Oregon Health Authority

Addendum to Trauma Flow Sheet

PT Identification Sticker

Trauma band #:

Time	BP	P	RR	T	GCS	O_2	CO_2	Pain 1–10	Medications *(dose, site, route)*	Nursing notes	Initials

Intake and output

Start	Stop	Site	Liter number	Product infused	Total infused of this product	Output	Totals	Initials
						Urine		
						NG/Emesis		
						Chest tube R		
						Chest tube L		
						Est. blood loss		
Totals				**Total infused**		**Total output**		

Time	Nursing notes	Initials

Signatures

MD		Date:
RN		Date:
RN		Date: