

MAJOR TRAUMA PATIENT RECORD

(TEAM LEADER IS RESPONSIBLE FOR CHECKING THE ENTIRE DOCUMENT)

Name		M <input type="checkbox"/> F <input type="checkbox"/>	D.O.B:	Age:
Date		Time:	MRN:	

TRAUMA TRIAGE TOOL		Pre-Hospital - Pre Alert Time:	
Physiology	<input type="checkbox"/> Sustained RR<10 or >29	Time of incident:	
	<input type="checkbox"/> Sustained SBP<90mmHg / absent radial pulse	Mechanism:	
	<input type="checkbox"/> GCS Motor score<=4	Injuries:	
Anatomy	<input type="checkbox"/> Extensive chest wall Injury	Pre Hospital Signs	
	<input type="checkbox"/> Neck or back Injury with Paralysis	HR: BP: / RR: Sats: T'C:	
	<input type="checkbox"/> Suspected open, depressed or basal skull fracture	GCS: E: V: M: Total:	
	<input type="checkbox"/> Amputated limb	Pre Hospital Treatments:	
	<input type="checkbox"/> More than 1 proximal long bone fracture		
	<input type="checkbox"/> Open long bone, midfoot or hindfoot fracture		
	<input type="checkbox"/> Crushed, degloved or mangled limb		
	<input type="checkbox"/> Suspected pelvic fracture with:		
<input type="checkbox"/> Clinician Concern High risk groups <input type="checkbox"/> Age >65 <input type="checkbox"/> Pregnancy <input type="checkbox"/> Anticoagulants <input type="checkbox"/> Polypharmacy			

MAJOR TRAUMA TEAM			
Speciality	Name	Grade	Arrival Time
Team Leader			
Nurse 1			
Nurse 2			
Scribe			
Anaesthetist			
Intensive Care			
Surgical			
Orthopaedic			
Emergency Department			
Radiographer			
Theatre Coordinator			
Other			
Time of Departure From ED			
Destination From ED			

*Kindly replicated from the major trauma documentation at NBT Bristol.

Resus Documentation

**PLACE PATIENT STICKER
HERE**

FOR TRAINING ONLY

Signed _____

Transcribed on behalf of the Trauma Team Leader and the Trauma team

PLACE PATIENT STICKER HERE

***Kindly replicated from the major trauma documentation at NBT Bristol.**

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Pre-Hospital Drugs/Fluids/Blood	PLACE PATIENT STICKER HERE
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PRE-HOSPITAL DRUGS			
Drug Name	Dose	Route	Time

PRE-HOSPITAL FLUIDS			
Fluid	Volume	Route	Time

PRE- HOSPITAL BLOOD PRODUCTS
Product (e.g RBC x 2 units, FFP x 2 units)

OBSERVATION CHART

PLACE PATIENT STICKER HERE

Date	Time									
GCS	EYES (1-4)									
	VERBAL (1-5)									
	MOTOR (1-6)									
	GCS TOTAL (3-15)									
PUPILS	Right	Size								
		Reaction								
	Left	Size								
		Reaction								
Ventilation Parameters	FiO ₂									
	ETCO ₂									
	PEAK AIRWAY PRESSURE									
	SaO ₂									
	RESPIRATORY RATE									
BLOOD PRESSURE AND PULSE RATE		180								
		170								
		160								
		150								
		140								
		130								
		120								
		110								
		100								
		90								
		80								
		70								
		60								
		50								
		40								
		30								
		20								
Other	TEMPERATURE									
	BLOOD GLUCOSE									
	URINE OUTPUT									
	CHEST DRAINAGE									
	BED RAILS UP									

BLOOD GASSES	PLACE PATIENTS STICKER HERE
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ABG / VBG	ABG / VBG	ABG / VBG
FOR TRAINING ONLY		

INTERVENTIONS	PLACE PATIENT STICKER HERE
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Cannula	Place Sticker here
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Catheter	Place Sticker here
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	Time:
Bloods taken & sent	
Urinalysis	
Pregnancy test	

TRAUMA TIME LINES	PLACE PATIENTS STICKER HERE
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CT SCAN	TIME		TIME
In to CT		TIME OF PROVISIONAL CT REPORT	
CT Start			
CT End		TIME OF CONSULTANT VERIFIED FULL CT REPORT Tick here if report not received <input type="checkbox"/>	
Leave			

ADDITIONAL INFORMATION	
Description of Delays	
Duration of Delays	
Time of Departure From ED	
Trauma Team Clinical Catch up performed	

ADDITIONAL INFORMATION

Cont. Notes	PLACE PATIENTS STICKER HERE
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NEXT OF KIN	PRESENT	YES	NO
NAME:			
RELATIONSHIP:			
TEL NUMBERS:			
ADDRESS:			

POLICE INFORMATION	
FAMILY LIASON OFFICER INC COLLAR NUMBER	
INCIDENT NUMBER	
CONTACT TEL NUMBER	
PASSWORD	

PROPERTY	COMMENT
LISTED	
DAMAGED	
TAKEN BY RELATIVES	
IN SAFE	
TAKEN FOR FORENSICS	
TICK HERE IF NO PROPERTY <input type="checkbox"/>	