

### NATIONAL TRAUMA REGISTRY

Hospital  HLD  HRL  HRB  HCP  HRE      Patient Name \_\_\_\_\_ Patient Record Number \_\_\_\_\_

Date of Arrival  /  /       Time (24h)  :       Was emergency assistance offered?  No  Yes\*  Unk.

D  D /  M  M /  Y  Y       H  H :  M  M      \*If YES, was this used ?  No  Yes  2 Refused by family  99 Unk.

Transfer  No  Yes  99 Unknown      Facility \_\_\_\_\_

Reason for Transfer  Increased level of care  Patient preference  Other (specify): \_\_\_\_\_  
 Inability to pay  Unknown

DEMOGRAPHICS											
Age (years) _____			Sex <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female			Distance Travelled (km) _____			Injury Date: <input type="text"/> / <input type="text"/> / <input type="text"/>		
Address _____			Education			Type of cooking fuel used in household (select all)			Other (specify): _____		
Phone Number _____			0 No formal education			3 Tertiary/College			Wood		
Is the Household <input type="checkbox"/> 0 Rural <input type="checkbox"/> 1 Urban <input type="checkbox"/> 99 Unk			1 Primary School			98 Other:			Charcoal		
Does your household own, rent, or live for free in their residence? <input type="checkbox"/> 0 No cost			2 Secondary/High School			99 Unknown			LPG (Liquid Petroleum Gas)		
Does the Household... <input type="checkbox"/> 0 No cost			Occupation			Housewife/husband			Retired		
Own a cellphone <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 99 Unk			Self-Employed			Unemployed (able to work)			Unknown		
Own agricultural land? <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 99 Unk			Salaried Worker			Unemployed (unable to work)			Other:		
2 Own <input type="checkbox"/> 99 Unk			Student								
ARRIVAL						PREHOSPITAL CARE					
Signs of Life <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes						Transport to hospital					
CPR <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes						Walked In		Private Car		Motorcycle	
Respirations Assisted <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes*						Ambulance		Taxi		Police	
Vital Signs Taken? <input type="checkbox"/> 0 No** <input type="checkbox"/> 1 Yes						Scene Care <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes		99 Unknown		Other Public Transportation	
BP / HR RR T Celsius *Assisted RR						C-spine Immobilization		CPR		IV Fluids	
1 / / / /						Fracture Immobilization		Recovery Position		Unknown	
Time (hh:mm) : : : :						Back Board		Tourniquet Placed		Control bleeding (pressure)	
2 / / / /						Person involved in injury		Relative/Friend		Other	
Time (hh:mm) : : : :						Bystander		Police		Topical Burn Treatment	
3 / / / /						Care Provider (select all)		Medic		Specify:	
Time (hh:mm) : : : :						Care Sought Elsewhere Prior to Arrival?		0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 99 Unknown		Specify:	
On the day of the injury, did the injured person... (Select all that apply)						Home		Health Center		Central Hospital	
<input type="checkbox"/> Stop Breathing? <input type="checkbox"/> Lose Consciousness? <input type="checkbox"/> Act Confused? <input type="checkbox"/> Forget the Injury? <input type="checkbox"/> Need to be carried to leave the injury? <input type="checkbox"/> None* <input type="checkbox"/> Unknown**						Traditional Healer		CMA		Private Health Center	
						Faith Healing		District Hospital		Private Hospital	
						Other				Specify:	

Was patient consent obtained? If yes, sign below.      From whom did you obtain consent?  1 Patient  2 Guardian  3 Minor  4 Parent

