

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.

No  Yes  Unknown \*If YES, was this used?  No  Yes  Refused by family  Unk.

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

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

DEMOGRAPHICS									
Age (years) _____		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Distance Travelled (km) _____		Injury Date: <input type="text"/> / <input type="text"/> / <input type="text"/>			
Address _____		Phone Number _____		Education		Type of cooking fuel used in household (select all)		Other (specify): _____	
Is the Household <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> 99 Unk		Does your household own, rent, or live for free in their residence?		0 No cost		1 Rent		2 Own <input type="checkbox"/> 99 Unk	
Does the Household... Own a cellphone <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 99 Unk		Own agricultural land? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 99 Unk		Occupation		Housewife/husband		Retired	
				Self-Employed		Unemployed (able to work)		Unknown	
				Salaried Worker		Unemployed (unable to work)		Other:	
				Student					
ARRIVAL					PREHOSPITAL CARE				
Signs of Life <input type="checkbox"/> No <input type="checkbox"/> Yes		CPR <input type="checkbox"/> No <input type="checkbox"/> Yes		Respirations Assisted <input type="checkbox"/> No <input type="checkbox"/> Yes*		Vital Signs Taken? <input type="checkbox"/> No** <input type="checkbox"/> Yes		*Assisted RR	
BP / HR RR T Celsius									
1 Time (hh:mm) :									
2 Time (hh:mm) :									
3 Time (hh:mm) :									
On the day of the injury, did the injured person... (Select all that apply)		<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**			
Was patient consent obtained? If yes, sign below.		From whom did you obtain consent? <input type="checkbox"/> Patient <input type="checkbox"/> Guardian <input type="checkbox"/> Minor <input type="checkbox"/> Parent		Completed by: _____		Signature: _____			

