REGIONAL REFERRAL HOSPITAL CASUALTY TRAUMA FORM

□ Mass Casualty

Hospital Registraon Number:

Date: / /

Time of Arrival: __ __ :__ __ (24h)

Paent Surname:_____

First Name:_____

Date of Birth: / /

Age: _____

INFANT / CHILD / ADULT

Sex: M / F

Weight: _____ kg

Arrival Mode: □Ambulance □ Car (*circle* private or Taxi) □ Walk-in □ Motorcycle □Tricycle (*circle* private or Taxi) □ Public transport □ Police □ Bicycle □Other

□Self Referral □Referred from: _____

Occupation:_____ □ Unknown

Residenal address:_____ □ Unknown

Contact Person:_____

Phone:_____ Relation:_____

CHIEF COMPLAINT:_____

Triage Category: □ Emergency □ Priority □ Queue

□ **Dead on arrival**

INITIAL VITAL SIGNS: at _____:____(24h format) **BP: ____ /_____ HR:_____ RR:_____ SpO_2:_____ % on___ Temp:_____ºC**

PRIMARY SURVEY

Airway □ NORMAL

Physical findings

□ Angioedema □ Stridor □ Voice changes □ Oral/Airway burns

Obstructed by: □ Tongue □ Blood □ Secreons □ Vomit □ Foreign body

Interventions done

Airway Manipulation: □ Repositioning □ Suction

Airway: □Oral Airway □Nasal Airway □ laryngeal mask airway □ Endotracheal intubaon

Cervical collar: □None needed □Placed before arrival □Placed at casualty

Breathing □ NORMAL

Spontaneous Respiration: □ Yes □ No

Chest Rise: □Shallow □Retracons □Paradoxical

Trachea: □ Midline □Deviated to □L □R

Breath Sounds: Abnormal: □ L____ □R____

Given Oxygen: _____ L

□Nasal Cannula □Mask

□Non-rebreather mask □Bag valve Mask □CPAP □Venlator

Chest tube/Needle (circle):

□ Le –Size: _____

Depth: _____ cm

□ Right–Size: _____

Depth: _____ cm

Circulation □ NORMAL

Skin: □ Warm □ Dry □ Pale □ Cyanoc □ Moist □ Cool

Capillary refill: □ <2 sec □ ≥2 sec

Pulses: □ Weak □ Asymmetric_____

Jugular Venous Distension: □ Yes □ No

□ Bleeding controlled (bandage, tourniquet, direct pressure)

Access: □Intravenous Locaon _____ cannula Size _____G

□Central Line Locaon _____ Size _____G

□Intraosseous Line: Locaon _____ Size _____G

□**Intravenous Fluid:**_____mL □NS □RL □DNS □Dextrose

□Blood ordered □Pelvic binder placed

Disability □ NORMAL

Exposure □ NORMAL

Blood glucose: _____mmol/l □ Glucose given

Responsiveness: □ A □ V □ P □ U

GCS:____/15 (E_____ V_____M_____)

Moves Extremities: □ LUE □RUE □LLE □RLE

Pupils: L___mm→___mm R___mm→___m

□ **Patient has been Exposed completely**

Focused Assessment with Sonography in Trauma (FAST)

FAST

□ NORMAL

□ Not Indicated

□ Not done

Peritoneum

□ Negave □ free fluid □ Indeterminate

Chest

□ Negave □ Indeterminate

□ Pneumothorax _____ (Right/le)

□ Pleural fluid _____ (Right/le)

□ Pericardial fluid

HISTORY OF PRESENT ILLNESS

Date of Injury: _____/_____/_____

Place of injury: _____□Unknown

Patient's activity at time of injury: _____ □Unknown

Mechanism of injury:

□Road traffic incident: □ Driver □ Passenger □ Pedestrian □ Airbag □ Seat belt □ Other vehicle restraint □ Helmet □ Extricated Vehicle involved: _____ □ Ejected Crashed with: _____

□Fall from: _____ □Hit by falling object: _____

□Stab/Cut □Gunshot □Sexual Assault

□Other blunt force trauma (struck/hit): _____

□Suffocaon, choking, hanging

□Drowning: _____ Flotaon device: Y / N

□Burn caused by: _____

□Poisoning/Toxic Exposure:_____

□Unknown □Other: _____

First care sought before arrival at the Casualty

□ None □ Layperson first aid □ Health care provider

Care given:_____

Other Details of Incident

□Loss of Consciousness □<5 min □5-29 min □30-24hr □>24 hr

□ Head trauma Yes / NO □ Neck trauma Yes / NO

□ Other:_____

Hours since last Meal:_____□ Unknown

Intent: □ Unintenonal or accidental □ Intenonal: □Self harm □ Legal process, polical unrest or war □ Unknown

