

TRAUMA REGISTRY V 5 COLLECTOR" ABSTRACT

SECTION 1: DEMOGRAPHICS

Initial Loc. _____ Pt. Arrival _____ @ _____ Trauma# _____ MR # _____
 Acct. # _____ Last _____ First _____
 Inclusion Source 1 2 3 4 5 6 / ? Abs. Initials _____ DOB _____ Age _____ Years Gender 1 2
 Race _____ Ethnicity 1 2 ? Zip _____ City _____ State _____ Cty _____ Country _____
 Pt. Address _____ Alt. Residence 1 2 3 / ? Pre-Adm. Meds 1 2 3 4 5 6 7 8 Preg. Status 1 2 /

SECTION 2 : INJURY

Injury Date _____ @ _____ Place of Injury E 849. _____ Specify _____
 Protective Devices _____ Restraints 1 2 3 4 5 6 7 8 9 / ? Air Bags 1 2 3 4 5 6 / ?
 Equip. 1 2 3 4 5 6 7 8 / ? Injury Address _____ Zip _____
 City _____ County _____ Country USA Work Related 1 2 / Occup. _____ Industry _____
 Cause/ABBR. _____ E-code _____ Secondary E-code _____ Cause of Injury _____
 Injury Type Blunt Penetrating Burn Other Activity E Code _____ Injury Mechanism _____
 Pos. In Vehicle _____ Impact Loc. _____ Report of Physical Abuse 1 2 Invest of Abuse 1 2 Caregiver at D/c 1

SECTION 3: PRE-HOSPITAL

POV/Walk In Y N Extricate Y N / ? Time req. _____ min.	
EMS #1	EMS # 2
Fluid Amt _____ Mode _____ Agency # _____	Fluid Amt _____ Mode _____ Agency # _____
Role _____ Scene EMS Rep. 1 2 3 4 / ?	Role _____ Scene EMS Rep. 1 2 3 4 / ?
PCR # _____ Run # _____	PCR # _____ Run # _____
Call Disp. Date _____ @ _____	Call Disp. Date _____ @ _____
Location _____	Location _____
Arrive Date _____ @ _____	Arrive Date _____ @ _____
Depart Date _____ @ _____	Depart Date _____ @ _____
Arrival @ Destination _____ @ _____	Arrival @ Destination _____ @ _____
Trauma Center Criteria Vehicular, Pedestrian, Oth Risk Injury	
<u>PreHos. Vitals:</u> Agency # _____	<u>PreHos. Vitals:</u> Agency # _____
Paralytcs Y N Sedated Y N Eye Obstruction Y N	Paralytcs Y N Sedated Y N Eye Obstruction Y N
Intubated Y N Method _____ Resp. Assist. Y N	Intubated Y N Method _____ Resp. Assist. Y N
Type 1 2 3 4 ? SBP _____ DBP _____ Pulse _____	Type 1 2 3 4 ? SBP _____ DBP _____ Pulse _____
Unassist. Resp. Rate _____ Assist. Resp. Rate _____	Unassist. Resp. Rate _____ Assist. Resp. Rate _____
O2 Sat _____ GCS: E _____ V _____ M _____ Total _____	O2 Sat _____ GCS: E _____ V _____ M _____ Total _____
PreHos. Proc: Agency # _____	PreHos. Proc: Agency # _____
Proc. _____	Proc. _____
Pre Hosp. Meds: Agency # _____	Pre Hosp. Meds: Agency # _____
Meds. _____	Meds. _____

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SECTION 4: REFERRING FACILITY

Transfer In. Y N Ref. Facility # _____ Arrive _____ @ _____ Depart _____ @ _____

Facility Level 1 2 3 4 5 6 / ? Transfer Rationale 1 2 3 4 5 / ? Temp _____ F C Route 1 2 3 4 5 6 ?

At Time Vitals:

Paralytic Agents Y N Sedated Y N Eye Obstruction Y N Intubated Y N Method _____ Respiration Assist. Y N

Vitals: SBP _____ DBP _____ Pulse _____ Unassist. Resp. Rate _____ Assist. Resp. Rate _____ O2 Sat _____ GCS:E _____ V _____ M _____

Total _____ Toxicology: Alcohol 1 2 3 4 / ? BAC _____ Drug 1 2 3 4 / ? Tox. Screen Results _____

Additional Ref. Facility Vitals:

Agency # _____ Name _____ Paralytics Y N Sedated Y N Eye Obstruction Y N Intubated Y N

Method _____ Respiration Assist. Y N Type 1 2 3 4 ? SBP _____ DBP _____ Pulse _____ Unassist. Resp. Rate _____

Assist. Resp. Rate _____ O2 Sat _____ GCS:E _____ V _____ M _____ Total _____ Ref. Facility Proc: # _____

Name _____ Anatomic Region 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 / ?

