RIP ☐
Min. Data ☐
(shaded)

ST GEORGE HOSPITAL

TRAUMA PATIENT DATA COLLECTION SHEET

(*please* use BLUE pen)

SGH Arrival	**MRN / Name / Gender / DOB / Age / Suburb / Postcode**
Date: Time:	
Pre-hospital (Direct from scene) ☐ Transfer from another acute facility ☐	Transported as per T1 protocol (Bypass) Y N N/A

INJURY DETAILS

Date of Injury	Time of Injury	Primary MOI	Secondary MOI	Injury Narrative (if req) FSP RSP
Blunt Penetrating N/A Unknown		Place of Injury	Activity when injured	Height of fall
Seatbelt Y N UNK	**Airbag** Y N UNK No airbags	**Helmet** Y N	Injury Location Postcode	Same as pt's address Y N

PRE-HOSPITAL (Ambulance or Primary Retrieval)

Walk in Y	Pt Extricated Y N	Extrication Time (min)	Agency (multi)	Mode	Care level
Batphone Y N	Casesheet Avail? Y N – #	Booked Time	Scene Arrive	Patient Contact	Depart Scene
Vitals Recorded	Paralytic Agents Y	Sedated Y	Intubated Y	Intubated Method OTT / LMA / SURG	Resp Assist Y	Resp Method BVM / VENT
Time:	First Sats	First Pulse Rate	First RR	First SBP / DBP	First GCS

Treatment	**Medication Type**	**Fluid Volume**		
CPR	Tranexamic acid	Hypertonic Saline ……..mls	Colloid	……mls
Needle decom thorac (NDT)		Crystalloid ……mls	Blood	……mls
			Other	……mls

REFERRING HOSPITAL (Info from 1st hospital)

Referring Hosp 1		Mode of Arrival	Transfer Rationale	Arrival date/time	Departure date/time
Vitals Date & Time	Temp	Intubated Y	Intubated Method OTT / LMA / SURG	Resp Assist Y	Resp Method BVM / VENT
Sats	Pulse Rate	Resp Rate	SBP / DBP	GCS	Base Deficit/Excess
Procedures		Start Date/Time	Stop Date/Time	Narrative	

TREATMENT	**Medication Type**	**Fluid Volume**		
CPR	Tranexamic acid	Hypertonic Saline ……..mls	Colloid	……mls
		Crystalloid ……mls	Blood	……mls
			Other	……mls

REFERRING HOSPITAL (Info from 2nd hospital)

Referring Hosp 2		Mode of Arrival	Transfer Rationale	Arrival date/time	Departure date/time
Vitals Date & Time	Temp	Intubated Y	Int Method OTT / LMA / SURG	Resp Assist Y	Resp Method BVM / VENT
Sats	Pulse Rate	Resp Rate	SBP / DBP	GCS	Base Deficit/Excess
Procedures		Start Date/Time	Stop Date/Time	Narrative	

TREATMENT	**Medication Type**	**Fluid Volume**		
CPR	Tranexamic acid	Hypertonic Saline ……..mls	Colloid	……mls
		Crystalloid ……mls	Blood	……mls
			Other	……mls

RETRIEVAL INFO (Interhospital transfer)

Agency	Mode	Care level		Report Available Y N
Call Received – Date & Time	Call Dispatched	Arrived at Pt	Left Loc	Arrived at Dest
Intubated Y	Intubated Method OTT / LMA / SURG	Resp Assist Y	Resp Method BVM / VENT	

INTUBATION TRACKING

Intubated 1 Start date & time	Extubated date & time
Intubated 2 Start date & time	Extubated date & time

ST GEORGE

Dispatch Date & Time	Dispatch Route (where to?)	Direct to ICU / HDU ☐
Trauma Response (Please tick one)		(Please tick if applicable)
Full ☐	Trauma Team NOT Activated NOT required ☐	Blunt chest injury protocol activated ☐
Standby ☐	Trauma NOT Activated and **required** ☐	Blunt chest inj protocol req & not activated ☐

Custom Data Elements (on arrival)

Lactate (mmol/L)	Hb (g/dL)	Base Excess/Deficit	INR

ED Initial Assessment (first 24 hours)

Vitals Date & Time		Temp	Paralytic Agents Y	Sedated Y	Intubated Y	Int Method OTT / LMA / SURG
Resp Assist Y	Resp Method BVM / VENT	Sats	Pulse Rate	Resp Rate	SBP / DBP	GCS
TREATMENT CPR		**Medication Type** Tranexamic acid		**Fluid Volume** Hypertonic Saline ……...mls Crystalloid ……mls		Colloid …….mls Blood …….mls Other …….mls

PROCEDURES - Imaging / Operations

Angiography 59970-01	CPR 92052-00	FAST - POS / NEG / UNK 55036-00		ICC – HOW MANY? 38806-00	
CT: Pan Scan 57007-01		**Date**	**Time In**	**Time Out**	**POS / NEG / UNK**
CT: Head 56001-00					**POS / NEG / UNK**
Embolisation – pelvis 35321-06					
Embolisation – other 35321-10					

INJURIES

Body Region	Injury Description	AIS Code
Co-morbidities code / description (see look up codes)		Complications code / description (see look up codes)

OUTCOMES

D/C Status	D/C condition	D/C / Death date & time	D/C to	Facility Name	GCS
D/C Delay Explanation:			T/F Rationale:		
Custom Data Elements					
Reported to coroner Y N		Formal PTA testing Y N	Self-discharged against medical advice or absconded Y N		
Death Location:					

QA – ACS Filters

Incomplete 1/24 ob in ED		ICH with craniotomy >4hrs		GCS <9 with no airway		Reintubation within 48hrs	
Abdo injuries SBP<90 nil Lap 1/24		Laparotomy >4hrs of ED		Surgery >24hrs from admission		DVT in Trauma Pt	
Delay Trauma Team Act	9002	Transferring Fac Comp	8515	>2L Fluids nil B/Products	5099	Unexp Post-op Haem	8508
Unexp return to OT	8506	Nursing Issue	9013	Delay to trauma consult	9011	Clinical probs pt care	9102
Non-therapeutic Lap	8514	Unexpected re-admin	8507	System Probs	9101	Documentation	9103
Delay Trauma Sx	90041	Delay Anaesthetics	90043	Delay ICU	9005	Pre Hosp Issue	2099

QA – System Filters

Issues / Actions / Outcomes

QA – User Defined	Triage Cat (1-5)	Fluid resus issues (in-hosp)	Fluid warmer NOT used
Active rewarm NOT performed	Patient Complaint	Inapp delay C/spine clear	Inapp delay T/L/S spine clear
Admission Direct to Ward	Awaiting Autopsy	No tertiary survey	MTP or Code Crimson
No DVT prophylaxis (drugs)	No Calf compression (TED)	Scene time >20min	No head CT, GCS <13