

# SW London & Surrey Trauma Network Trauma Documentation

- St George's Hospital
- East Surrey Hospital
- Epsom University Hospital
- St Helier University Hospital
- Frimley Park Hospital
- Kingston Hospital
- Mayday University Hospital
- Royal Surrey County Hospital
- St Peter's Hospital

<b>Pre-alert details</b>	<b>Date:</b>	<b>Time:</b>
<b>Ambulance Call Sign:</b>	<b>Call received by:</b>	
<b>Age:</b>	<b>Male / Female</b>	
<b>Mechanism:</b>		
<b>Injury:</b>		

<b>Name:</b> <b>DOB:</b> <b>Hosp. No:</b>
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**Signs:** RR:                    ; O<sub>2</sub> sats                    %( air/O<sub>2</sub>); BP                    /                    ; Pulse                    ; GCS

**Treatment:**

<b>Request from pre-hospital team:</b> eg. Blood/Spec. team etc	ETA:                    mins	<b>Time of arrival:</b>
	Emergency Med. Team/ Major Trauma Team <small>(Please circle as appropriate)</small>	

<b>Trauma Team</b>		<b>Team Leader:</b>		<b>Senior Nurse:</b>		
Name	Signature	Specialty	Grade	Time attended		
		Emerg. Med.				
		Emerg. Med.				
		Anaesthetics				
		General Surgery				
		Orthopaedics				

Trauma chart completed by:	Signature:	Position:
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# Pre-Hospital Care

Name: \_\_\_\_\_

Hosp. No: \_\_\_\_\_

Date: \_\_\_\_\_

Transport to Hospital: Ambulance service \_\_\_\_\_ / HEMS (land /helicopter) / Private / Other \_\_\_\_\_

999 call time: \_\_\_\_\_

Arrive at scene time: \_\_\_\_\_

Left scene time: \_\_\_\_\_

Arrive at hospital time: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Incident postcode: \_\_\_\_\_

Ambulance incident no: \_\_\_\_\_

**Mechanism****Injury****Signs****Airway:** Patent / Compromised **Breathing:** RR \_\_\_\_\_/min O<sub>2</sub> sats \_\_\_\_\_ % on air / oxygen**Circulation:** BP \_\_\_\_\_/\_\_\_\_\_ mmHg Pulse \_\_\_\_\_/min **Disability:** GCS \_\_\_\_\_/15 (E ;V :M )**Treatment****Spinal immobilisation:** Non / Cervical collar / Head blocks / Spinal board / Scoop**Airway adjuncts:** None / Oral airway / ETT (time \_\_\_\_\_)**Breathing:** Oxygen - Yes /No**Circulation:**

IV Access	Right	Left
Site		
Size		

**Drugs:**

Drug	Dose
Etomidate	
Suxamethonium	
Pancuronium	
Propofol	
Ketamine	
Morphine	
Midazolam	

Procedure	Right	Left
Needle thoracocentesis		
Chest drain(size)		
Thoracostomy		
Other		

**Fluids given:** Type: \_\_\_\_\_ Volume: \_\_\_\_\_**Splints (pelvis/limbs):****Dressings:****CPR performed:** Yes / No**Time of arrest:****Initial rhythm:****Time CPR stopped:****Return of spontaneous circulation:** Yes / No**Allergies:****Medication:****PMH:****Last meal:****Events (reported by patient if different from above):****Tetanus:** Immune / Not immune / unknown

# Primary Survey

Name: \_\_\_\_\_

Hosp. No: \_\_\_\_\_

Date: \_\_\_\_\_

## Assessment

**C-spine immobilisation:** None / Collar / Blocks / Spinal board / Scoop / other

**Airway:** Patent / Compromised

**Breathing:** RR \_\_\_\_\_ / min

O<sub>2</sub> Sats \_\_\_\_\_ % on air/oxygen

**Circulation:** BP \_\_\_\_\_ / \_\_\_\_\_ mm Hg Pulse \_\_\_\_\_ / min

External haemorrhage: Yes / No \_\_\_\_\_

Abdomen: Soft / Distended / Tender \_\_\_\_\_

FAST scan: Free fluid present / absent; Performed by \_\_\_\_\_ at \_\_\_\_\_ (time)

Free fluid in: Hepato renal angle / Spleno-renal angle / Pericardium / Pelvis

Pelvis: Obvious injury / no apparent injury

**Disability:** GCS \_\_\_\_\_ / 15 (E \_\_\_\_\_ ; V \_\_\_\_\_ ; M \_\_\_\_\_ )

Right pupil (Size / reaction) \_\_\_\_\_ mm Yes / No

Left Pupil (size / reaction) \_\_\_\_\_ mm Yes / No

Limb movement: RA / RL / LA / LL

Priapism : Present / Absent

**Temperature:** \_\_\_\_\_ °C

**Blood Glucose:** \_\_\_\_\_ mmol/l

## Treatment

**C-spine immobilisation commenced in ED:** Yes / No Collar / head blocks

**Airway:** adjunct None / oral/ nasal / ETT ( time \_\_\_\_\_ ; size \_\_\_\_\_ ) / Surgical airway ( time \_\_\_\_\_ ; done by \_\_\_\_\_ )

**Breathing:** Oxygen Yes / No ; \_\_\_\_\_ l/min

Procedure	Right	Procedure carried out by	Left	Procedure carried out by
Needle Thoracocentesis				
Chest drain (size and time)				
Thoracotomy (time)				

## Circulation:

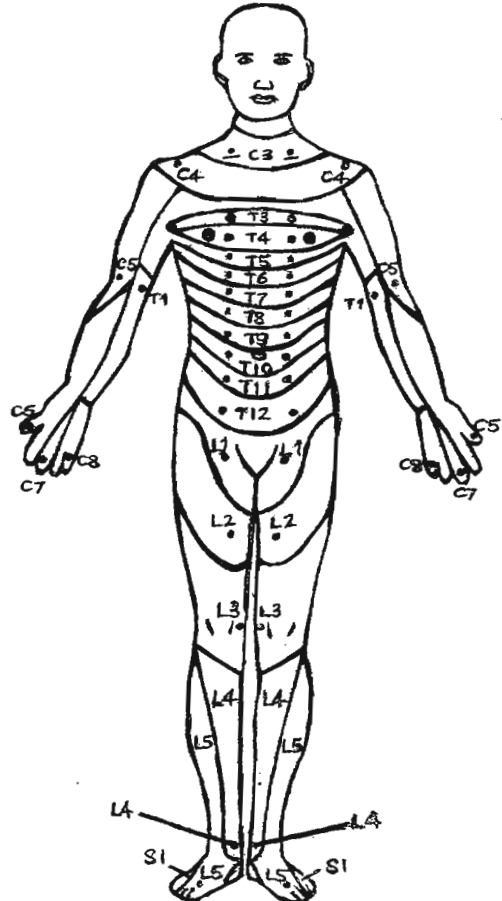
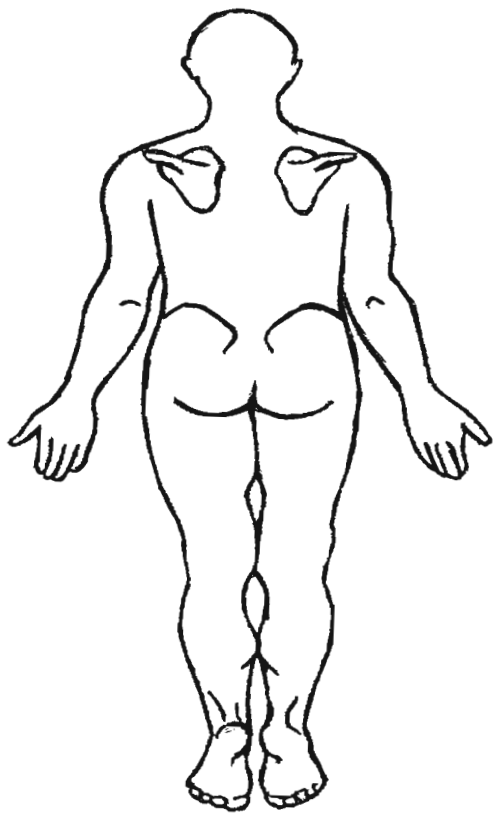
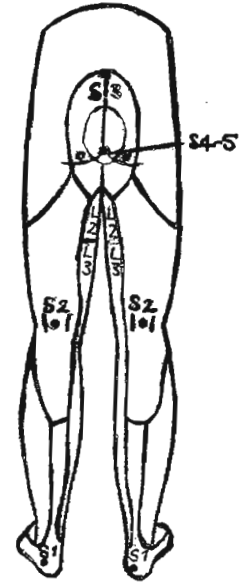
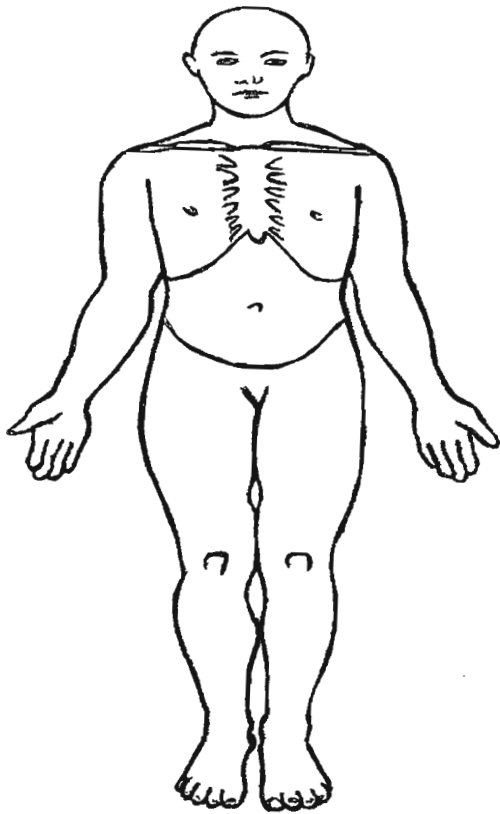
IV/IO access	Right	Left	Other	Other	CPR performed: Yes / No  Time of arrest: Time CPR stopped:  Initial rhythm: Return of spontaneous circulation: Yes / No
Site					
Size					

