# EMERGENCY UNIT FORM: TRAUMA

□ Mass Casualty

[Place Sticker] or Hospital Registration Number: _____
Patient Surname: _____
Patient First Name: _____
Date of Birth: DD/MM/YY
Age: ____ (If unavailable, circle: Infant / Child / Adult)
Sex: □Male □Female □ Other: _____

**Date:** DD/MM/YY

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

**Arrival Mode:**
□Ambulance □Car/Truck (*circle* Private / Taxi)
□ Motorized 2/3-wheeler (*circle* Private / Taxi)
□ Public Transport □ Walk
□ Other: _____

Residence (Address or City/Sub-district):
□ Unknown

Injury Location (Sub-district):
□ Unknown

Patient defined racial and ethnic identity: □ Unknown
Is an interpreter required? □ Yes □ No

Number of prior facilities: ____ Referred from:

Occupation:

Safe at home? □ Yes □ No

Weight:_____ kg

Contact Person: Phone: Relation:

Vaccinations up to date? □ Unknown □No □Yes _____

Substance Use: □Tobacco □Alcohol □Drugs □IV Drugs □Unknown

Pregnant? (circle) Yes / No ( □ Reported □ Testing done)

Last Menstrual Cycle: _____ G____P____ □ Unknown

**CHIEF COMPLAINT:**

**Allergies:** □ Unknown

**INITIAL VS** at __ __: __ __(24h) Temp:____ BP:____ / ____ Pulse:_____ RR:____ $SpO_2$:____ % on _____ Pain score: ___ / 10

| HIGH RISK RED SIGNS | |
|---|---|
| **A/B** | □ Stridor, cyanosis, respiratory distress |
| **C** | □ Poor perfusion, weak fast pulse, cap refill >3s, heavy bleeding<br>□ Adult: HR <50 or >150 □ Child (≥2): lethargy, sunken eyes, slow skin pinch, poor drinking |
| **D** | □ Unresponsive □ Acute convulsions □ Hypoglycaemia<br>□ Acute focal neurologic deficit □ Altered mental status with fever or hypothermia or stiff neck or headache |
| **Other** | □ Threatened limb □ Snake bite □ Poisoning, ingestion, chemical exposure □ Violent or aggressive □ Acute testicular pain or priapism □ Adult: severe chest or abdominal pain or ECG with ischemia □ Pregnant with high risk findings □ Infant <8 days old □ Infant <2 months old with temp >39˚C or <36˚C |

| HIGH RISK TRAUMA | |
|---|---|
| **General Trauma** | □ Fall from twice person's height<br>□ All penetrating trauma (excepting distal to knee/elbow)<br>□ Penetrating trauma distal to knee/elbow with uncontrolled bleeding<br>□ Crush injury<br>□ Polytrauma (injury to multiple body areas)<br>□ Patient with bleeding disorder or on anticoagulation<br>□ Pregnant |
| **Road Traffic** | □ High speed motor vehicle crash<br>□ Pedestrian or cyclist hit by vehicle<br>□ Other person in same vehicle died at scene<br>□ Motor vehicle crash without a seatbelt<br>□ Trapped or thrown from vehicle (including motorcycle) |

**TRIAGE CATEGORY** (circle one) : **RED YELLOW GREEN**

**Triaged for:** □ **Dead on arrival**

## PRIMARY SURVEY:

**TREATING PROVIDER ASSESSMENT Date:** DD/MM/YY **Time** ___ ___: ___ ___(24h)

**A** □Normal

**Concerning exam findings:**
□ Swelling □ Stridor □ Voice changes □ Burns
**Obstructed by**:
□ Tongue □ Blood □ Secretion □ Vomit □ Foreign body

**Interventions:** □ Repositioning □ Suction □ OPA □ NPA
□ LMA □ BVM □ ETT
**Spine Stabilized:** □ Done before arrival □ Done in EU
□ Not needed (not altered, no pain or TTP, no neuro deficit, no distracting injury)

**B** □Normal

**Spontaneous Respiratory Rate:** _____
**Chest Rise:** □ Shallow □ Retractions □ Paradoxical
**Trachea:** □ Midline □Deviated to □L □R
**Breath Sounds:** □ L_____ □ R_____
**Cyanosis:** □ Present on exam

**Interventions: Oxygen:** ____ L
□Nasal □Facemask □NRB □BVM □CPAP/BIPAP □Ventilator
**Chest tube:** □ Left - Size: _____ Depth: _____ cm
□ Right - Size: _____ Depth: _____ cm

**C** □Normal

**Skin:** □ Warm □ Dry □ Cool □ Moist □ Pale
**Capillary refill:** □ <3 sec or _____ sec
**Pulses:** □ Weak □ Asymmetric_____
**JVD:** □ Yes □No
**Unstable Pelvis:** □ Yes □No

**Bleeding Controlled:** □ Direct Pressure □ Bandage □ Tourniquet
**Access:** □IV □Central □IO
Line 1: Location _____ Size ____ Line 2: Location _____ Size ____
**Fluids:** □ IVF:_____mLs □NS □LR □Other _____
**Blood:** □ Ordered □ Given Type/Amount: _____
**Pelvis Stabilized:** □ Yes □Not Indicated

**D** □Normal

**Responsiveness:** □ A □ V □ P □ U
**GCS:** ___(E___ V___ M___) □ Qualified
**Moves Extremities:** □ RUE □ LUE □ RLE □ LLE
**Pupils:** Size: L ____ R ____, Reactivity: □ L □ R