□ Assault [**Assaulted by:**_____]

Substance use within 6 hours of injury:

□ Unknown □ None □ Reported □ Evidence (posive test or clinical findings) □ Alcohol □ Others:_____

PAST MEDICAL HISTORY

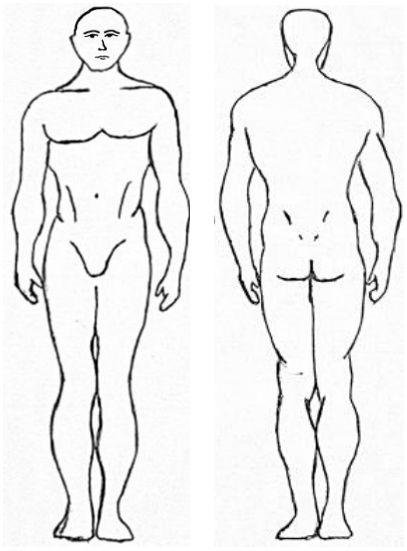
History of: □ Hypertension □ Diabetes □ COPD □ HIV
□Other:_____□None □Unknown
Current Medications:_____□None □Unknown
Past Surgeries: _____□None □Unknown
Any Known Allergies:_____□None □Unknown

Pregnant: □ Yes □ No □ Not Applicable (N/A)
Vaccinations up to date? □Yes □No _____
Substance Use: □Tobacco □Alcohol □ Drugs □ IV Drugs
Safe at home? _____

PHYSICAL EXAMINATION (SECONDARY SURVEY)

□ NORMAL	**General**	
□ NORMAL	**Head, Eyes, Ears Nose and Throat (HEENT)**	
□ NORMAL	**Neuro Exam**	
□ NORMAL	**Neck**	
□ NORMAL	**Respiratory**	
□ NORMAL	**Cardiovascular**	
□ NORMAL	**Abdominal**	
□ NORMAL	**Pelvis**	
□ NORMAL	**Genital urinary**	
□ NORMAL	**Back exam**	
□ NORMAL	**Musculoskeletal**	

Label any details of injury



EU PLAN AND INTERVENTIONS

Fluids and Medications Given at EU

□**IV Fluids:** □ NS_____mL |□RL _____mL | □_____mL □ None given
□**Blood Transfusion** □ WB_____U |□ PRBC____U|□ Others___U □ None given
□**Analgesia**_____ □ None given
_____
□**Antibiotics**_____□ None given
_____
□**Tetanus toxoid**_____ □ None given
□ **Sedation and Paralytics**:_____ □ None given
□ **Other**:_____

EU Procedures done

□ Splinting: _____
□ Fracture Reduction_____
□ Pelvic Stabilisation on: _____
□ Foreign Body Removal:_____
□ Simple / Complex Laceration Repair: _____
□ Intubation: _____
□ Chest Tube: _____
□ Others: _____
_____

LABORATORY TEST AND RESULTS

□ **Urine for pregnancy** □ Not done □ posi. ve □ Nega ve
□ **Haemoglobin:** _____g/dl □ pending □ Not done
□ **Blood grouping:**_____ □ pending □ Not done
□**Others:**_____

RADIOLOGICAL/IMAGING INVESTIGATIONS AND RESULTS

□ **X-Ray of**_____
□Pneumothorax □Pleural Fluid □Rib Fracture □Pulmonary Opacity
□ C-spine fracture □ Extremity Fracture □ Pelvic Fracture
□ Wide medias. num □ Other:_____

FINAL CASUALTY DIAGNOSIS: 1:_____**2:**_____
3:_____ **Number of serious injures** (circle): 0 or 1 or ≥ 2

CASUALTY CONSULTATION: □ **None needed** □ **Done to:**_____
Recommendation from consult**:**_____

FINAL CASUALTY REASSESSMENT at _____**:**____(24h format) **BP:** ____ **/**_____ **HR:**_____ **RR:**_____ **SpO_2:**____ **% on**___ **Temp:**____**°C**
PATIENT CONDITION: □ Same □ Changed:_____

□ **ADMITTED TO:** □ Ward _____ □ ICU □ Operating Theatre
□ **REFERRED to**: _____
□ **DAMA**

□ **DISCHARGE HOME**
□ **DIED OF** _____

Name of the attending Clinician	Cadre (MD, AMO, CO, Intern)	Signature and Date and time
		_____ ____ /____ /_____| : hrs