Level 4 Inpatient Trauma PI Review Form

Demographics	Source of Information	Location
Last Name: Medical record #: Date of report:	☐ Floor RN ☐ Inpatient RN Supervisor ☐ Other _____	☐ MS ☐ ICU ☐ Other _____

Admission Date: _____ Discharge Date: _____
Admission diagnoses: _____
Trauma Injury: _____
Admission Plan:
☐ Surgery Consult - ☐ Remote/☐ Onsite – Time of consult: _____
☐ Surgery Surgeon Name: _____
☐ Admit for trauma care
☐ Pain control only ☐ PT/OT ☐ Placement ☐ Palliative Care
☐ Care for Medical Condition: _____
☐ Other:_____

Disposition:
- ☐ Discharge to home
- ☐ Discharge to SNF
- ☐ Discharge to rehab
- ☐ Transfer (Reason:_____)
- ☐ Died

Patient Co-Morbidities: _____

Was the patient admission appropriate in accordance with our admission policy?
☐ Yes ☐ No - Identify conflict: _____

Did the patient experience decompensation during their stay? ☐ Yes ☐ No Time of Decompensation: _____

Which decompensation indicator was identified?
☐ Hypotension or decreasing blood pressure ☐ Fluctuating or increasing heart rate ☐ diaphoresis or pallor
☐ Increasing agitation or anxiety ☐ fluctuating or worsening level of consciousness or mental status
☐ Increased work of breathing, shortness of breath or tachypnea, respiratory compromise/Intubation
☐ Compartment syndrome ☐ Neurologic decline ☐ Other: _____

If hospital admits under 10.2, Was the surgeon called? ☐ Yes/☐ No

Did the surgeon respond to the hospital? ☐ Yes/☐ No/☐ N/A Time arrived to evaluate patient? _____

Was the patient transferred? ☐ Yes/☐ No; If yes, Time EMS called: _____ time transfer occurred: _____

Name of transfer facility: _____

Did patient arrive at definitive care within 120 minutes of decompensation, if transferred: ☐ Yes/☐ No/☐ Unknown

Primary Review	Secondary Review
Are there any patient care opportunities regarding the inpatient care?	Are there any patient care opportunities regarding the inpatient care?
What follow up is needed or was completed? (Include dates and details)	What follow up is needed or was completed? (Include dates and details)

Signature:	Date:	Signature:	Date: