Trauma Registry

The Paper Abstract Form

FACILITY NAME:

Facility ID #
Instructions for Form Completion on Page 4
**** PLEASE WRITE LEGIBLY! ****

See Trauma Registry Inclusion Criteria Page 4

DEMOGRAPHIC Record # (Assigned by Hospital)						Record # (Assigned by State)			
Abstract Date Mo Day	Year							Abstra	act completed by:
Race White Asian Black NativeHawaiian/Pacific Hispanic Islander American Indian Other				The state of the s		Sex Male Female		of Birth Day Year	
PREHOSPITAL How Arrived to Emergency Department Ambulance			Name of EMS Service			Cause of Injury - Give as complete a description as possible for etiology coding purposes.			
Prehospital trip sheet on chart?	sheet on chart? Private Vehicle Other		Injury D //_		Injury Time				
Home Industrial Place Public Building Farm Place for Sports/Recreation Mine/Quarry Street/Highway Place Unspecified Place Unspecified				City	Where Injury O	ccurred			
Work Related? Y / N	True putient ext		Blunt Penetrat Burn		etrating		Intent Intentional, Self-Inflicted Intentional, Assault Accidental		
Was patient intubate Y / N Time:: # OF ATTEMPTS	No N	ne eatbelt uildseat	Airbagfrontsidecurtain Helmet Other			Moto Fall Assa Moto Pede Bicyc	rcycle/ATV/Snowm estrian cle / Moped e Related		Penetrating Injury Cause Knife Handgun Shotgun Rifle Other

	Time	Scene Vital Signs	GCS Eye Ope	ning	GCS Vo	erbal Response
Dispatched:	<u></u> ;	Time::	2 To Pain 3 To Voice		2 Incompr	rehensible Sounds priate Words
En Route:	<u></u>	SpO2:	4 Spontaneous		4 Confuse 5 Oriented	ed
Arrive Scene:	<u> </u>	Pulse Rate:				
Leave Scene:	;	Respiratory	GCS Motor Res	ponse	0	GCS Total
Arrive Hospital:		Rate: Systolic Blood: Pressure	1 None2 Extension3 Flexion4 Withdraws5 Localizes6 Obeys			
Memo/Pertinent	Details			^^^^		sed for Trauma on from Field
				Physiolog	ic	Anatomy of Injury
				Mechanis	m of Injury	Age
				Co-morbio	d Condition	Gut Feel

EMERGENCY DEPARTMENT	Physician Name/Specialty	Time Time Called Arrived	Was patient previously admitted to hospital for this injury?	Trauma Team Activated? Y / N Time::
Patient Arrival				CT Scan
Date://				
Time::		·		Time::
Were paralytic agents utilized? Y / N	Was patient intubated? Y / N # OF ATTEMPTS Method Nasal ETT Oral ETT Cricothyrotomy King Tube	Time: Combitube Other	Trauma Flowsheet Used? Y / N	Location Head Neck Thorax Abdomen Pelvis Other
Vital Signs	Blood Products Received	Blood Alcohol Content	Drug Screen	
Time:: Temperature Route: SpO2	Number PRBC	Not Done None Detected	Not Done Cannabis Cocaine Narcotics Benzodiazepine	None Detected Barbiturates PCP Amphetamines Other
Pulse Rate	If admitted; Admitting MD	Specialty	Date Left ED:	/ /
Respiratory Rate	General Surgery Orthor Family Practice Interna		Time Left ED _	
Systolic Blood Pressure	Other			

GCS Eye Opening 1 None 2 To Pain	GCS Verbal Response 1 None 2 Incomprehensible Sounds	Post ED Destination Circle One				
3 To Voice	3 Inappropriate Words4 Confused	Admitted to:: OR ICU Floor				
4 Spontaneous		Home				
	5 Oriented	Morgue/Time of Death:				
		*Transferred to: Acute Care Facility Burn Center				
		Jail/Prison Skilled Nursing Facility Other				
GCS Motor Response	GCS Total	*Facility Name and How Transferred:				
1 None2 Extension3 Flexion4. Withdraws5. Localizes		Circle one: ground ambulance helicopter				
6. Obeys		air-fixed wing private vehicle				
		other				
Memo/Pertinent Detail	ls					

