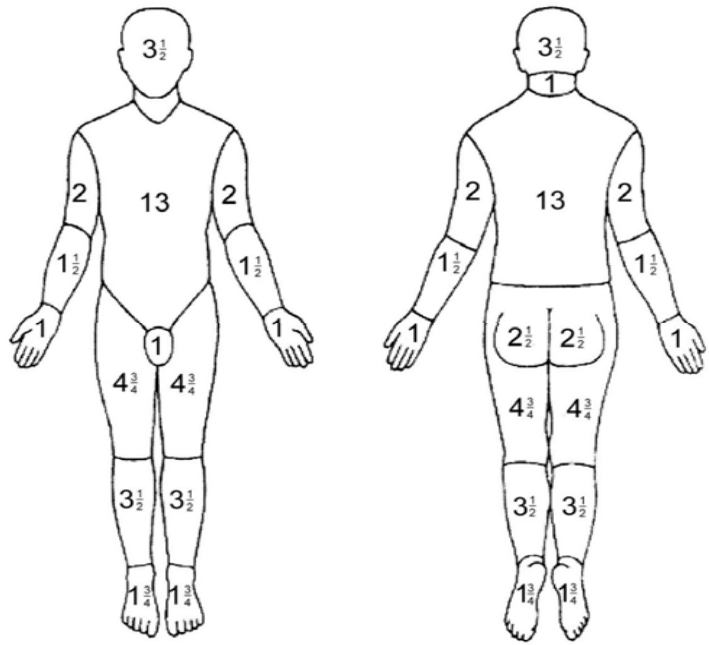


Prolonged Field Care Flowsheet v.21.1 (16 Jan 2018)

Name:	Date:	Time:	Weight:	Blood type:	EVAC Category: I D M E
-------	-------	-------	---------	-------------	----------------------------------

S:
A:
M:
P:
L:
E:



M.I.S.T. Report:	
MOI:	
Stable or Unstable	
Injuries / Illness / Problems	Treatments - Plans
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

TQ 1 time on:	TQ 2 time on:	TQ 3 time on:	TQ 4 time on:	TXA Dose 1 on:
TQ 1 Converted:	TQ 2 Converted:	TQ 3 Converted:	TQ 4 Converted:	TXA Dose 2 on:

Notes:

Teleconsult Call Script and Patient Handover Info Time:

This is _____, an _____ (Job Position)
 I have a patient with _____ who I think has _____ and I need _____ Chief

Complaint _____ Brief
 History _____ Vitals
 HR _____ RR _____ BP _____ Temp _____ Pulse
 O₂ _____ UOP _____ AVPU _____ Exam

Findings _____

Recommendations

Fluids/Meds _____
 Interventions _____ Red-Flags _____

Prolonged Field Care Flowsheet v.21.1 (16 Jan 2018)

Day																						D	Checklist	Y				
Hour																						H	Reassess Tx					
Minute																						M	Expose					
Time Zone:	Other																					Other	Detailed Exam					
BP	Systolic ∇	200																							200	Send MIST Report		
	Diastolic \wedge	190																								190	Monitors	
Temp X		180																								180	2nd IV/IO	
		170																								170	GCS/Neuro/MACE	
SPO2 \diamond		160																								160	Analgesia	
		150																								150	Sedation	
Pulse \bullet		140																								140	NG / OG	
		130																								130	Upgrade Airway	
MAP Δ		120																								120	Post Cric Checklist	
		110																								110	Vent w/ PEEP	
ETCO2 \blacksquare		100																								100	Hypothermia Tx	
		95																								95	Recalc TBSA and Fluids	
Respirations \circ		90																								90	Ultrasound eFast	
		85																								85	Fluid Challenge	
Output		80																								80	1st TXA dose (ASAP)	
		75																								75	Blood Type Card	
Fluid Input		70																								70	FWB Transfusion	
		65																								65	Convert TQ <4hrs	
Pain scale/RASS		60																								60	Foley / Bladder Tap	
		55																								55	Adjust Vent Settings	
AVPU/Neuro/MACE		50																								50	UA Dipstick	
		45																								45	Clear C-Spine	
Eye response		40																								40	Position Pad Patient	
		35																								35	Peripheral Pulses	
Oral Response		30																								30	Compartment Syndrome	
		25																								25	Escharotomy	
Motor Response		20																								20	Reduce / Splint Fx	
		15																								15	DVT Prophylaxis	
GCS Total		10																								10	Antibiotic War Wound Tx	
		5																								5	Tetanus	
Drug/Intervention: Dose:		0																								0	Teleconsult	
		No Read																								No Read	Labs	
Output																							X-Ray / Imaging					
Fluid Input																							PreOp Eval					
Pain scale/RASS																							Debridement					
AVPU/Neuro/MACE																												
Eye response	4																										Nursing Care Reminders	Y
Oral Response	5																										Vitals/Assessment q1h	
Motor Response	6																										Flush Saline Locks q8hrs	
GCS Total	15																										Suction ET Tube PRN	
Drug/Intervention: Dose:																											Reposition q2hrs	
Drug/Intervention: Dose:																											Change Blood Tubing q4hrs	
Drug/Intervention: Dose:																											Oral Care q12hrs	
Drug/Intervention: Dose:																											Foley Care q24hrs	
Drug/Intervention: Dose:																											Sponge Bath q24hrs	
Drug/Intervention: Dose:																											Change IV Bag q24hrs	
Drug/Intervention: Dose:																											Check BGL q8hrs	
Drug/Intervention: Dose:																											Change IV Catheter q72hrs	
Drug/Intervention: Dose:																											Change HME q72hrs	
Drug/Intervention: Dose:																											Change Tape q24hrs	
Drug/Intervention: Dose:																											Perform LE Massage q2hrs	
Drug/Intervention: Dose:																											Perform ROM q8hrs	