Completed by: \_\_\_\_\_      Signature: \_\_\_\_\_

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PRIMARY SURVEY			Intervention (check all that apply)			Injury Context			
<b>A</b>	Airway Patent?		Repositioning Suctioning Non-invasive Airway Endotracheal Intubation Time (24hr): <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> H H M M Cricothyroidotomy Time (24hr): <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> H H M M			<b>Injury Place</b>	1 Private House/Home		9 Sea/Lake/River/Well/Other body of water
							2 Residential Institution		10 Sports/Athletic Area
							3 Medical Service Area		11 School/Institution/Educational Area
							4 Street/Highway/Road		12 Public/Administrative Area
<b>B</b>	Spontaneous Respiration?		Oxygen Supplementation			<b>Injury Activity</b>	1 Work		5 Traveling not elsewhere defined
	2 Yes, Abnormal		BVM				2 Education		99 Unknown
	Chest Movement?		Intubation Time (24hr): <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> H H M M				3 Sports		98 Other
	2 Yes, Abnormal		Needle placed Time (24hr): <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> H H M M				4 Leisure/Play		Specify:
	Tracheal Deviation?		Chest Tube Time (24hr): <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> H H M M			Did alcohol likely contribute to the injury?		1 Yes 0 No 99 Unknown	
	0 Midline					Did overcrowding likely contribute to the injury?		1 Yes 0 No 99 Unknown	
	1 Deviated					<b>Mechanism Type</b>		1 Blunt 3 Mixed	
	Breath Sounds?					2 Penetrating		4 Neither/Other	
<b>C</b>	Palpable Pulse?		IV Placed			<b>Mechanism</b>	1 Road traffic injury		9 Poisoning
	1 Yes 0 No		Intraosseous Line Placed				2 Struck/hit by person/animal/object		10 Suffocation/Choking/Hanging
	Signs of External Bleeding?		Central Venous Line Placed				3 Fall		11 Electrocution
	0 Negative		Blood Initiated Time (24hr): <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> H H M M				4 Stab/cut		12 Firearm/Gunshot
	1 Positive		Tourniquet Placed Time (24 hr) placed: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> H H M M				5 Animal bite		13 Explosive Blast
	2 Indeterminate		Time (24 hr) removed: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> H H M M				6 Drowning/Submersion		14 Envenomation
	3 Not done						7 Burn (smoke/fire/flames)		99 Unknown Specify:
							8 Scald		98 Other
	Diagnostic Peritoneal Lavage					<b>RTI</b>	1 Pedestrian		7 Minivan or Minibus
	0 Negative						2 Private Car		8 Bus
1 Positive					3 Taxi		9 Train		
2 Indeterminate					4 Motorcycle		99 Unknown		
3 Not done					5 Mototaxi		98 Other		
					6 Truck		Specify:		
<b>D</b>	Pupils		Placed in ER			<b>IF RTI, specify</b>	Seatbelt used?		0 No, not used 1 Yes 97 Not applicable 99 Unk.
	1 Normal		Indicated, not done				Carseat used?		0 No, not used 1 Yes 97 Not applicable 99 Unk.
	2 Abnormal						Helmet used?		0 No, not used 1 Yes 97 Not applicable 99 Unk.
	C-Collar in Place?						Airbag deployed?		0 No, not used 1 Yes 97 No airbags 99 Unk.
	0 No, not indicated						Intent		0 Unintentional 3 Legal intervention/War operations
	1 Yes						1 Intentional (self-harm)		4 Events unclear
	Glasgow Coma Score					2 Intentional (assault/homicide)		99 Unknown	
	Eyes		Verbal		Motor	<b>Perpetrator</b>	1 Partner/Ex-partner		5 Stranger
	4 Spontaneous eye opening		5 Oriented		6 Obeys commands		2 Parent		99 Unknown
	3 Eye opening to verbal stimulus		4 Confused, disoriented		5 Localizes to painful stimulus		3 Other Relative		98 Other
	2 Eye opening to painful stimulus		3 Inappropriate words		4 Withdrawal from painful stimulus		4 Friend/Acquaintance		Specify:
	1 No eye opening		2 Incomprehensible sounds		3 Flexion to painful stimulus		Context		Assault 99 Unknown
		1 No verbal response		2 Extension to painful stimulus	(check all that apply)		Robbery/Home invasion 98 Other		
<b>E</b>	GCS Qualifier		Specify:			Sexual assault/ Rape/Attempted Rape		Specify:	
	0 None--Valid GCS		2 Patient intubated		98 Other	Taxi-related assault		Specify:	
	1 Obstruction to patient's eye		3 Patient chemically sedated/paralysed		Specify:				
Patient disobeyed for complete exam?		Temperature control measures initiated, if appropriate?							
1 Yes		1 Yes							
0 No		0 No							
		97 Not applicable							

