

Supplementary File 1 - Observer Checklist:

Demography and Epidemiology	Date and Time
	Age
	Gender
	Mechanism of Trauma
	Main provider specialty
Airway	Protection of cervical spine (either manual stabilization or application of cervical collar) - (yes or no)
	Deliver oxygen (yes or no)
	Oximetry (yes or no). Value:
	<u>Previously intubated</u> (yes or no)
Breathing	Measurement of respiratory rate (yes or no)
	Respiratory rate:
	Thoracic X-Ray (yes or no)
	Chest tube inserted (yes or no)
Circulation	Measurement of heart rate (yes or no)
	Heart Rate:
	Measurement of blood pressure (yes or no)
	Blood pressure:
	Capillary refill assessment - (yes or no)
	Time of capillary refill:
	FAST exam - (yes or no)
	Pelvic X-Ray - (yes or no)
IV fluids started - (yes or no)	

	Blood started - (yes or no)
Disability	Evaluation of Glasgow Coma Scale (GCS) (yes or no)
	GCS:
Exposure	Examination of patient's back (yes or no)
	Protection against Hypothermia (yes or no)
Other	Measurement of weight or use of Broselow tape
Diagnosis and Treatment	Final Diagnosis
	Other imaging studies (specify kind of study and date of study)
	Length of staying
	PICU (yes or no)
	Surgery (yes or no). Kind of surgery and date
	Mortality (yes or no).