



Age: _____

Pre arrival check list

- Team complete
- Equipment checked
- X-ray protection
- Team informed

Prehospital vital signs

BP: _____ IV fluids: _____
SpO₂: _____ Resp rate: _____
Pulse rate: _____ Temp: _____
Medications: _____ GCS: _____
Intubated: Neck stabilized: ASA:

Hospital:

Arrival:(mm/hh) _____ / _____ -20

Relatives: _____
Informed: Y N Phone: _____
By whom: _____ When: _____

Data about the Injury

Time of injury: _____/_____-____hr____
Site of the accident: _____
Mechanism of injury/type: _____

Penetrating: Y N Physician attending transport: Y N

- RTA _____ Seat belt used Y N
- Fall _____ m
- Assault - partner
- Assault - non-partner
- Self Inflicted
- Occupational
- Stab wound
- Gun shot wound
- Burns
- Other: _____

Personnel:

Team leader: _____
Surgeon: _____
Orthopedist: _____
Anesthetist: _____
Nurse anesthetist: _____
Radiographer: _____
ER nurse: _____
OR nurse: _____
Documentation nurse: _____

Name: _____

Sex:
Female:
Male:

Date Of Birth: _____

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Check list:

- Oxygen 15 l/min
- Open airways/intubation, time: _____
- Neck stabilized
- Respiratory rate
- Chest examined
- Chest x-ray, time: _____

- 2 i.v. lines
- Urinary catheter Size: _____ Time: _____
- Pelvis examined
- Pelvic x-ray, time: _____
- Abdominal US/peritoneal lavage, time: _____
- Blood samples/Arterial Blood Gases
- Monitoring

Evaluation of consciousness

Glasgow Coma Scale

Eye opening	Verbal response	Best motor response
Spontaneous 4	Orientated 5	Obeys commands 6
To voice 3	Disorientated 4	Localises pain 5
To pain 2	Inappropriate words 3	Withdraws from pain 4
None 1	Incomprehensible sounds 2	Flexion to pain 3
	No verbal response 1	Extension to pain 2
		No motor response 1

- Sensibility/motor response
- Pupillary response

- Temperature
- Hypothermia prevention
- Gastric tube
- Tetanus Antibiotics
- Urine stix/Pregnancy test
- The back examined
- Pain relief
- Pain score (Visual analogue score (VAS))
- _____
- _____
- _____
- _____

Time:	10	20	30	40	50	0	10	20	30	40	50	0	10	20	30	
Tp:● BP:× P:●																
41,0 240																
40,0 220																
39,0 200																
38,0 180																
37,0 160																
36,0 140																
35,0 120																
34,0 100																
33,0 80																
32,0 60																
31,0 40																
30,0 20																

Notice/VAS:

O ₂ l/min																
SpO ₂																
Respiratory rate																
Urinary output																
Ringer/NaCl																
Eye opening																
Verbal response																
Best motor response																
GCS total																
Pupillary size																
Pupillary reaction R/L																

Notice:

Findings, measures & treatment:

Further treatment & ordinations:

Total:	

Patient leaves trauma room, time: _____ To CT, time: _____ From CT, time: _____

Admitted to ward: _____ Time: _____ ASA: _____

Responsible doctor for further treatment: _____

Blood tests:

Time:		
Hb		
pH		
PaO ₂		
PaCO ₂		
BE		
Lactate		
Blood sugar		

- Valuables locked in
- Clothes cut
- _____
- _____
- _____
- _____
- _____

Summary at discharge

Surgical procedures:

Date / Op. started time: _____

Op.codes (ICD)/procedures _____

Date / Op. started time: _____

Op.codes (ICD)/procedures _____

Date / Op. started time: _____

Op.codes (ICD)/procedures _____

Date / Op. started time: _____

Op.codes (ICD)/procedures _____

Stay in ICU

Length of stay _____ hrs

Time on ventilator _____ hrs

Discharged

Date / time

- To: Home
 Higher level hospital
 Same level hospital
 Lower level hospital
 Rehab institution
 Hospital abroad
 Dead

Status at discharge (GOS) Glasgow Outcome Score

Score	Rating	Definition
5 <input type="checkbox"/>	Good Recovery	Resumption of normal life despite minor deficits
4 <input type="checkbox"/>	Moderate Disability	Disabled but independent. Can work in a sheltered setting
3 <input type="checkbox"/>	Severe Disability	Conscious but disabled. Dependent on daily support
2 <input type="checkbox"/>	Persistent vegetative	Minimal responsiveness
1 <input type="checkbox"/>	Death	Non survival

Deterioration relative to pre-injury? Unchanged No Yes Not known

Diagnoses

AIS
Body region

Abbreviated Injury Scale (AIS). For coding of each injury.

AIS Score	Injury	Examples
1	Minor	Distortion, Laceration
2	Moderate	Non-dislocated fracture, Cerebral concussion, Large lacerations
3	Serious	Dislocated fracture (except finger AIS 2) Pneumothorax.
4	Severe	Intra cranial hematoma, Intra abdominal bleeding. Hemo- pneumothoax
5	Critical	Severe head injury, Severe bleedings (thorax, abdomen or pelvis), large grade 3 burn
6	Unsurvivable	Dead or site. Severe head injury, rupture of thoracic aorta.

Body regions

Region no	
1	Head & Neck
2	Face
3	Chest
4	Abdomen
5	Extremity
6	External