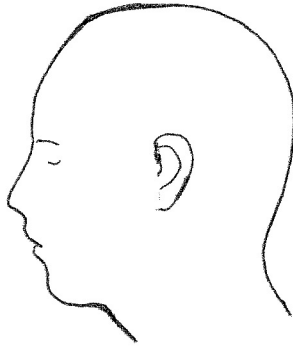
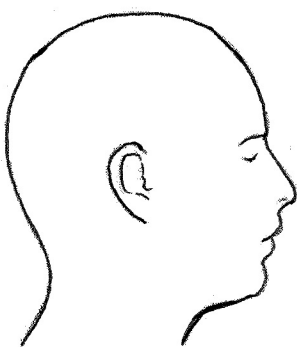
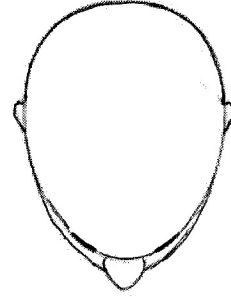
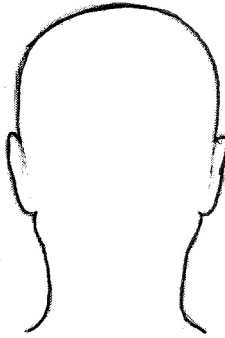
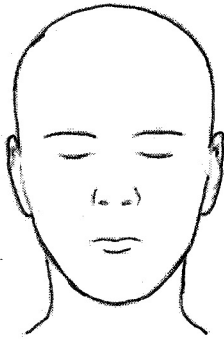
**Splints:**

