Hospital HLD HRL HR	B HCP HRE	Patient I	Nam	е			Patient Reco	atient Record Number								
Date of Arrival DD MMM / Y	Time (24h)	: M	:													
Transfer 0 No 1 Yes	99 Unknown	Facility	facility													
Reason for Transfer Increased level of care Inability to pay	Patient preference Unknown	Other (specify):														
DEMOGRAPHICS																
Age (years) Sex 1	Male 2 Female	Distance Tra	ance Travelled (km) Injury Date: D D M M M Y													
Address			0	No formal educati	ion	3 Teri	rtiary/0	College	Type of		Wood		LPG (Liquid Petroleum Gas)			
Phone Number		Education	1	Primary School		98 Oth	her:		cooking fuel used in household		Charcoal		Kerosene			
Is the Household 0 Rural 1 Urban 99	Unk Poes your household own, rent, or live for free in their residence?		2	Secondary/High S	Scho	ol 99 Uni	knowr	1	(select all)		Other (specify	Other (specify):				
Does the Household	0 No cost			Self-Employed		Ног	usewi	fe/husb	and		Retired					
Own a cellphone 0 Yes 1 No 99	Unk 1 Rent	Occupation		Salaried Worker		Une	emplo	yed (ab	ole to work)		Unknown					
Own agricultural 0 Yes 1 No 99	Unk 2 Own 99 Unk	5		Student		Une	emplo	yed (un	nable to work)		Other:					
ARRIVAL		PREHOSPIT	EHOSPITAL CARE													
Signs of Life 0 No 1 Yes	** Why not taken?	Transport to hospital		Walked In	Priv	vate Car		Motorc	ycle		ner Public Insportation	ortation				
CPR 0 No 1 Yes	No staff available Unk.			Ambulance	Тах	¢i		Police	lice		known	Spec	ify:			
Respirations Assisted 0 No 1 Yes*	No working equipment Other:	Scene Care	0	No 1	Yes	99		Unknown								
	If other, Specify:			C-spine Immobilization		CPR		IV	Fluids		Unknown					
Vital Signs Taken?		Care Given (check all that apply)		Fracture Immobilization		Recovery Position			Control bleeding (pressure)		Other					
BP HR RR	*Assisted T Celsius RR	unut uppiy)		Back Board		Tourniquet Pla	laced		pical Burn eatment	Spe	ecify:					
1 /		Care		Person involved in injury		Relative/Frie	end	М	edic		Unknown					
Time (hh:mm)		Provider (select all)		Bystander		Police			river/Transport ersonnel		Other Spe	cify:				
2 /			Cai	re sought elsewhe	ere p	rior to arrival	l?	0 No)	1	Yes		99 Unknown			
Time (hh:mm) :		Care				Home		Не	ealth Center		Central Hospital		Unknown			
3 /		Seeking	If ye	es, where?		Traditional Healer	•	CI	MA		Private Healt Center	h	Other			
Time (hh:mm) :						Faith Healing	g	Di	strict Hospital		Private Hospital	Specify:				
On the day of the injury, did the injured per (Select all that apply)	Sto	p athing ?	Lose	e ssciousness?	Act	fused?	Forge		Need to leave the			None	* Unknown**			
Was nations consons obtained?	Now	Erom where	414 ·	vou obtain son	**?	1 Patient	ſ	2 Gi	uardian 3] ,,,,:	nor 4 Par	ont				
Was patient consent obtained? If yes, sign be Completed by:	iuv.	From wnom	uia y	you obtain conser Signature:	nt?	Patient	Į	GI	uardian 3	Mir	ioi 4 Par	ent				

PRIMARY SURVEY						Int	tervention (check a	I tha	at apply)	Injury Context																
							Repositioning	_				1	1	Priva	te Ho	use/H	ome				Sea/l vater	Lake/River/W	ell/Otl	her body of		
	Airway Patent?	1	Yes	0	No		Suctioning						2	Resid	dential	Instit	ution		-			ts/Athletic Are	a			
			1	_	_		Non-invasive Airw	ay					3	Medi	cal Se	rvice	Area		Ι.	11 5	Scho	ol/Institution/E	Educa	ational Area		
