

Additional File 1 A survey of patients with severe trauma

1. Basic information

Admission number: _____; sex: male female; age: _____; admission time (accurate to minute): _____; injury time (accurate to minute): _____

2. Medical records

Cause of injury: Traffic accident High fall Others

3. Diagnosis

Trauma diagnosis: _____

Previous history: _____

4. Emergency scores

AIS score: _____; ISS score: _____; GCS score: _____; TI index: _____;

CRMAS score: _____

5. Pre-hospital first aid recording

Call time for first aid service (accurate to minute): _____

Pre-hospital transfer time (accurate to minute): _____

First aid handling: _____

6. In-hospital emergency treatment

Time start to call consultation (accurate to minute): _____

Trauma treatment team: Yes No

Time length from admission to first surgery (accurate to minute): _____

7. Patient hospitalization information and outcomes

Discharge time: _____

Hospital days: _____

Outcomes: _____

Discharge

Transfer to other medical institutes for further treatments: name of medical institute

Death: date of death: _____

ICU days: _____

Ventilator use time: _____ days _____ hours _____ minutes

Operating records (all surgical operations)

Time: _____; name of surgery: _____; mode of anesthesia: _____

Time: _____; name of surgery: _____; mode of anesthesia: _____

Time: _____; name of surgery: _____; mode of anesthesia: _____

Death within 30 days after injury: Yes No

Death within 30 days after discharge: Yes No