

**Focus Audit Tool**

Name: \_\_\_\_\_ Trauma #: \_\_\_\_\_ ISS #: \_\_\_\_\_

Medical Record #: \_\_\_\_\_ ED Date of Service: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_

<input type="checkbox"/> Transferred:	<input type="checkbox"/> EXPIRED Time of Death: _____	COVID Tested: Yes / No Result: Positive / Negative	Trauma STAT Activated: Yes / No Trauma Flowsheet: Yes / No
<input type="checkbox"/> Admit:	<input type="checkbox"/> Pediatric Patient		
<input type="checkbox"/> D/C:			
Patient Synopsis:          			

TRANSFER NOTES: REQUESTED: \_\_\_\_\_ ATTACHED: \_\_\_\_\_ STATUS: \_\_\_\_\_

---