**Blood Glucose:**
(Abnormal if <65 mg/dL)

**Interventions:**
□ Glucose
□ Antidote
□ Antiepileptic
□ Raise head of bed
□ Other: _____

**E** □Exposed Completely

**F** □Normal

□Not Indicated □Not Available
**Peritoneum:** □ Negative □ Indeterminate □ Free Fluid: _____
**Chest:** □ Negative □ Indeterminate □ Pneumothorax ( R / L ) □ Pleural fluid ( R / L ) □ Pericardial effusion

## HISTORY OF PRESENT ILLNESS:

Date of Injury: DD/MM/YY Time: ___ ___: ___ ___ (24h)

**Place of injury:** □ Unknown
**Activity at time of injury:** □ Unknown
**Mechanism of injury:**
□ Road traffic incident: □ Driver □ Passenger □ Pedestrian
Patient vehicle: _____ Impacted with: _____
□ Airbag □ Seat belt □ Helmet □ Extricated □ Ejected
□ Fall from: _____ □ Hit by falling object: _____
□ Stab/Cut □ Gunshot □. Sexual Assault
□ Other blunt force trauma: _____
□ Suffocation, choking, hanging
□ Drowning: _____ with life vest: yes / no
□ Burn caused by: _____
□ Poisoning/Toxic Exposure: _____
□ Unknown

**First care sought:**
**Prehospital care:** □ None □ Layperson □ Healthcare professional
**Prehospital care given**: _____

**Details:** □ Loss of consciousness: <5 min / 5-29 min / 30min-24 hr
□ Head trauma □ Neck trauma □ Other: _____

**Intent:** □ Unintentional/accidental □ Intentional: □ Self Harm or □ Assault (Assaulted by: _____) □ Legal process/political unrest/war
□ Unknown

**Hours since last meal:** _____ hrs □ Unknown
**Substance use within 6 hrs of injury:** □ Unknown □None □ Reported □ Evidence
□ Alcohol □ Other Substance: _____

## PAST HISTORIES:

**Past Medical:** □ None □ Unknown
□ HTN □ DM □ COPD □ Psych □ Renal Disease □ Other:

**Past Surgeries** (type & date): □ None □ Unknown

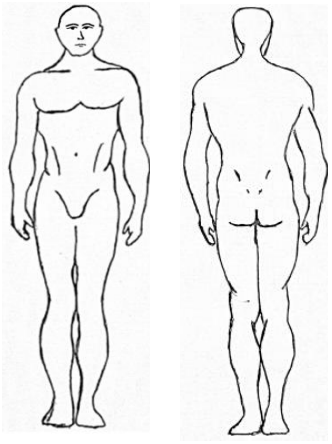
**Medications:** □ None □ Unknown

**Family History:** □ None □ Unknown

## PHYSICAL EXAM: (See Reference Card for normal findings. Please indicate L or R if needed.)

| | | |
|---|---|---|
| □NML | **General** | |
| □NML | **Neuro/Psych** | |
| □NML | **HEENT** | |
| □NML | **Neck** | |
| □NML | **Respiratory** | |
| □NML | **Cardiac** | |
| □NML | **Abdominal** | |
| □NML | **Pelvis** | |
| □NML | **GU/Rectal** | |
| □NML | **MSK** | |
| □NML | **Skin** | |

Detail Area of Injury:



## ASSESSMENT AND PLAN:

## Diagnostics:

**Ordered** **Results**
□ Hgb:
□ Blood Type:
□ Chemistry:
□ Hepatic:
□ Urine Pregnancy:
□ Other labs:

**Ordered** **Results**
□ Chest Radiograph
□ Pelvic Radiograph
□ Head CT
□ C-Spine Radiograph or CT
□ Chest / Abdomen CT
□ Extremity Radiograph
□ Other imaging:

## MEDICATIONS:

Medication and Dose Time Given Initials
□ IVF: _____ mLs □NS □LR □Other:_____, ____:____, _____
□ Blood (specify number of units):_____, ____:____, _____
□ Analgesia:_____, ____:____, _____
□ Antimicrobials:_____, ____:____, _____
□ Tetanus: _____, ____:____, _____
□ Other: _____, ____:____, _____
□ Other: _____, ____:____, _____
□ Other: _____, ____:____, _____
□ Other: _____, ____:____, _____

## PROCEDURES: (Intubation, Thoracostomy, Splinting/Reduction, Laceration Repair, Other)

□ Procedure: _____ Time ____:____
□ Procedure: _____ Time ____:____
□ Procedure: _____ Time ____:____
□ Procedure: _____ Time ____:____
□ Procedure: _____ Time ____:____
□ Procedure: _____ Time ____:____
□ Procedure: _____ Time ____:____
□ Procedure: _____ Time ____:____
□ Procedure: _____ Time ____:____
□ Procedure: _____ Time ____:____

**REASSESSMENT** at ___ ___: ___ ___(24h) Temp:_____ Pulse:_____ BP:____ / ____ RR:_____ $SpO_2$:____ % on_____

□ Condition same □ Changes:

**DISPOSITION:** Checklist completed: □ Y □ N ED departure (date & time): DD/MM/YY _____ : _____ (24h)
Vital Signs at Disposition: Temp:____ Pulse:____ BP:____ / ____ RR:____ $SpO_2$:___% on____

**Diagnoses/Impressions** (list all)**:**

□ **Admit to:** □ Ward _____ □ ICU □ OT Accepting Provider: _____
□ **Transfer to**: _____ Accepting Provider: _____
□ **Discharge:** Plan discussed with patient? □ Yes □ No □ **Left without being seen or before treatment complete**
□ **Died of** (specify cause - NOT cardiopulmonary arrest): _____

| **Emergency Unit Provider Name/Title** (include handovers) | **Signature and Date** |
|---|---|
| | |
| | |