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| --- | --- | --- | --- | --- |
| 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. |