OUTCOME	If admitted to the Date of Dischard	ge://		Pre-Existing Diseases / C	Conditions:
		Payor Source	e(s) (select up to t	wo)	
	Champus Self Pay	Commercial Workmans' Comp	HMO No Charge/Write C	Indian Health Services Off	Medicare

PROCEDURES / TIME PERFORMED **EMS PROCEDURES ED Procedures** Time **Airway** Time: Time **Expose (Temperature Control)** Bag Valve Mask **Airway** Combitube Bag Valve Mask Ventilation Warming Measures ETT Combitube Cric **Secondary Survey** Endotracheal Intubation King tube Tracheostomy or Cricothyrotomy ____:___ X-ray (Circle applicable ones) Other King Tube Chest, C-Spine, Pelvis, **Cervical Spine** Time Other Other ____ Splinting Cervical Collar/Backboard Time **Cervical Spine** Naso- or Oro-gastric Tube Time **Breathing** Cervical Collar/ Backboard Foley Catheter Pulse Oximetry Wound Care Oxygen **Breathing** Time Other: Oxygen Route **Pulse Oximetry** Time Circulation Oxygen Cardiac monitor Oxygen Route IV, peripheral Arterial Blood Gases IV, intraosseous Thoracostomy, Needle CPR Chest Tube Insertion **Expose** Warming Measures Circulation Splinting **ECG Monitor** Wound Care IV, Peripheral IV, Central Line IV, Intraosseous Baseline Lab CPR **Suture Laceration**

ANATOMICAL DIAGNOSES	Loss of Consciousness?	Y / N	Duration of Coma:	Hours / Minutes				
Complete Description of Diagnoses, Potential/Actual Injuries								

Trauma Inclusion Criteria

```
PRIMARY criteria for inclusion

MUST have Discharge diagnosis of injuries
(ICD-9 codes between
- 959.9)

These injuries are also included;

All patients with burns and a trauma mechanism of injury or meeting severity criteria for referral by the American Burn Association or;
994.0 - lightning
994.8 - electrical current
```

All patients with anoxic brain injuries <u>due to a trauma mechanism of injury:</u>

994.1 - drowning; 994.7 - asphyxiation and strangulation, mechanical, bed clothes, plastic bag

strangulation: suffocated by - cave in, constriction, pressure,

- Column II
- •
- All patients that initiated <u>FULL or PARTIAL</u> Trauma Team Activation at your facility
- All patients hospitalized at your facility for 48 hours or more
- All patients with admission to an Intensive Care Unit at your facility
- All patients who die in your facility, including those who die in the Emergency Department
- All patients transferred to another facility for evaluation/treatment not available at your facility
- All pediatric patients with injuries between the ages of o-4 admitted to the facility (even if not for 48hrs or longer)
- Open long bone fractures taken to surgery at your facility within 24 hours of arrival at your facility
- All patients taken to surgery at your facility for intracranial, intra-thoracic, intra-abdominal, or vascular surgery

Exclusions These are <u>not</u> eligible; Late effects of trauma, Injury codes_905-909, ("Late effects" should be documented as such by the physician) Hip fractures resulting from falls from same height (without other significant injuries) (Injury codes 820 – 821) Isolated hip fractures/femoral neck fractures when coded with: (E884.2) - fall from a chair, (E884.3) - fall from wheelchair, (E884.4) - fall from bed, (E884.5) - fall from other furniture, (E884.6) - fall from commode, (E885) - fall from same level from slipping, tripping, or stumbling Unilateral pubic rami fractures resulting from falls from same height (without other significant injuries) Single-system orthopedic injuries (except femur fractures) Amputations distal to ankle/wrist NOT admitted to your facility for ≥ 48 hours Transfers with previous trauma, but now admitted for medical reasons not associated with the trauma or those transferred for personal convenience Transfers from another facility not meeting inclusion criteria (isolated hip fx/fall from same height, etc.) **Poisoning** Hypothermia and other cold injuries (with no associated trauma) Unless Trauma Team Activation Bites - insects, snakes

(envenomation injuries)