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PRIMARY SURVEY			Intervention (check all that apply)			Injury Context				
<b>A</b>	Airway Patent?		1 Yes	0 No	Repositioning	<b>Injury Place</b>	1 Private House/Home	9 Sea/Lake/River/Well/Other body of water		
					Suctioning		2 Residential Institution	10 Sports/Athletic Area		
					Non-invasive Airway		3 Medical Service Area	11 School/Institution/Educational Area		
					Endotracheal Intubation Time (24hr):		4 Street/Highway/Road	12 Public/Administrative Area		
					5 Railway Line/Station	13 Open Land/Beach/Forest/Desert				
					6 Trade/Service Area	99 Unknown				
					7 Industrial Construction Area	98 Other				
					8 Farm/Place of Primary Production	<b>Specify:</b>				
<b>B</b>	Spontaneous Respiration?		1 Yes, Normal	0 No	Oxygen Supplementation	<b>Injury Activity</b>	1 Work	5 Traveling not elsewhere defined		
					BVM		2 Education	99 Unknown		
	Chest Movement?		1 Yes, Normal	0 No	Intubation Time (24hr):		3 Sports	98 Other		
							4 Leisure/Play	<b>Specify:</b>		
	Tracheal Deviation?		0 Midline		Needle placed Time (24hr):	<b>Risk Factors</b>				
		1 Deviated			Did alcohol likely contribute to the injury?					
Breath Sounds?		0 Equal/Bilateral		Chest Tube Time (24hr):	1 Yes 0 No 99 Unknown					
		1 Unequal/Abnormal			Did overcrowding likely contribute to the injury?					
					1 Yes 0 No 99 Unknown					
<b>C</b>	Palpable Pulse?		1 Yes	0 No	IV Placed	<b>Mechanism Type</b>	1 Blunt	3 Mixed		
	Signs of External Bleeding?		1 Yes	0 No	Intraosseous Line Placed		2 Penetrating	4 Neither/Other		
					Central Venous Line Placed	<b>Mechanism</b>	1 Road traffic injury	9 Poisoning		
	FAST		0 Negative		Blood Initiated Time (24hr):		2 Struck/hit by person/animal/object	10 Suffocation/Choking/Hanging		
			1 Positive				3 Fall	11 Electrocution		
			2 Indeterminate		Tourniquet Placed Time (24 hr) placed:		4 Stab/cut	12 Firearm/Gunshot		
		3 Not done			5 Animal bite		13 Explosive Blast			
				Time (24 hr) removed:	6 Drowning/Submersion		14 Envenomation			
Diagnostic Peritoneal Lavage		0 Negative			7 Burn (smoke/fire/flames)	99 Unknown <b>Specify:</b>				
		1 Positive			8 Scald	98 Other				
		2 Indeterminate			<b>IF RTI, specify</b>	<b>RTI</b>	<b>Counterpart (select all)</b>			
		3 Not done						1 Pedestrian	7 Minivan or Minibus	Pedestrian
Pupils		1 Normal						2 Private Car	8 Bus	Private Car
		2 Abnormal						3 Taxi	9 Train	Taxi
C-Collar in Place?		0 No, not indicated	2 Placed in ER					4 Motorcycle	99 Unknown	Motorcycle
		1 Yes	3 Indicated, not done					5 Mototaxi	98 Other	Mototaxi
					6 Truck	<b>Specify:</b>	Truck			
					<b>Seatbelt used?</b> 0 No, not used 1 Yes 97 Not applicable 99 Unk.					
					<b>Carseat used?</b> 0 No, not used 1 Yes 97 Not applicable 99 Unk.					
					<b>Helmet used?</b> 0 No, not used 1 Yes 97 Not applicable 99 Unk.					
					<b>Airbag deployed?</b> 0 No, not used 1 Yes 97 No airbags 99 Unk.					
<b>D</b>	Glasgow Coma Score				<b>Intent</b>	0 Unintentional	3 Legal intervention/War operations			
	Eyes		Verbal			1 Intentional (self-harm)	4 Events unclear			
	4 Spontaneous eye opening		5 Oriented			2 Intentional (assault/homicide)	99 Unknown			
	3 Eye opening to verbal stimulus		4 Confused, disoriented			<b>Perpetrator</b>				
2 Eye opening to painful stimulus		3 Inappropriate words		1 Partner/Ex-partner	5 Stranger					
1 No eye opening		2 Incomprehensible sounds		2 Parent	99 Unknown					
		1 No verbal response		3 Other Relative	98 Other					
				4 Friend/Acquaintance	<b>Specify:</b>					
GCS Qualifier				<b>Context</b>						
0 None--Valid GCS		2 Patient intubated		Assault						
1 Obstruction to patient's eye		3 Patient chemically sedated/paralysed		Robbery/Home invasion						
				Sexual assault/ Rape/Attempted Rap						
				Taxi-related assault						
				99 Unknown						
				98 Other						
				<b>Specify:</b>						
<b>E</b>	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)					
	X-ray						LUE	RUE	LLE	RLE				<input type="checkbox"/> Inability to pay	<input type="checkbox"/> No staff			
	Ultrasound													<input type="checkbox"/> Patient preference	<input type="checkbox"/> No functional equipment			
	CT Scan													<input type="checkbox"/> Long wait time	<input type="checkbox"/> Other**			
	MRI													<input type="checkbox"/> Patient left AMA	**Specify:			
*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	0	No active medical problems	<b>Test</b>	<b>Recommended</b>	<b>Performed</b>
Bruise/abrasion													1	Unknown: Patient cannot respond and no family present	<b>UPT</b>	0 No	0 No	0 Negative
Sprain/strain													2	Active acute illness	1 Yes	1 Yes	1 Positive	
Bullet entry/exit													3	Chronic illness or chronic and acute illness	2 Yes, not back yet	2 Yes, not back yet		
Penetrating wound																		
Other laceration (superficial)																		
Other laceration (deep)																		
Avulsion/amputation																		
Closed fracture																		
Open fracture																		
Dislocation																		
Burn																		
Viscera Exposed																		
Hematoma																		
Neurologic deficit																		
Diminished Pulse																		
Degloving																		
Clinician Diagnosis: 1																		
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)																		
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)				Insurance									
	1 Admitted to ward	3 Directly to OR	5 Left AMA	99 Unknown	Self-Pay (cash) Government assistance				Other:									
*Sent home to die?	0 No 1 Yes	** Transfer Reason: cost / higher care / preference / unk				Family assistance NGO Assistance				Unk.								

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