А							Endotracheal Intul	atic	on :			Ι.	4	Street/Highway/Road						12 F	Publi	c/Administrati	ive Ar	·ea		
							_Time (24hr):		ury ace	+	\dashv	Railway Line/Station					-		-							
							Cricothyroidotomy			\vdash	\dashv	Trade/Service Area						_	Unknown							
							Time (24hr):			\vdash	_	_						-								
			l		T	-		_	H H M M	ł		7			Industrial Construction Area Farm/Place of Primary						98 Other pecify:					
	Spontaneous Respiration?		Yes, Normal		0 No	_	Oxygen Suppleme	ition	H		+	В	Production						. ,							
	respiration:	2	Yes, Abnorma	al	1 1		BVM						1 '	Work						5	Traveling not elsewhere defined					
	Chest Movement?	1	Yes, Normal		0 No		7		н н м м		ury	- 1	2	Education Sports				9	99 l	Unknown Other						
		2	Yes, Abnorma	al			Intubation Tim	e (2	24hr): :	Ac	tivity		3													
В	Tracheal Deviation?	0	Midline				_		<u> </u>				4	Leisure/Play				s	pec	pecify:						
	Tructicui Deviation.	1	Deviated				Needle Time	e (24	!4hr): :			oho	ıl li	likely contribute to the injury?				y?		Unknown						
		0	Equal/Bilatera	al			-			Factors			1	Yes			0 No						99 ι			
	Breath Sounds?		1			H	Chest Tube Time	H H M M me (24hr):			D: :															
			Unequal/Abn	1	-			,	Risk	Dia ov	г					ontribute to the inj										
	Palpable Pulse?	1	Yes	-	No		IV Placed					+	+	Yes		0	No		9	+	Jnkn		vn			
	Signs of External Bleeding?	1	Yes	0	No		Intraosseous Line	Plac	aced	Me	echanis	^m -	1 Blunt					3 1	Mixe	t.						
	bleeding:						Central Venous Li	ne P	Placed		Туре		4		_					4 1	Neither/Other					
		0	Negative				701			L	_	Struck/hit hy						9 F	Poisc	oning						
		1	Positive				Blood Initiated Time	Time (24hr): H H H M M M Time (24 hr) :				Ŀ		person/animal/object Fall					Ľ	10 5	Suffocation/Choking/Hanging					
	FAST	2	Indeterminate	е							E	Ŀ	3						Ŀ	11 E	Electrocution					
		3	Not done								anisı		4							12 F	Firearm/Gunshot					
									н н м м		Mechanism		5	Animal bite						13 E	Explosive Blast					
		0	Negative					ne (24 hr) noved: H H : M M			_		6	+ -						14 E	Enve	nomation				
	Diamantia	1	Positive										7						9	99 l	Jnkn	own Spe	cify:			
	Diagnostic Peritoneal	2	Indeterminate	Э									В						9	98	Other					
	Lavage	3	Not done										1	Pede	strian	strian 7 Minivan or Minibus					ı	Pedestrian		Minivan or Minibus		
			_										2	Private Car 8 Bus				10 40	(select all)	-	Private Car		Bus			
		1	Normal			-				1		:	3	Taxi 9							-	Taxi		Train		
	Pupils	2	Abnormal							_	RTI	-	4	Motorcycle 99 Unkn				nown	4	Counterpart	-	Motorcycle		Unknown		
		0	No, not indica	ated		2	Placed in ER			RTI, spcecfy		T,	5	Moto	taxi	98 Othe		er	1	nute	_	Mototaxi		Other		
	C-Collar in Place?	1	Yes			3	Indicated, not don	e					6	Truck	(Specify:			٦,	3	Truck		Specify:			
	Glasgow Coma Score									Seatbe	t use	ed?		0 N	o, not	o, not used 1 Yes				97 1	97 Not applicable		e 99 Unk.			
Eyes Verbal									Carseat	use	d?		-			\vdash	Yes	-	-	Not applicable	_	99 Unk.				
	4 Spontaneous eye	onei	na	5	Oriente			6	Obeys commands	ł	Helmet	use	1?		-		not used 1		Yes	1	-	Not applicable	-	99 Unk.		
D	3 Eye opening to ve		_	4	-		soriented	5	⊢ `		Airbag			d?	-	o, not			Yes	-	-	No airbags	\blacksquare	99 Unk.		
