

Vital Signs Data in Trauma Patients (VSDR)

MSP Run Sheet

UMMS IRB H-26300

Field Information

Section #: _____ MSP Pin #: _____ CC #: _____
(From SYSCOM)

Shock Trauma Information

STC DOE #: _____ Date / time STC admission: _____ TRU bay #: _____

Patient Information

PDA patient #: _____ *(Please copy from PDA when displayed)*

Check a single box in each column representing the patient's values during your care:

GCS (Lowest)

- 13 – 15
- 9 – 12
- 6 – 8
- 4 – 5
- 3

Systolic BP (Lowest)

- > 89
- 76 – 89
- 50 – 75
- 1 – 49
- 0

Respiratory Rate (Lowest)

- 10 – 29
- > 29
- 6 – 9
- 1 – 5
- 0

Do you believe this patient has *intra-abdominal* injury requiring surgery?

Highly Unlikely	Unlikely	Likely or Unlikely	Probable	Highly Probable
1	2	3	4	5

Event Markers Used:

- Total Pre-Hospital Fluids : Crystalloid _____ ml Colloids _____ ml
- Rapid Fluid bolus _____ ml
- Drugs given, Specify: _____
- BVM assisted ventilation
- Intubation
- CPR
- Other, Specify: _____

Comments:

Leave completed form at the 2nd Floor Shock Trauma Center or
Fax completed forms to 410-328-7175

Questions – contact:
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