WHO EMERGENCY UNIT FORM: TRAUMA

□ Mass Casualty

Hospital Registration Number:

Date: DD/MM/YY

Time of Arrival: __ __: __ __(24h)

Patient Surname:
First Name:

Age: _____
INF / CH / AD

Gender: □Male □Female
□ Other: _____

Date of Birth:
DD/MM/YY

Weight: kg

Arrival Mode: □Ambulance □Car/Truck (*circle* Private or Taxi)
□ Motorized 2/3-wheeler (*circle* Private or Taxi)
□ Public Transport □ Walk □ Other: _____

Number of prior facilities: ____
Referred from:

Occupation: □ Unknown
Patient Residence (at least City and Sub-district): □ Unknown

Sub-district where injury occurred: □ Unknown

Contact Person: Phone: Relation:

CHIEF COMPLAINT: **Triage Category:**

INITIAL VS at ___ ___: ___ ___(24h)
Temp: _____ BP: _____ /_____ Pulse: _____
RR: _____ SpO_2: _____ % on_____
Pain score (see Ref Card for details): _____ / 10

□ **Dead on arrival**

TREATING PROVIDER ASSESSMENT: Date: DD/MM/YY **Time**: ___ ___: ___ ___ (24h)

PRIMARY SURVEY (see Reference Card for normal findings, only mark NML if all key elements are normal)**:**

Airway
□ NML

□ Angioedema □ Stridor □ Voice changes
□ Oral/Airway burns
Obstructed by: □ Tongue □ Blood □ Secretions
□ Vomit □ Foreign body

Airway: □ Repositioning □ Suction □ OPA □ NPA □ LMA
□ BVM □ ETT
Spine stabilized: □ Not needed □ Done before arrival □ Done in EU
(not needed = not altered, no pain or TTP, no distracting injury, no focal neuro deficit)

Breathing
□ NML

Spontaneous Respiratory Rate: _____
Chest Rise: □ Shallow □ Retractions □ Paradoxical
Trachea: □ Midline □Deviated to □L □R
Breath Sounds: □ L_____ □ R_____

Oxygen: _____ L
□NC □Mask □NRB
□BVM □CPAP/BIPAP
□Ventilator: _____

Chest needle / tube (circle):
□ L – Size: _____ Depth: _____ cm
□ R – Size: _____ Depth: _____ cm
□ **3-sided dressing**

Circulation
□ NML

Skin: □ Warm □ Dry
□ Pale □ Cyanotic □ Moist □ Cool
Capillary refill: □ <3 sec or _____ sec
Pulses: □ Weak □ Asymmetric_____
JVD: □ Yes □No

□ Bleeding controlled (bandage, tourniquet, direct pressure)
Access: □IV: Loc _____ Size _____
□CVL: Loc _____ Size _____ □IO: Loc _____ Size _____
□**IVF:**_____mLs □NS □LR □Other_____
□Blood ordered □Pelvis stabilized

Disability
□ NML

Blood glucose: _____ □Glucose □Naloxone
Responsiveness: □ A □ V □ P □ U
GCS: _____(E_____V_____M_____) □Qualified
Moves Extremities: □ LUE □RUE □LLE □RLE
Pupil: Size: L _____ R _____
Reactivity: L _____ R _____

Exposure
□ Exposed completely

□ Not Indicated
□ Not Available

FAST
□ NML

Peritoneum: □ Negative □ Indeterminate
□ Free Fluid: _____
Chest: □ Negative □ Indeterminate
□ Pneumothorax (R/L): _____
□ Pleural fluid (R/L): _____
□ Pericardial effusion

MEDICAL HISTORY: History obtained from:

Medications: □ Anticoagulant: _____ □ Unknown
Other:

Allergies: □ Unknown

Last Menstrual Cycle: _____ **G**____**P**____ □ Unknown
Pregnant? (circle) Yes / No □ Reported □ Testing done
Last Tetanus: _____ □ Unknown
Substance Use: □Tobacco □Alcohol □ Drugs □ IV Drugs □ Unknown
Safe at home? _____

Past Medical: □ HTN □ DM □ COPD □ Psych □ Renal Disease □ Unknown
Other:

Past Surgeries (type & date)**:** □ Unknown

HISTORY OF PRESENT ILLNESS: Date of Injury: DD/MM/YY **Time**: ___ ___: ___ ___ (24h format)

Place of injury: □ Unknown

Activity at time of injury: □ Unknown

Mechanism of injury (select one or multiple)**:**
□Road traffic incident: □ Driver □ Passenger □ Pedestrian
□ Airbag □ Seat belt □ Other vehicle restraint □ Helmet
□ Extricated Patient vehicle: _____
□ Ejected Hit by/crashed with: _____
□Fall from: _____ □Hit by falling object: _____
□Stab/Cut □Gunshot □Sexual Assault
□Other blunt force trauma (struck/hit): _____
□Suffocation, choking, hanging
□Drowning: _____ Life vest: Y / N
□Burn caused by: _____
□Poisoning/Toxic Exposure:_____
□Unknown □Other: _____

