

Inpatient Trauma PI Review Form

Demographics	Source of Information	Location
Last Name: <i>Adams</i> Medical record #: <i>2021-52489</i> Date of report: <i>2/1/21</i>	<input type="checkbox"/> Floor RN <input type="checkbox"/> Inpatient RN Supervisor <input checked="" type="checkbox"/> Other <u>chart review</u>	<input checked="" type="checkbox"/> MS <input type="checkbox"/> ICU <input type="checkbox"/> Other _____
Admission Date: <u>1/25/2021</u> Discharge Date: <u>1/26/2021</u> Admission diagnoses: <u>Multiple Rib Fractures</u> Trauma Injury: <u>Multiple Rib Fractures</u> Admission Plan: <input type="checkbox"/> Surgery Consult - <input type="checkbox"/> Remote/ <input type="checkbox"/> Onsite – Time of consult: _____ <input type="checkbox"/> Surgery Surgeon Name: _____ <input type="checkbox"/> Admit for trauma care <input checked="" type="checkbox"/> Pain control only <input type="checkbox"/> PT/OT <input type="checkbox"/> Placement <input type="checkbox"/> Palliative Care <input type="checkbox"/> Care for Medical Condition: _____ <input type="checkbox"/> Other: _____ Patient Co-Morbidities: <u>Diabetes, HTN, CVA</u>		Disposition: <input type="checkbox"/> Discharge to home <input type="checkbox"/> Discharge to SNF <input type="checkbox"/> Discharge to rehab <input checked="" type="checkbox"/> Transfer (Reason: <u>pneumothorax</u>) <input type="checkbox"/> Died
Was the patient admission appropriate in accordance with our admission policy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Identify conflict: <u>>3 rib fractures are not supposed to be admitted locally without a surgeon for consultation.</u>		
Did the patient experience decompensation during their stay? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Time of Decompensation: <u>0030</u>		
Which decompensation indicator was identified? <input checked="" type="checkbox"/> Hypotension or decreasing blood pressure <input checked="" type="checkbox"/> Fluctuating or increasing heart rate <input type="checkbox"/> diaphoresis or pallor <input type="checkbox"/> Increasing agitation or anxiety <input type="checkbox"/> fluctuating or worsening level of consciousness or mental status <input checked="" type="checkbox"/> Increased work of breathing, shortness of breath or tachypnea, respiratory compromise/Intubation <input type="checkbox"/> Compartment syndrome <input type="checkbox"/> Neurologic decline <input type="checkbox"/> Other: _____		
If hospital admits under 10.2, Was the surgeon called? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Did the surgeon respond to the hospital? <input type="checkbox"/> Yes/ <input type="checkbox"/> No/ <input checked="" type="checkbox"/> N/A Time arrived to evaluate patient? _____		
Was the patient transferred? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No; If yes, Time EMS called: <u>0100</u> time transfer occurred: <u>0130</u>		
Name of transfer facility: <u>Dr. Nick's Hospital</u>		
Did patient arrive at definitive care within 120 minutes of decompensation, if transferred: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No/ <input type="checkbox"/> Unknown		
Are there any patient care opportunities regarding the inpatient care? <p style="text-align: center;"><i>Pneumothorax should have been decompressed prior to transfer.</i></p>		
What follow up is needed or was completed? (Include dates and details) <ul style="list-style-type: none">Follow up needed with RN, Hospitalist and ED provider to evaluate why this patient was admitted locally.		
Signature: <i>Mary Johnson, RN</i>		Date: <i>2/10/21</i>