MAJOR TRAUMA

EMERGENCY DEPARTMENT TRAUMA DOCUMENTATION

Date: ___/___/___	**Trauma Call Time** ____:____	**Patient Name:** **D.O.B:** **PAS Number:** **NWAS JOB NUMBER** (ON GREEN SHEET):

A&E CONSULTANT		**TEAM LEADER & GRADE**	
AIRWAY NURSE		**BREATHING NURSE**	
CIRCULATION NURSE		**SCRIBE NURSE**	
SPECIALITY	**NAME/GRADE**	**ARRIVAL TIME**	**CONSULTANT**
ORTHOPAEDICS			
ANAESTHETICS			
SURGERY			
A&E			
CRITICAL CARE			

PRE HOSPITAL

A	**Age**:
T	**Time**:
M	**Mechanism:**
I	**Injuries** identified pre-hospital:
S	**Signs**: HR:____ BP:___/___ RR:___ SpO2:___% GCS: E____V___M___=___/15 BM___
T	**Treatments**:
	Pelvic Binder ❑ Tourniquet ❑ Time applied ___:___

Completed by: **Date/time:**

EMERGENCY DEPARTMENT TRAUMA DOCUMENTATION
ARRIVAL AT HOSPITAL

Patient name: _____ PAS Number: _____

	INITIAL OBSERVATIONS: HR:____ BP:____/____ MAP:____ RR:____ SpO2:____% GCS: E___V___M___=___/15 PUPILS: L___ R___ LACTATE:_____
AIRWAY	ETT ❑ LMA ❑ IGEL ❑ GUEDEL ❑ NPA ❑ NONE ❑
BREATHING	Thoracotomy ❑ Thoracostomies L ❑ R ❑ Needle Thoracocentesis ❑
CIRCULATION	IV ACCESS ❑ IVF ❑ TXA ❑ (@____:____hrs) IO ACCESS ❑ Humeral: L ❑ R ❑ Anterior Tibial: L ❑ R ❑
DISABILITY	GCS: E___V___M___= ___/ 15
EXPOSURE	SCOOP ❑ SPINAL BOARD ❑

RELEVANT HISTORY	Information from: Patient ❑ Relative ❑ NWAS ❑ **A**llergies: **M**edication: **P**MH: NIL: ❑ UNKNOWN: ❑ **L**AST MEAL:____/____HRS Warfarin/Clopidogrel/NOAC: Yes/No (CONSIDER EARLY REVERSAL) Known Pregnancy: Yes/No NOK: _____

Completed by: **Date/time:**

EMERGENCY DEPARTMENT TRAUMA DOCUMENTATION
PRIMARY SURVEY

Patient name: _____ PAS Number: _____

BY DOCTOR _____ @ ___:___ HRS

<table>
<tr><td>CATASTROPHIC HAEMORRHAGE</td><td colspan="3">Major Haemorrhage Protocol Activated: No/Yes @____/____Hrs (78372)

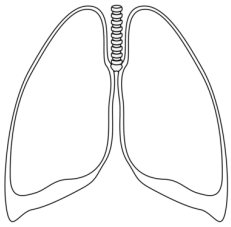
Pelvic Binder: No/Yes @____:____Hrs

Tourniquet: No/Yes
Site 1:_____@___:___Hrs
Site 2:_____@___:___Hrs

TXA 1G: Yes/No @___:___</td></tr>
<tr><td>AIRWAY</td><td>Patent ❑ Adjunct ❑

LMA ❑ ETT ❑

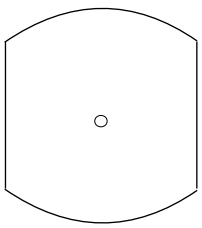
ETT in ED @____:____Hrs
Length @ Teeth:</td><td>C-SPINE</td><td>Immobilised At Scene ❑
Immobilised In Ed ❑
Not Required ❑</td></tr>
<tr><td>BREATHING</td><td colspan="3">Spontaneous ❑ Ventilated ❑

Bilateral AE ❑ Sp02: ___
Pneumothorax L ❑ R ❑
Chest Drain 1 (R / L) @____:____Hrs Chest Drain 2 (R / L) @____:____Hrs</td></tr>
<tr><td>CIRCULATION</td><td colspan="3">IV ACCESS ❑ SITE 1: SITE 2:
IO ACCESS ❑ SITE:

BP: PULSE: CRT: SECS HEART SOUNDS:

E-FAST SCAN @ ____:____HRS
Free Fluid ❑ Pneumothorax ❑ Pleural Fluids ❑ Pericardial Fluid ❑

BS ❑

ECG:

PELVIS ❑ LONG BONES L ❑ R ❑ FINDINGS:</td></tr>
</table>

Completed by: **Date/time:**

EMERGENCY DEPARTMENT TRAUMA DOCUMENTATION
PRIMARY SURVEY

Patient name: _____ PAS Number: _____

BY DOCTOR _____ @ ___:___ HRS

DISABILITY	GCS: E___V___M___= ___/ 15 BM: _____ mmol/L Spinal Injury: Other Finding: Pupils: L = _____ mm - Reacting Yes/No R = _____ mm - Reacting Yes/No
EXPOSURE	Temperature: Tympanic ❑ Rectal ❑ Catheter ❑ Bair Hugger Applied @___:___Hrs Pregnancy Status (11-65): Tetanus Status: Other:
IMAGING	Does Patient Need Immediate Transfer To Trauma Centre Prior To Scan: Y / N Time Referred To Trauma Centre: ___:___ Decision To Scan@____:____Hrs By Dr:_____ CT Scan Staff Aware ❑ (75933) CT: Time ___:___ Head ❑ Neck ❑ Chest ❑ Ap ❑ CXR: Time ___:___ Pelvis X-Ray: Time ___:___ **NOT ALL HEAD TRAUMA NEEDS DISCUSSION WITH NEUROSURGEONS PRIOR TO TRANSFER (SEE PROTOCOL)**

DOES THE PATIENT MEET WHOLE BODY CT SCAN REQUIREMENTS?

DISCUSS WITH MTC

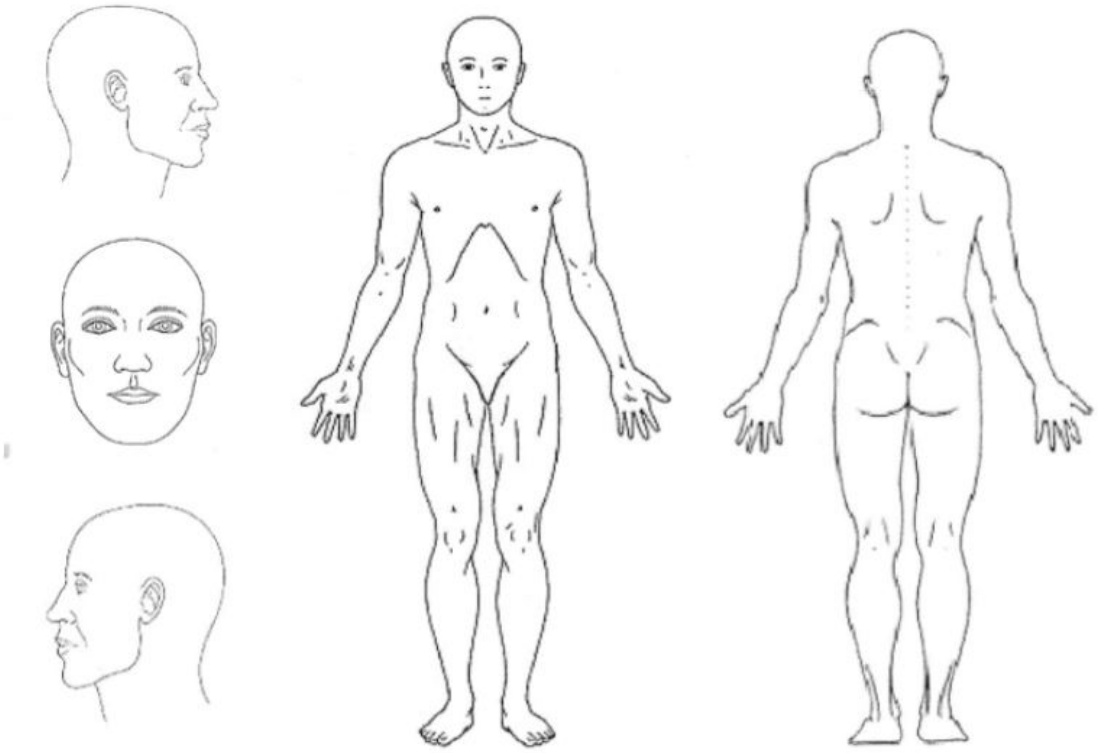
Completed by: **Date/time:**

EMERGENCY DEPARTMENT TRAUMA DOCUMENTATION

SECONDARY SURVEY COMPLETED IN ED Y / N

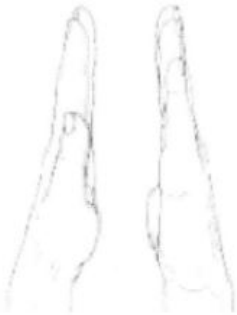
Patient name: _____ PAS Number: _____

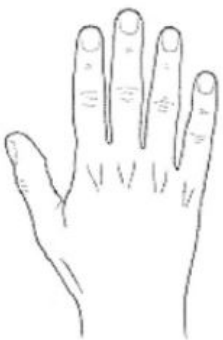
BY DOCTOR _____ @ ___:___ HRS



Left Hand Front

Left Hand Back





Right Hand Back

Right Hand Front

Laceration	++++
Fracture	#
Contusion	
Pain	
Altered Sensation	

Completed by: **Date/time:**

EMERGENCY DEPARTMENT TRAUMA DOCUMENTATION

INJURY SUMMARY

Patient name: _____ PAS Number: _____

	INJURIES	OUTSTANDING CONCERNS
HEAD/FACE		
NECK		
BACK		
CHEST		
ABDO		
PELVIS		
LIMBS/OTHER		

Completed by: **Date/time:**