	2 Eye opening to pa			-	Inappro			4	Withdrawal from painful	_	J	_	_		ention					-		I intervention/	/War i			
	1 No eye opening	·····ui	Stimulus	2	+		nsible sounds	3	stimulus Flexion to painful stimulus	Int	tent	\vdash	-				orm)		-	_		ts unclear	vvai (operations		
	1 No eye opening			_	No vert				-		ent	\vdash	\dashv	Intentional (self-harm)				-	_	Jnkn						
				1	INO VEIL	arre	sponse	1	-		ı	+	-	, ,					-	-			_			
	000 0: ""								No response		Po	\vdash	\dashv			-partn	er		\vdash	-	Stran					
	GCS Qualifier			_	1					specify	Perpetrator	\vdash	\dashv	Parent					-	_	Unknown					
	0 NoneValid GCS			1	Patient			98 Other			Per	\vdash	\dashv		r Rela					98 C	Other					
	1 Obstruction to pati			-			nically sedated/para	·	rtional,		1	-			uainta	nce										
	Patient disrobed for o	omp	piete exam?	-	nperatur Yes	e co	ntrol measures init	Intenti	Conte		\dashv	Assa Robb		ome i	nyasio	n		-	_	Unknown Other						
E	0 No			_	No				=	(check		_	Robbery/Home invasion Sexual assault/ Rape/Attempted F													
				97	Not app	licab	le		· ·		apply)		-			d assa										

		Y SURVI	ΕY																													
Diag	Diagnostics* Extremities For each study please note If 1+ study was recommended but not performed,																															
Radio Matri:		Head	No.	ck	Ch	est		bd. I	Pelvis	Sr.	oine	LUE	RU		nities LLE		RLE	Vasc	ular	ti	me <u>o</u>	ach study please note <u>ordered</u> and rmed (HH:MM)	which of the following contributed? (select all that apply)									
X-ray		пеац	INC	CK	Cii	lest	A	Ju. 1	eivis	3	nne	LUE	- N	JE	LLL		NLL	Vasu	uiai	P	репоппец (пп.мм)			ility to	pay		No staff					
Ultras																				_				ent pref	erence		No functional equipment					
CT So																				_			Long	g wait t	time		Other**					
MRI																				_			Pati	ent left	AMA	**Sp	Specify:					
	each stud	dy fill in t	he be	st de	escrip	otion:	: 0=	=Recon	nmend	ed, n	ot per	formed	1=F	erfori	med,	norma	al resu	t 2	=Per	forme	d, ind	determinate result 3=	=Performed, abnormal result 99=Unknown									
Injur	ies																	Kno	own Pa	ast M	Medical History	Labs										
			st		. Spine Extremities Highest Estimated AIS Score					ore	0	No ac	ctive r	medical problems	Test	Reco	mmer	nded	Perf	ormed	Re	esult										
Injury	/ Matrix		H&N	Face	Chest	Abd.	Pelvis		T L	LU	RU	LL RI					the AIS		1	Unkn	own:	: Patient cannot	UPT	0 N	lo		0 N	No	0 N	legative		
	e/abrasio												tne	most		re ınju gion	ıry in e	acn		respoi	nd a	and no family present		1 Y	'es	Ì	1 Y	⁄es	1 P	ositive		
Sprai	n/strain												Gen	eral					2	Active	acut	te illness				Ī		es, not	Г'			
Bullet	entry/ex	xit											Face	9								ness or				back yet						
	trating w												Hea	d, Ne	ck, C	spine				chroni	c and	d acute illness	HGB	0 N	lo		0 1	No				
Other (super	laceration rficial)	n											Tors	io. T-9	Spine						0	Diabetes		1 Y	'es		1 Y	1 Yes				
													1	,					Ä		٦	Hypertension				Ì	2	Yes, not	_			
	laceratio								_				_		is, L-	Spine			specify:	§ -	_	••	Blood				b	oack yet				
Avuls	ion/amp	utation											Extr	emiti	es				g,	t app	_	HIV/AIDS leart disease (CHF,	Group	0 N		-	-	No .	\vdash	Α _		
Close	d fractur	re											Prel	imina	ary els	SS	_		nes	tha		schemic or valve		_1_Y	'es		ш.	es es not	\vdash	В		
Open	fracture								_						AIS	Code:			<u> </u>	ct al	\neg	lisease)						res, not ack yet	ď.	AB		
Dislo	cation																blank oderate		chronic illness, speci	e/es	-	Cancer							4	0		
Burn																	severe		늘	` -	_	Asthma/COPD	Tetanus	Status	S							
Visce	ra Expos	sed							_								cely to			⊢	— "	Convulsions/Seizures	Has the	patient	t recei	ved a	tetanı	us shot	in the	last 5		
Hema	atoma												- " ا	iatai (Curre	iliy ui	ili c ala	DIE)	*enc	ecify:		Other Chronic Illness*	years?	1		٦.	г	_				
Neuro	ologic de	eficit																	Ope	city.			0	No	1	Yes	!	99 Unk	.nown			
Diminished Pulse													_		of Ser				Has	the pa	atient	t had prior surgery?	Did the i	njury i	nvolve	a dirt	ty, pe	netratir	ıg wou	nd?		
