORDER FOR MULTIPLE TRAUMA รพ.บ้านนา (หน้าที่ 2)

PROGRESS NOTE	DATE TIME	ORDER FOR ONE DAY	DATE TIME	ORDER FOR CONTINUE
<p>C: CIRCULATION AND HEMORRHAGIC CONTROL</p> <p>Potential bleeding site: Chest _____</p> <p>Abdomen </p> <p><input type="checkbox"/> peritonitis - Location: <input type="checkbox"/> Thoraco-abdomen <input type="checkbox"/> Anterior abdomen <input type="checkbox"/> Rt / Lt Flank <input type="checkbox"/> Back</p> <p>Pelvis _____</p> <p>Long bone _____</p> <p>External bleeding _____</p>		<p>Chest (CXR) portable</p> <p><input type="checkbox"/> normal <input type="checkbox"/> hemothorax Rt / Lt lung <input type="checkbox"/> widening mediastinum <input type="checkbox"/> _____</p> <p>Abdomen</p> <p><input type="checkbox"/> Retain NG tube ต่อลง bag → NG content _____ <input type="checkbox"/> Retain Foley catheter ล้างสภาวะ: _____ <input type="checkbox"/> FAST ultrasound at เวลา _____ : <input type="checkbox"/> negative <input type="checkbox"/> positive at _____</p> <p>Pelvis</p> <p><input type="checkbox"/> pelvic binder for open book pelvic fracture</p> <p>Long bone</p> <p><input type="checkbox"/> immobilization : on wooden splint / on slab _____ <input type="checkbox"/> If opened fracture : NSS irrigate wound _____ litre</p> <p>External bleeding</p> <p><input type="checkbox"/> direct gauze pressure <input type="checkbox"/> suture stop bleeding <input type="checkbox"/> Tourniquet at _____ start เวลา _____</p>		
<p>D: DISABILITY</p> <p>GCS: E _____ M _____ V _____ Pupil _____ Motor grade </p> <p><input type="checkbox"/> Traumatic brain injury (mild/ moderate/ severe) <input type="checkbox"/> suspected C-spine injury</p>		<p><input type="checkbox"/> Consult NeuroSx if presented with traumatic brain injury</p> <p><input type="checkbox"/> CT brain NC</p> <p><input type="checkbox"/> CT brain NC includes C-spine</p> <p>Miscellaneous</p> <p><input type="checkbox"/> Film อื่นๆ _____</p> <p><input type="checkbox"/> Tetanus vaccine for tetanus prone wound <input type="checkbox"/> Tetragram 250 IU IM <input type="checkbox"/> dT 0.5 mL IM (booster / full course)</p> <p><input type="checkbox"/> ATK for COVID-19 <input type="checkbox"/> Consult specialist _____</p>		
<p>E: EXPOSURE AND ENVIRONMENT</p> <p>Log roll maneuver and PR exam: _____</p>				
Name of patient	Age	H.N.	A.N.	
Department of Service	Ward/Bed	Attending Physician		