|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Click here to enter a date. | | | Click here to enter a date. | | | Click here to enter text. | | | | Choose an item. | | | Click here to enter text. | |
| Click here to enter text. | | | | | Click here to enter text. | | | | | Click here to enter text. | | | | |
| Choose an item. Other: Click here to enter text. | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | |
| **CNS** | | **RESPIRATORY STATUS** | | | | | **CARDIOVASCULAR** | | | | **MUSCULOSKELETAL** | | | **VITAL SIGNS** |
| AVPU | Choose an item. | Intubated | | Choose an item. | | | IV | Choose an item. | | | Cervical Collar | Choose an item. | | BP: Click here to enter text. |
| PUPILS | Choose an item. | Tracheotomy | | Choose an item. | | | IO | Choose an item. | | | Backboard | Choose an item. | | Pulse: Click here to enter text. |
| PGCS: Click here to enter text. | | Cricothyrotomy | | Choose an item. | | | Central Line | Choose an item. | | | EXTREMITY:  Click here to enter text. | | | Respiratory Rate:  Click here to enter text. |
| Peds Trauma Score | Choose an item. | Pulse Oximetry | | Choose an item. | | | Rhythm Identified | Choose an item. | | | OTHER:  Click here to enter text. | | | Temp: Click here to enter text. |
| RTS | Choose an item. | OXYGEN (Liters): Click here to enter text.  ROUTE: Choose an item. | | | | | OTHER: Click here to enter text. | | | CAP REFILL: Click here to enter text. | | | | |
| Choose an item. Click here to enter text. | | | | | | | | | | | | | | |
| Choose an item. | | | | | | | | | Click here to enter text. | | | | | |
| Choose an item. Click here to enter text. Choose an item. | | | | | | | | | | | | | | |
| Choose an item. | | | | | | | | | | | | | | |
| Choose an item.  Select all that are appropriate:  INFANT WARMER  INFANT WARM PACK  BEAR HUGGER  WARM FLUID  OTHER: Click here to enter text. | | | | | | | | | | | | | | |
| Choose an item. | | | | | | | | | | | | | | |
| FAMILY PRESENT DURING ATTEMPTED RESUSCITATION Choose an item. Click here to enter text. | | | | | | | | | | | | | | |
| CHAPLAIN AND/OR OTHER SUPPORT SERVICES: Choose an item. | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | Click here to enter text. | | | | |
| COMMENTS/OPPORTUNITIES FOR IMPROVEMENT: Click here to enter text. | | | | | | | | | | | | | | |