WHO Emergency Care Toolkit

Emergency Unit Standardized Clinical Forms - Frequently Asked Questions

1. **Which form should I use?**
   Use the Trauma Standardized Clinical Form for any patient that presents to the Emergency Unit who has injury as their chief complaint. Injury includes acts of violence by others (including sexual assault), bike or motor vehicle crashes, bites or sting injuries, burns (thermal, chemical or electrical), drowning, falls, overuse or repetitive motion injuries, self-inflicted injury, sports or athletic injuries, poisoning or toxic exposure. For all other complaints, use the General Standardized Clinical Form.

2. **What does 'self-inflicted' trauma mean?**
   Cases where a person purposefully injures themselves and usually associated with psychological distress. This most often includes skin cutting, head banging or hitting, burning but can include purposeful ingestion, jumping off high places, hanging or taking harmful substances.

3. **How do you assess and document the patient's pain level?**
   You assess the patient's pain level by showing them the pain scale (on the Reference Card for Trauma and General) and asking them to choose the face that best represents the pain they are experiencing. Then the provider documents the number associated with the face.

4. **What is the highest and lowest Glasgow Coma Scale (GCS) score?**
   Highest GCS score is 15. Lowest GCS score is 3. Qualified GCS is used when the patient is intubated.

5. **Should I use GCS with paediatric patients?**
   No. AVPU should be used in paediatric patients.
   Normal: Alert (A)
   Abnormal: Responds only to Verbal stimuli (V), Pain (P), or is Unconscious (U)

6. **What is the correct definition of 'serious injury'?**
   Serious injury is documented according to the judgement of the provider. Serious injuries are often characterized by significant bleeding, severe pain, distortion of the soft tissues and bones, injuries of the vital organs (chest, spinal cord, abdomen). Serious injuries will result in hospital admission, referral or need for emergency procedure in emergency unit or operation theatre. Some examples include pneumothorax, traumatic brain injury, spinal cord injury, serious abdominal injuries requiring surgery, open fracture.

7. **How do you count the "number of serious injuries"?**
   Serious injuries should be added up and documented on the chart as 0, 1, ≥2.

8. **What if the trauma patient is unconscious and unable to provide information? Do we still need to complete the trauma form?**
   Yes! Enter the patient's registration number as you usually would for a patient who cannot provide information, e.g. register under "John or Jane Doe" and complete the trauma form. If the patient's name becomes available while they are in the emergency unit, correct the name on the form.

9. **The forms reference the Emergency Care Checklists? Where do I find these?**

   The Emergency Care Checklists are available on the WHO Clinical Checklist site: https://www.who.int/tools/clinical-checklists

10. **Can I change the form for my setting?**

    Yes, you can change to make the form to be specific for your setting. However, the form contains the core elements of the Dataset for Emergency Care embedded within it to allows for data capture for the WHO Clinical Registry. The WHO Clinical Registry is a platform for systematically collecting, aggregating and analysing case-based emergency care encounters. The platform is free to users and built on the open-source DHIS2 software. Changes to the forms should be backchecked with the WHO HQ data team to ensure all elements are present. More information on the clinical registry is available here: https://www.who.int/tools/clinical-registry

11. **How is the form available to countries?**

    The form is available in PPT and PDF with the reference cards available as a word document (DOC). Please reach out to emergencycare@who.int for modifiable forms. This form can be adapted and incorporated in the facility electronic health record by the country or location if desired.