

Patient's Name _____ Hosp No. _____

Date Of Birth: ____ / ____ / ____

Ward/Unit: _____

Patient's Label or complete

HISTORY

Date of injury ____ / ____ / ____
Time of injury _____ hrs
Mechanism of injury:

- RTC Speed _____ km/hr
- No Yes**
- Seatbelt worn
- Rollover
- Ejected
- Death in vehicle
- Trapped _____ mins
- MB/cyclist Speed (est) _____ km/hr
- Helmet worn
- Pedestrian
- Sport
- Assault Blunt Stab Gunshot
- Burn
- Fall Height _____ metres
- Crush
- Other _____

Allergies

Last Tetanus <10 years ago >10 years ago

Medicines

Comorbidity/past history

Description of mechanism of injury

Pre-hospital

Scene location _____

Arrived at ED at _____ hrs on ____ / ____ / ____

Transported by

- Ambulance Helicopter Other
- Advance notification

Scene Recordings

HR _____ /min

PR _____ /min

BP _____ mmHg

GCS _____ /15 E _____ /4 V _____ /5 M _____ /6

Treatment

- Semirigid Collar
- Artificial Airway
- Bag/mask assisted ventilation
- Intubated
- IV line - Site _____ size _____ g
- Fluids given *Crystalloid* _____ ml
- Colloid* _____ ml
- Splints - Site _____
- Other _____

PRIMARY SURVEY

Airway

- Normal Compromised

Cervical spine

- Normal Suspect injury

Breathing

PR _____ /min (on arrival) SaO2 _____ %

No Yes

- Tracheal deviation
- Respiratory distress
- Major chest wall trauma
- Tension pneumothorax
- Massive haemothorax

INTERVENTION

No Yes

- Oxygen mask _____ l/min or _____ %
- Airway & bag
- ETT - size _____
- intubated by* _____
- Surgical airway - done by _____

No Yes

- Chest drain
- size: right* _____
- left* _____
- Other intervention (state)

Circulation

HR _____ /min (on arrival)

SBP _____ mmHg (on arrival)

Peripheries

- Warm, perfused Cool, shutdown

Haemorrhage

- No Yes or suspected
- External
- Internal
- Chest
- Abdomen
- Pelvis / retroperitoneal
- Limbs

No Yes

- IV Line site 1 _____ size _____ g
- site 2 _____ size _____ g
- Arterial line site _____
- NGT/OGT
- Urinary catheter
- DPL
- FAST
- Resuscitation fluids (in ED)
- crystalloid* _____ ml
- colloid* _____ ml
- blood* O-neg _____ units
- x-matched _____ units

Disability

GCS (arrival) _____ /15 E _____ /4 V _____ /5 M _____ /6

GCS (time _____ hrs) _____ /15 E _____ /4 V _____ /5 M _____ /6

Exposure

R L

Pupil size _____ mm

Reactive?

Arms move?

Narrative of Events

MAJOR TRAUMA FORM

CR 1010

Summary of Injuries

Region	Description of Injury
Head including Face	
Spine including C-Spine	
Chest	
Abdominal & Pelvic	
Extremities	
Soft Tissue	