First care sought:
Prehospital care
□ None □ Layperson first aid □ Health care professional (EMT, medic)
Care given:

Other Details of Incident
□ Loss of consciousness (circle): <5 min 5-29 min 30-24 hr >24 hr
□ Head trauma: Y / N □ Neck trauma: Y / N
Other:

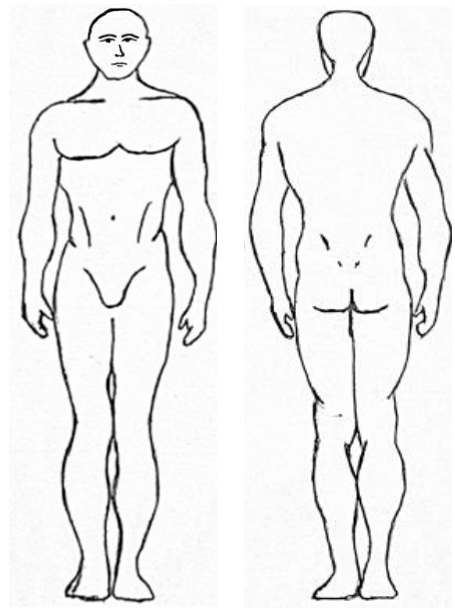
Intent: □ Unintentional or accidental □ Intentional: □Self harm □Assault
□ Legal process, political unrest or war □ Unknown
Assaulted by (see Reference Card): _____
Hours since last meal: _____ hours □ Unknown
Substance use within 6 hours of injury:
□ Unknown □ None □ Reported □ Evidence (positive test or clinical findings)
□ Alcohol □ Other Substance (if known): _____

Form to be used with WHO Reference Card. See who.int/emergencycare for more information.

PHYSICAL EXAM: (See Reference Card for normal findings. Do NOT mark NML unless all key elements are normal.)

□NML	**General**	
□NML	**Neuro/Psych**	
□NML	**HEENT**	
□NML	**Neck**	
□NML	**Respiratory**	
□NML	**Cardiac**	
□NML	**Abdominal**	
□NML	**Pelvis**	
□NML	**GU/Rectal**	
□NML	**MSK**	
□NML	**Skin**	

Detail area of injury:



DIAGNOSTIC TESTS:

UPT: □ Positive □ Negative □ N/A

Hgb: _____ □ Result pending

Blood type: _____

Other:

List imaging studies with results (and check findings below):

□ Pneumothorax
□ Pulmonary Opacity
□ Pelvic Fracture
□ Extremity Fracture
□ Pleural Fluid
□ Rib Fracture
□ C-spine fracture

ADDITIONAL INTERVENTIONS:

Fluids and Medications Given — **Time** (24h)

□ IVF: _____ mLs □NS □LR □Other _____ ____:____
□ Blood products (specify number of units given): ____:____
_____ ____:____
□ Opioid Analgesia:_____ ____:____
□ Other Analgesia:_____ ____:____
□ Sedation/Paralytics:_____ ____:____
□ Antibiotics:_____ ____:____
□ Tetanus: _____ ____:____
□ Other:

Procedures (circle and note outcome) — **Time** (24h):

□ Intubation: _____ _____:_____
□ Chest Tube: _____ _____:_____
□ Splinting / Reduction: _____ _____:_____
□ Pelvic Stabilization: _____ _____:_____
□ Simple / Complex Laceration Repair: _____ _____:_____
□ Other:

ASSESSMENT (include summary and differential) **AND PLAN** (imaging; meds/interventions; consults with time called/arrived and recs):

REASSESSMENT at ___ ___:___ ___(24h)
Temp:_____ Pulse:_____ BP:____/____ RR:_____ SpO_2:____ % on_____

□ **Condition same**
Changes:_____

DISPOSITION: Checklist completed: □ Y □ N ED departure (date & time): DD/MM/YY ___ ___ : ___ ___ (24h)

Diagnoses/Impressions (list all)**:**

Number of serious injuries as judged by provider (circle)**:** 0 1 ≥2

□ **Admit to:** □ Ward _____ □ ICU □ OT
□ **Discharge:** Plan discussed with patient? □ Yes □ No
□ **Transfer to**: _____
□ **Left without being seen or before treatment complete**
□ **Died of** (specify cause - NOT cardiopulmonary arrest): _____

VS at Dispo at: ___ ___:___ ___ (24h)
Temp:____ Pulse:____ BP:____/____ RR:____ SpO_2:___ % on_____

Accepting Provider: _____

Emergency Unit Provider Name/Title (include handovers)	**Signature and Date**

Form to be used with WHO Reference Card. See who.int/emergencycare for more information.

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