

TRAUMA SIGN-OUT SHEET

Name	Trauma	Resident	Problem/Injuries	To Do
	<input type="checkbox"/> Red <input type="checkbox"/> Yellow	Old / New		Xrays: CTs (<input type="checkbox"/> Consented <input type="checkbox"/> Drinking): Consults: Other: <input type="checkbox"/> Tetanus <input type="checkbox"/> Abx <input type="checkbox"/> Icon <input type="checkbox"/> Repeat Labs?
	<input type="checkbox"/> Red <input type="checkbox"/> Yellow	Old / New		Xrays: CTs (<input type="checkbox"/> Consented <input type="checkbox"/> Drinking): Consults: Other: <input type="checkbox"/> Tetanus <input type="checkbox"/> Abx <input type="checkbox"/> Icon <input type="checkbox"/> Repeat Labs?
	<input type="checkbox"/> Red <input type="checkbox"/> Yellow	Old / New		Xrays: CTs (<input type="checkbox"/> Consented <input type="checkbox"/> Drinking): Consults: Other: <input type="checkbox"/> Tetanus <input type="checkbox"/> Abx <input type="checkbox"/> Icon <input type="checkbox"/> Repeat Labs?
	<input type="checkbox"/> Red <input type="checkbox"/> Yellow	Old / New		Xrays: CTs (<input type="checkbox"/> Consented <input type="checkbox"/> Drinking): Consults: Other: <input type="checkbox"/> Tetanus <input type="checkbox"/> Abx <input type="checkbox"/> Icon <input type="checkbox"/> Repeat Labs?
	<input type="checkbox"/> Red <input type="checkbox"/> Yellow	Old / New		Xrays: CTs (<input type="checkbox"/> Consented <input type="checkbox"/> Drinking): Consults: Other: <input type="checkbox"/> Tetanus <input type="checkbox"/> Abx <input type="checkbox"/> Icon <input type="checkbox"/> Repeat Labs?
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Make Sure Residents Place A and B on their boards