

Trauma Chronology

Name:

Hosp. No:

Date:

Plain films

Time:

CXR / PXR / C-spine

CT

Time:

Head /C-spine/ Chest/ Abdo/ Pelvis/ other

Time

Events

TRAUMA
CHART
Part 2

Observation Chart

Name: _____ Hosp. No: _____ Date: _____

Time	Blood pressure & Pulse rate		Temperature °C	
210				
200				
190				
180				
170				
160				
150				
140				
130				
120				
110				
100				
90				
80				
70				
60				
50				
40				
30				
20				
10				

Eyes	Open spontaneously	4
	Open to speech	3
	Opens to pain	2
	None	1
Verbal	Orientated	5
	Confused	4
	Inappropriate words	3
	Incomprehens. sounds	2
	None	1
Motor	Obeys commands	6
	Localises to pain	5
	Normal flexion to pain	4
	Abnormal flexion to pain	3
	Extension to pain	2
	None	1
	Total GCS	
Pupils	Right pupil size	
	Right pupil reaction	
	Left pupil size	
	Left pupil reaction	

Tertiary Survey (once admitted)

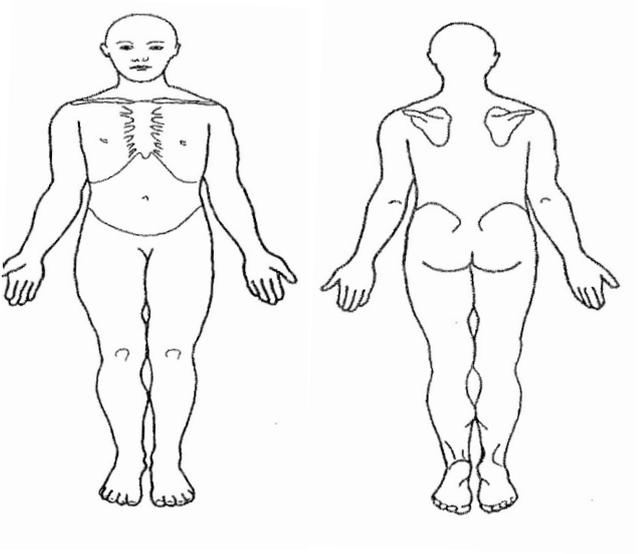
Name:

Hosp. No:

Date:

Ward:

Consultant

Airway		Summary of Injuries	
		Head /Face:	
Breathing		Neck:	
Circulation		Chest:	
Disability		Abdomen:	
		Pelvis:	
		Back:	
		Neurological:	
		Limbs:	
Missed injuries identified to date:		Comments:	
Print Name		Signature	

