

Supplementary Table 1. Resuscitation Observation Tool Checklist.

Behavior	Primary Options	Secondary Options
Airway Patency	a. Yes – Airway patent b. Yes – Airway not patent c. Inspection not performed	IF Airway Patency: Yes – Airway not patent, then: Definitive Airway: a. Chin-lift/Jaw thrust maneuver b. Endotracheal tube c. Tracheostomy d. Oropharyngeal airway e. Not performed
Clearing airway of foreign bodies or suctioning	a. Performed b. Not Performed	
Ventilation with bag-mask device?	a. Performed b. Not performed	
Supplemental high-concentration oxygen administered?	a. Performed b. Not performed	
Pulse Oximeter attached?	a. Performed b. Not performed	
Check for JVD?	a. Performed b. Not performed	
Check for tracheal deviation?	c. Performed d. Not performed	
Check for breath sounds?	e. Performed f. Not performed	
Chest X-ray	g. Performed h. Not performed	
Hemo/pneumothorax Identified?	i. Yes j. No	IF Hemo/pneumothorax Identified: Yes, then: Chest tube placement: a. Performed b. Not performed
Assessment of Pulse	k. Performed l. Not performed	
Two Large-caliber IV Catheters	m. Performed n. Not performed o. One large-caliber IV	
Pelvic binder for hip fracture	a. Performed b. Not performed	
Blood draw for type and screen	c. Performed d. Not performed	
Tourniquets for uncontrolled external hemorrhage	e. Performed f. Not performed	
Pregnancy test for female of childbearing age	g. Performed h. Not performed	
Glasgow Coma Scale evaluation out loud	i. Performed j. Not performed	
Pupillary size and reaction	k. Performed l. Not performed	
Protection of spinal cord with immobilization devices	m. Performed n. Not performed	
Patient deemed unconscious?	o. Yes p. No	IF Patient deemed unconscious: Yes, then: Recovery position for unconscious patient: a. Performed b. Not performed
Remove clothing	q. Performed r. Not performed	
Covering with blankets or other warming devices	s. Performed t. Not performed	
Secondary Survey:	u. Performed v. Not performed	
Complete History and Physical		

Secondary Survey:	w. Performed x. Not performed	
Complete Neurological Exam Reperformed		
AMPLE History	y. Allergies z. Medications aa. Past Illnesses bb. Pregnancy cc. Last Meal dd. Events/environment related to injury	
Patient assessed for pelvic fracture?	ee. Exam ff. X-ray gg. CT hh. Not performed	
Patient assessed for pelvic fracture?	ii. Exam jj. Ultrasound kk. CT ll. Not performed	
Neurovascular status of all 4 limbs assessed?	a. Performed b. Not performed	
Patient Characteristics		
Type of trauma	a. Road traffic injury b. Interpersonal violence c. Burn d. Fall e. Other (describe in notes)	
Where was the person injured?	f. Head g. Neck h. Chest i. Abdomen j. Back k. Arms l. Legs	
Gender	m. Male n. Female	
Approximate Age	o. 0 – 14 p. 15 – 24 q. 24 – 44 r. 45 – 65 s. 65+	
Sent for surgery?	t. Yes u. No	
Other		
Standard precautions	v. Eye protection w. Face masks x. Water impervious gowns y. Gloves	
Waste management	z. Use of sharps box aa. Use of bins for infectious and non-infectious waste bb. Waste left on floor, trauma tables, or other areas outside the disposal bins	
Foley catheter placement?	cc. Performed dd. Not performed	

Legend: Secondary options are available if specific primary options are checked for a given resuscitation.