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SECONDARY SURVEY																					
Diagnostics*																					
Radiology Matrix	Head	Neck	Chest	Abd.	Pelvis	Spine	Extremities				Vascular	For each study please note time ordered and performed (HH:MM)	If 1+ study was recommended but not performed, which of the following contributed? (select all that apply)								
	LUE	RUE	LLE	RLE																	
	X-ray																				
	Ultrasound																				
	CT Scan																				
MRI																					
*For each study fill in the best description: 0=Recommended, not performed 1=Performed, normal result 2=Performed, indeterminate result 3=Performed, abnormal result 99=Unknown																					
Injuries																					
Injury Matrix	H&N	Face	Chest	Abd.	Pelvis	Spine			Extremities			Highest Estimated AIS Score	Known Past Medical History			Labs					
	C	T	L	LU	RU	LL	RL	General	Face	Head, Neck, C-spine	Torso, T-Spine		Abd/Pelvis, L-Spine	Extremities	Preliminary eISS	0	1	2	3	Test	Recommended
For each region list the AIS for the most severe injury in each region																					
Diabetes																					
Hypertension																					
HIV/AIDS																					
Heart disease (CHF, ischemic or valve disease)																					
Cancer																					
Asthma/COPD																					
Convulsions/Seizures																					
Other Chronic Illness*																					
*Specify:																					
UPT																					
HGB																					
Blood Group																					
Tetanus Status																					
Has the patient received a tetanus shot in the last 5 years?																					
Did the injury involve a dirty, penetrating wound?																					
Clinician Diagnosis: 1																					
*Specify:																					
Treatment																					
Medications	Recommended?				Received?				H H : M M				If other selected, Specify:								
	0	No	1	Yes	0	No	1	Yes													
Analgesic	0	No	1	Yes	0	No	1	Yes													
Sedation	0	No	1	Yes	0	No	1	Yes													
Antitetanous	0	No	1	Yes	0	No	1	Yes													
Antibiotic	0	No	1	Yes	0	No	1	Yes													
Fluid	0	No	1	Yes	0	No	1	Yes													
Blood	0	No	1	Yes	0	No	1	Yes													
Other	0	No	1	Yes	0	No	1	Yes													
Procedure	Recommended?				Received?				H H : M M				If recommended but NOT received, which BEST describes WHY not received*?								
	0	No	1	Yes	0	No	1	Yes													
Split/Cast/Sling	0	No	1	Yes	0	No	1	Yes													
External Reduction	0	No	1	Yes	0	No	1	Yes													
Debridement /Foreign Body Removal /Laceration Repair	0	No	1	Yes	0	No	1	Yes													
Local/Regional Block	0	No	1	Yes	0	No	1	Yes													
Pericardiocentesis	0	No	1	Yes	0	No	1	Yes													
ORIF/OREF Operative Reduction	0	No	1	Yes	0	No	1	Yes													
Amputation	0	No	1	Yes	0	No	1	Yes													
Laparotomy	0	No	1	Yes	0	No	1	Yes													
Thoracotomy	0	No	1	Yes	0	No	1	Yes													
*CARE NOT RECEIVED OPTIONS 1= Inability to Pay 2=Patient Preference 3=Long wait time 4=Patient left AMA 5=No staff 6= No equipment/medication 97= Not applicable/Care was received 98=Other (Specify)																					
Consultants																					
Time Called																					
Time Arrived																					
General/Trauma Surgery																					
Orthopedic Surgery																					
Neurosurgery																					
Vascular																					
ENT																					
Plastic Surgery																					
Other specialist**																					
** Specify:																					
Disposition																					
Date	Time		Vital Signs Taken?			0	No	1	Yes*	Cost of treatment (CFA)											
*Exit vital signs	BP	/	HR	RR	Assisted?	T	Did cost interfere with care? 0 No 1 Yes 99 Unk.														
Disposition	0	Discharged home*	2	Admitted to ICU	4	Died	6	Transferred**	Method of Payment (check all that apply)												
	1	Admitted to ward	3	Directly to OR	5	Left AMA	99	Unknown	Insurance												
*Sent home to die? 0 No 1 Yes ** Transfer Reason: cost / higher care / preference / unk									Self-Pay (cash) Government assistance Other: _____												
									Family assistance NGO Assistance Unk.												

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