

TRACY HOSPITAL
SUBJECT: INJURY ASSESSMENT FLOW SHEET

PURPOSE: To provide ongoing assessment and documentation involving patients who have had an incident/accident with possible trauma to the head while hospitalized at the Tracy Hospital.

- POLICY:**
1. This assessment will be done on an individualized basis according to the patients condition following the incident.
 2. This assessment will identify any changes in patients condition and facilitate communication between caregivers.
 3. Initial assessment followed by assessment every 15 min X 2, every 30 min X 3, hourly X 2 and continued every 4 hours for total of 24 hours or as condition warrants.
 4. The assessment will include VS and Neuro's and the flow sheet will be kept with the nurses notes in the patients chart.
 5. Doctor will be notified at time of incident or anytime thereafter following a change in assessment.

Date:	Assessment	15min	30min	60min	90min	2hrs	3hrs	4hrs
Blood pressure								
Temperature								
Pulse								
Respirations								
Pupil response to light								
Level of consciousness								
Hand grasp								
Movement of Extremities								
Nurse Signature								
Description of Physical Injury								
Emergency Treatment given								
Actions Taken								
Further Assessment Needed	Yes (explain)							
	No							
Nurses Signature								