Proc. ICD 9 _____ Ref. Facility Meds: _____

Inter-Facility Vitals:

_____ Name _____ Date _____ @ _____ Paralytics Y N Sedated Y N

Eye Obstruction Y N Intubated Y N Method _____ Respiration Assist. Y N Type 1 2 3 4 ?

SBP _____ DBP _____ Pulse _____ Unassist. Resp. Rate _____ Assist. Resp. Rate _____ O2 Sat _____ GCS:E _____ V _____ M _____ Total _____

Inter-Facility Transport:

Referring Facility # _____ EMS ^{EMS} POV/ Walk In Y N Mode _____ Role _____

EMS Report 1 2 3 4 / ? PCR # _____ Run # _____ Call Disp. Date _____ @ _____

Arrive Loc. _____ @ _____ Depart _____ @ _____ Agency # _____ Paralytics Y N Sedated Y N

Eye Obstruction Y N Intubated Y N Method _____ Respiration Assist. Y N Type 1 2 3 4 ? SBP _____ DBP _____

Pulse _____ Unassist. Resp. Rate _____ Assist. Resp. Rate _____ O2 Sat _____ GCS:E _____ V _____ M _____ Total _____

Inter-Facility Proc: _____ Inter-Facility Meds: _____

SECTION 5: ED RESUS

Direct Adm. Y N ED Arrive _____ @ _____ ED Depart _____ @ _____ Sign of Life 1 2 / ?

MOA 1 2 3 4 5 6 7 8 / ? Trauma Team activation 1 2 3 4 Response Date _____ @ _____

Post Ed Disp. 1 2 3 4 5 6 7 8 9 ? Adm. Service _____ Adm. Dr# _____ ER Dr# _____

Meds. _____ Warming Measures 0 1 / ? CPR 0 1 / ?

Admit Status 1 2 Trauma Category 1 2 3

Vital Signs at Arrival: Arrive _____ @ _____ Wt. _____ kg Hgt. _____ cm Temp. _____ F C

Route 1 2 3 4 5 6 ? Paralytics Y N / ? Sedated Y N / ? Eye Obstruction Y N / ? Intubated Y N / ? Method _____

Respiration Assist. Y N Type 1 2 3 4 ? SBP _____ DBP _____ Pulse _____ Unassist. Resp. Rate _____ Assist. Resp. Rate _____

O2 Sat _____ Supplemental O2 Y N GCS:E _____ V _____ M _____ Total _____ Toxicology: Alcohol 1 2 3 4 / ? BAC _____

Drug 1 2 3 4 / ? Tox. Screen Results _____ Intubation Route N O T C KLT

Intubation Location T F E O I Factor VII 1 2 3

Location Tracking: _____

ICU Days _____ @ _____

Ventilator Tracking:

Start Date _____ @ _____

Stop Date _____ @ _____

Total Vent Days _____

Consultations: PI Tracking

Type	Physician #	Called Date & Time	Arrived Date & Time	Timely
				Y N
				Y N
				Y N
				Y N
				Y N
				Y N
				Y N
				Y N
				Y N

CAT II's Trauma Surgeon present 1 2 / ? Trauma Surgeon Within 15 Minutes Y N ?

SECTION 8: PROCEDURES

Code	Procedure	Location	Start Date	Time	Anatomic Region	Service	Physic
88.94	U/L Ext.						
88.93	C/T/L						
88.91	Brain/ Brain Stem						
34.02	Thoracotomy Exploratory						
06.09	Neck Exploration						
77.31	Sternotomy						
41.50	Splenectomy						

Section 9: Diagnosis

ICD	Description	PreDot	Severity	ISS Body Region

Total ISS score _____**Comorbidities**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

SECTION 10: OUTCOMES

D/C Status 1 2 D/C Condition 1 2 3 4 5 ? Discharge/Death _____ @ _____

Total ICU Days _____ Vent _____ Hosp. _____ D/C to: 40 42 44 46 70 72 73 78 ?

Specify _____

If Transferred, Facility # _____ Name _____ Trf. Rationale 1 2 3 4 5 / ?

Trf. Rationale By 1 2 3 / ? Impediments to D/C 1 2 3 4 5 6 7 8 ? Rehabilitation Potential 1 2 3 4 / ?

Discharge GCS: E _____ V _____ M _____ Total _____ Primary Payor _____

NTDB Complications/ Date of event