**Massive haemorrhage protocol activated:** Yes / No

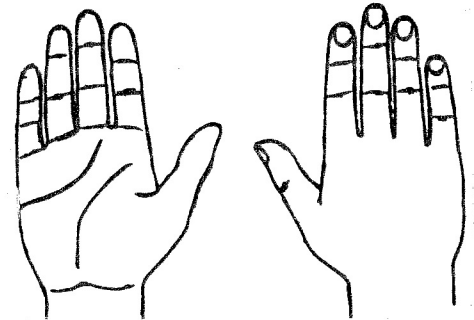
**Dressings:**

If 'Yes' at what time:







**RIGHT**  
Dominant Hand: Left/Right




Neurovascular exam of foot: Right / Left

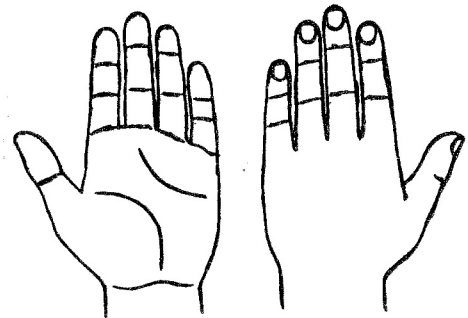
Sural Nerve  Superficial Peroneal Nerve

Saphenous Nerve  Posterior Tibial Artery

 Tibial Nerve

Deep Peroneal Nerve  Dorsalis Pedis

**LEFT**  
Dominant Hand: Left/Right



Capillary Refill time: \_\_\_\_\_

Colour: \_\_\_\_\_

Perfusion: \_\_\_\_\_



**Secondary Survey**

Name:

Hosp. No:

Date:

**Body Region Findings**

<b>Head</b>	None	
<b>Face</b>	None	
<b>Neck</b>	None	
<b>Chest</b>	None	
<b>Abdomen</b>	None	
<b>Pelvis</b>	None	
<b>Upper Limbs</b>	None	
<b>Lower Limbs</b>	None	
<b>Log roll / back</b>	None	
<b>Rectal</b>	None	
<b>ECG</b>	None	
<b>Other</b>		

# Summary of Injuries

Name:

Hosp. No:

Date:

	Injuries	Investigations completed	Outstanding tasks
Head			
Face			
C-spine			
T/L spine			
Chest			
Abdomen			
Pelvis			
Upper limbs			
Lower limbs			
Skin			
Other			

**Patient handed over to**

Name:

Grade:

Specialty:

**Time of handover**

**Destination**

Ward / ITU / HDU / \_\_\_\_\_

**Team Leader's signature**





# Anaesthetic Notes

Name:

Hosp. No:

Date:

Name(s) of doctor(s) (please print):

Consultant:

Time attended:

Time notes written:

# General Surgery Notes

Name:

Hosp. No:

Date:

Name(s) of doctor(s) (please print):

Consultant:

Time attended:

Time notes written:





Specialty		Name:	Hosp. No:	Date:
	Name(s) of doctor(s) (please print):			
	Consultant:			
	Time attended:			
	Time notes written:			

**Specialty**

Name:

Hosp. No:

Date:

Name(s) of doctor(s) (please print):

Consultant:

Time attended:

Time notes written:

Specialty	Name:	Hosp. No:	Date:
	Name(s) of doctor(s) (please print):		
	Consultant:		
	Time attended:		
	Time notes written:		



# Radiology

Name:

Hosp. No:

Date:

Name(s) of doctor(s) (please print):

Consultant:

Results	Name:		Hosp. No:		Date:	
Time						
Temperature						
pH						
Hb						
WCC						
Plt						
INR						
PT						
APPT						
Na						
K						
Bic						
Cl						
Urea						
Creatinine						
Glucose						
Alcohol						

Urinalysis	
Blood	
Protein	
Glucose	
Ketones	
Leuc.	
Nitrates	
pH	
B-HCG	

Urinary Catheter	
Time of catheterisation	
Size of Catheter	
Residual volume <small>(measure 15min after catheterisation)</small>	
Antibiotics required: Yes / No	Given: Yes / No
CSU sent: Yes / No	

Place sticker here

# Results

Name:

Hosp. No:

Date:

Please attach blood gas results here

