

Trauma data form

Facility number: _____
 Injury address e.g. suburb/city: _____
 Injury date: _____ dd/mm/yy Injury time: _____ 24 hour

Patient Label	
Name: _____	
NHI: _____	DOB: _____ dd/mm/yy Gender: M / F
Address: _____	

Injury event description: What / When / How / Why / Who

Type Injury Blunt / Pen. / Burn **Mode of transport from scene:** Self / Ambo / Heli / Police / Fire / Corrections / Unk
Restraint Y / N / Unk / NA **Type** Lap / Sash / Child seat / Boost / Unk / NA **Airbag deployed** Y / N / Unk / NA
Trapped Y / N / Unk Minutes _____ **Position in vehicle:** Drv / FrPass / BkPass - L / R / M / Unk / NA
Helmet Y / N / Unk / NA **PPE** _____ **LOC?** Y / N / Unk Minutes _____
Cause of injury RTC / Fall<1m / Fall 1-5m / Fall>5m / Ped / MBC / Pushbike / Machinery / Assault / Struck / Burns / Other: _____
Activity when injured Sport / Work / Domestic / Leisure / Crime / Unk / Other: _____ **Injury intent** Unint / Self infl / By other / Unknown
Place of injury Home / Road / Street / Sidewalk / Farm / Publ.Blg / Sport / Industrial / School / Residential Instit. / Other: _____
Ethnicity NZE / Ma / Sa / CIM / To / Nu / CHN / In / Other _____ **International tourist** Y / N / Unk
Occupation _____ or Unemp / Retired / (≥5) Student / (<5) Child / Beneficiary / Prisoner / Domestic / Unk
Admitting speciality Ortho / GS / Neuro / CTS / Plast / Plast-Burns / Max Fax / Paed-Med / Paed-Surg / Trauma / Vasc / Opthal / Uro / Other _____
Times and obs Date Time _____ **Major only**

	Date	Time	Vehicle type	Job#	Obs time	RR	HR	BP	Temp	E-V-M	GCS	Status Triage
Despatch												
Arrive scene			R / H					/				
Depart scene			R / H					/				

Major/ minor	1st vehicle	Hospital	Date	Time	Obs time	RR	HR	BP	Temp	E-V-M	GCS	Triage
1st arrival								/				
1st depart												
Vital sign qualifiers				Trauma Call Y / N / Missed Date: _____ Time: _____ Post ED Destination: Morgue Other Hospital Bypassed ED Dx Theatre date A ICU date A HDU date A Ward date A Intubated Sedated Paralytic agent Respiratory assisted								
2nd vehicle												
2nd arrival								/				
2nd depart												
Vital sign qualifiers				Trauma Call Y / N / Missed Date: _____ Time: _____ Post ED Destination: Morgue Other Hospital Bypassed ED Dx Theatre date A ICU date A HDU date A Ward date A Intubated Sedated Paralytic agent Respiratory assisted								
3rd vehicle												
3rd arrival								/				
3rd depart												
Vital sign qualifiers				Trauma Call Y / N / Missed Date: _____ Time: _____ Post ED Destination: Morgue Other Hospital Bypassed ED Dx Theatre date A ICU date A HDU date A Ward date A Intubated Sedated Paralytic agent Respiratory assisted								

Complications

Pulmonary	
Cardiovasc	
Haem/Coag	
Renal	
Hepatic	
Sepsis	
Other	

Adverse effects

	Yes	No
Decub ulcers		
Iatrogenic Ptx		
MI		
ARF		
HAP		

	Date	Time	Hospital
Chest X-ray - Y / N / N/A			
Index CT - Y / N / N/A			
Fast scan - Y / N			+ Pos / - Neg / Unk
Intubation - Y / N			
Prehosp / ED / OT / ICU / Other			
Ventilation start			
Ventilation stop			
ICU hours start			
ICU hours stop			
ICU hours start			
ICU hours stop			
Massive transfusion protocol - Y / N			

Blood tests

Hospital	ETOH	mmol/L
Hospital	INR	mmol/L
Hospital	Base excess A / V	mmol/L
Paed weight ≤ 15		

Issues

Notes Family details / Speciality / Consultant / Contact number

Retrieval

ICU	Hospital	Date	Time
Call received			
Depart from unit			
Arrival at patient			
Depart referring unit			
Arrival at receiving unit			

Trauma data form

Injuries

Patient Label

Name: _____

 NHI: _____ DOB: _____ Gender: M / F
dd/mm/yy

Address: _____

Head / neck			
Face			
Chest			
Abdomen and pelvic contents			
Upper / Lower extremity and bony pelvis			
External			

D/C for interval surgery: Y / N

Tertiary survey: Y / N

Brain assessment: Y / N

Operations / procedures

Hosp Location Speciality Date Time

Hosp	Location	Speciality	Date	Time

Final hospital discharge:

Definitive care hospital: _____

Timing Date ready for discharge ____ / ____ / ____ Discharge date ____ / ____ / ____ Time: _____ (Majors only)

Discharge speciality _____ Reason for delay _____ Hospital discharged from _____

Destination Home / Rehab / Resid aged care / Spec accom / Hosp for conv / Self dx / Death / Acute Care fac / Int fac / Other: _____

Death Date ____ / ____ / ____ Time _____ 24 hr Place _____

Death type CNS / multi organ failure / medical / haem pelvis / haem abdo / haem thorax / haem unspecified / other _____

- Audit**
- | | | |
|---|---|--|
| <input type="checkbox"/> DVT prophylaxis given within 1st 24 hrs? | <input type="checkbox"/> Unplanned ICU readmission? | <input type="checkbox"/> Flag for MRTS review? |
| <input type="checkbox"/> Missed injuries >48hrs after 1st Hospital? | <input type="checkbox"/> Antibiotics given within 1 hr of arrival | <input type="checkbox"/> Flag for Trauma Committee review? |
| <input type="checkbox"/> Inappropriate Admission Destination? | <input type="checkbox"/> Transport delays? | |