

**MAJOR INJURY DATA COLLECTION FORM**

<b>DEMOGRAPHICS</b>		Unique ID	
Hospital	MRN	Surname	Given
M / F	DOB	Address	Postcode

<b>INJURY</b>				
Date	Postcode	Mechanism	Place	Type: Blunt / penetrating
Restraint Nil, Lapsash, Lap, Child rest, NotDoc, Unknown, N/Ap		Safety Equipment Nil, Helmet, Airbag, Other, NotDoc, N/Ap		
Intent Accident, Selfharm, Assault, By Partner, Child neglect, Undetermined, Legal intervention		Substance: (drugs or alcohol) Yes unspecified, None, Undetermined, Drugs only (specify), Alcohol only		

<b>PRE-HOSPITAL</b> Yes/No		Entrapment? Yes/No (if Yes how long?) ___					
Request:	Despatch:	At Scene:	Depart:	At Hospital			
Ambulance Level	Transport Decision	Pulse	Resp	BP	Eye	Verbal	Motor
CPR	AIR	Time	MAST	Fluid type	Volume	Drugs	ICC

<b>REFERRING HOSPITAL</b> Yes/No						
Name of Hospital	Arrival Date	Time	Departure Date	Time		
Temp	Pulse	Resp	BP	Eye	Verbal	Motor
CPR	AIR	Time	MAST	Fluid type	Volume	ICC

<b>MEDICAL RETRIEVAL TEAM</b>	Yes/ No/Out	Request:	Despatch:	At Scene:	Depart:	At Hospital
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<b>E.D. ADMISSION</b>							
Transport	Date	Time	Trauma Call	Criteria			
Temp	Pulse	Resp	BP	Eye	Verbal	Motor	
CPR	AIR	Time	Fluid type	Volume	ICC		
Head CT	Time In	Time Out	DPL	Abdo CT	Contrast	Aortogram	Ultrasound
Disposal Name of Hospital (if transferred)			Definitive Head CT Abdo CT Aortogram			Dates	

### PERFORMANCE INDICATORS

<b>PRE-HOSPITAL</b>		Bypass correct	GCS < 9 ETT
Kept in SWSAHS		Scene < 20mins	IV cannula <500mls
<b>RESUSCITATIVE</b>		Retrieval Team <30mins	<3 hrs Referring hospital
		Exceed 2000 without blood	Explore penetrating trauma
Pt in CT > 1hour		GCS <13 no CT	GCS <9 ETT
<b>DEFINITIVE CARE</b>		Represent < 72hrs	Thrombo-embolic prophylaxis
Missed fractures		Hypothermia	Fracture fixation <24hrs
Compound fracture < 6hours		Non Therapeutic laparotomy	Injury to Craniotomy Time
Arrival MTS to Craniotomy		Transferred from MTS	Joint dislocation > 1hr
<b>REVIEW</b>		Laparotomy <45mins for BP <90	Injury to Laparotomy time
Ischaemic limbs < 4hours		Unplanned OT	Unplanned ICU
Document temp in OT		Hb > 85	All injuries diagnosed

### COMPLICATIONS    None Occurred

Complication Code (enter code from list)	
Pre hospital airway	Infection
Pre hospital	Renal/Genito-urinary
Pre hospital miscellaneous	Musculo-skeletal
Hospital Airway	Neurological
Hospital Pulmonary	Vascular
Cardiovascular	Psychiatric
Gastrointestinal	Other
Hepatic, Splenic, Biliary	Provider Error
Haematologic	

### Injury Outcome

Days in ICU \_\_\_ Discharge Date \_\_\_\_\_ Outcome \_\_\_ Status on discharge \_\_\_\_\_

Discharge date from other hospital (if transferred) \_\_\_\_\_ Status at D/C other hospital \_\_\_\_\_

Death Details		Classification	Death Audit
Place of Death	Time	CNS Non CNS (exclude NOFs) #NOF	Completed To be completed Not required

**OPERATIONS PERFORMED**

**Yes/No**

1. Cavity _____	Code _____	Date _____	Time _____
2. Cavity _____	Code _____	Date _____	Time _____
3. Cavity _____	Code _____	Date _____	Time _____
4. Cavity _____	Code _____	Date _____	Time _____
5. Cavity _____	Code _____	Date _____	Time _____
6. Cavity _____	Code _____	Date _____	Time _____
7. Cavity _____	Code _____	Date _____	Time _____
8. Cavity _____	Code _____	Date _____	Time _____

<b>DIAGNOSIS</b>	<b>Injury</b>	<b>AIS Code</b>	<b>Highest AIS</b>
<b>Head/Neck</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>Face</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>Chest</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>Abdomen</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>Extremities</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>External</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

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<b>ISS</b>	<b>TRTS</b>	<b>RTS</b>	<b>TRISS</b>
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## DATA COLLECTION FORM MINOR INJURY

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MRN	Surname	First name	DOB M / F
Specialty	Mechanism	Intent (circle) Accident, Selfharm, Assault, By Partner, Child abuse/neglect, Undetermined, Legal ntervention	
Place	Disposal	TTActivation: (circle) Yes No N/Ap Criteria	
Text		Diagnosis	
Admission Date	Discharge Date	<i>Transfer Hospital</i>	

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