Degloving Degloving									Injuries: (A/S>2)							Yes**	(0 No 99 Unknown			_	_										
Clinician Diagnosis: 1 0 No 1 Yes																																
Treatment																																
					_		nend				ived?	Yes		Н			1 M	1 1				*^^	RE NOT	DEC	EIVEI		TION	10				
	Analgesi				0	No	1	Yes	0	No					_	: -			S	H	-	1= Inability to Pa						-	ait time	;		
S S	Sedation			_	No	1	Yes	0	No	1	Yes			_	:			ë	H	-	4=Patient left AM								n			
tio.	Antitetar	nus			0	No	1	Yes	0	No	1	Yes			_	_			describes	-	lf.	f other selected, Spe	icable/Care was received 98=Other (Specify)									
dic.	Antibioti	ic			0	No	1	Yes	0	No	1	Yes				:				-	-"	other selected, ope	City.									
	luid				0	No	1	Yes	0	No	1	Yes	;;			:			BEST	H												
5	Blood				0	No	1	Yes	0	No	1	Yes	ceived			:			등	` ⊢			_				_		_			
	Other	nt/Clina			0	No	1	Yes	0	No No	1	Yes	- 60		_	:			ě	_					sultan	ts						
	Split/Cas External	Reducti	ion		0	No No	1	Yes	0	No	1	Yes Yes	e Re			:			received, which				H.	ime Ca H	alled : M	М		Tim H H	ne Arriv : I	/ed M M		
		ment /Fo		,	-		Ė	1.00	_	-		.00	Time			-			ė	H		General/Trauma Sur		m		T	Г		ј. Г			
	Body Re				0	No	1	Yes	0	No	1	Yes	ed,			:			9			Orthopedic Surgery	-		: 	+		+	┨	_		
		ion Repa			0	No	1	Yes	0	No	1	Yes	Received,			:			NOT	-		Neurosurgery			: -	+		+	∤ :	+		
		ocentesi			0	No	1	Yes	0	No	1	Yes	Rec						butN	~		Vascular			: ⊢	+		+	┨┊┝	+		
900					"	140	Ė	163	H	110	'	163	=							*ਰ ⊢		ENT			· -	+		+	┨┊├	+		
	ORIF/OR	REF Reduction	n		0	No	1	Yes	0	No	1	Yes				:			ğ	ě		Plastic Surgery			<u>:</u> -	+		+	┨ : ├	+		
-					0	No	1	Vaa	0	No	1	Vaa							mer	<u>ē</u>		Other specialist**			: -	+		+	┨┊┝			
	Amputat				0	No	1	Yes		No	1	Yes				:			Ē	5					•	Ш			<u> </u>	\perp		
	aparoto	-				No	1	Yes	0	No	1	Yes			_	: -			If recommended	ੇ ⊦		** Specify:										
	Choraco				U	No	1	Yes	0	No	1	Yes				:			Ξ	S												
Disp	osition			Tim	e									0	Ne	1.	V					Cost of treatmen	nt (CFA)									
U									_	Vit	al Sig	ns Tak	en?	0	No	1	Yes'				_						_		_			
*Exit	vital sig	gns	BP			/			HR			RF			_	/	Assitte	d?	Т			Did cost interfer	e with car	re?	0 No	, [1 ,	Yes	99 _U	ink.		
Disn	osition	0 Dis	char	ned h	home* 2 Admitted					o ICU 4 Die			ed	6 Trans			erred*	,	T	Method of Payment (check all that apply) Insurance												
,		\vdash						1						, }						\vdash						-						
		1 Adı	mitted	1 to v 1	vard	1	3	Direct	tly to O	ĸ		5 Le	ft AMA	٠ _	99 l	nkno	wn			<u>ال</u> ا'	seit-P	Pay (cash) Go	vernment as	ssistance	e	Othe	er: –					
l			1.	١	Ι.	l.,													ا ا	F	amil	lv assistance NO	O Assista	nce		1						