

Emergency Department Trauma Documentation

For staff use only:

Hospital number:
Surname:
First names:
Date of birth:
NHS no: _ _ _ / _ _ _ / _ _ _ _

Use hospital identification label



TEMPO Online

Pre-alert details – ATMISTER

Date: DD / MM / YYYY	Time: HH : MM	Call received by:
Ambulance call sign:	<i>If not East of England, call Network Co-ordination Service 0300 330 3999</i>	
Age:	Male / Female:	Time of incident: HH : MM
Mechanism:		
Injuries suspected:		
Signs	RR: O ₂ stats % (air/O ₂) BP: / Pulse: GCS:	
Treatment:	Triage tool: Pos / Neg / UK	
ETA mins	Actual time of arrival: HH : MM	Request from pre-hospital team: eg. Blood / Specialist
Major Trauma Team / ED Team (please circle as appropriate)		
Signature	Print name	Designation

Trauma team (print names below)

Team leader:	Grade:				
Nurse 1:	Grade:				
Nurse 2:	Grade:				
Speciality	Signature	Print name	Grade	Present for patient arrival?	Arrival time
Emergency medicine				Y / N	HH : MM
				Y / N	HH : MM
Orthopaedics				Y / N	HH : MM
				Y / N	HH : MM
General surgery				Y / N	HH : MM
				Y / N	HH : MM
Anaesthetics/ Intensive care				Y / N	HH : MM
				Y / N	HH : MM
Radiographer				Y / N	HH : MM
				Y / N	HH : MM
				Y / N	HH : MM
				Y / N	HH : MM

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Preparation

Trauma Triage Tool: Positive Negative Not applied

Please affix ambulance service patient report form to this page

Action	Considerations	Check
Complete ATMISTER pre-alert form		
Notify emergency physician in charge and nurse in charge	Tannoy and/or bleep	
Activate trauma team	Minimum 15 minutes prior to patient arrival State adult, paediatric (under 16) or obstetric	
Notify specific additional specialists or services as necessary	Theatre red phone (lead time 45 minutes) Interventional radiology (lead time 60 minutes – if available) Vascular, maxillofacial or hepatobiliary surgery	
Pre-register patient	If patient not alert, intubated or unknown, register as unknown.	
Prepare resuscitation bay	Wolverson trauma transfer mattress Airway trolley and checklists Equipment tower (suction, oxygen etc) Monitor Ventilator Vascular access Specific procedure trolleys Analgesia	
Request investigations	Trauma CT, group and save (two samples), fibrinogen, venous gas, bloods	
Consider need for ED radiography	Notify radiographer, pre-position mobile	
Consider need for ED ultrasound	Allocate role, prepare scanner and probes	
Consider massive blood loss protocol (MBL)	Activate MBL protocol – call (state adult or child) Prime rapid infusor with saline Prepare TXA	
Consider need for ED anaesthesia	Prepare induction and maintenance drugs / infusions, consider other equipment	
Consider need for ED surgery	Notify theatres co-ordinator Prepare procedure trolley Allocate double bay and prepare lights and operator(s)	
Allocate trauma team leader	Wear red tabard	
Allocate trauma team roles	Allocate action cards and role/name labels	
Allocate scribe		
Brief trauma team	Use ATMISTER pre-alert	

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Team leader notes

Before patient arrival

- Ensures trauma team activated
- Ensures correct PPE and identification worn
- Ensures team members 'book in' on ED documentation
- Ensures tranexamic acid ready (if needed)
- Ensures theatre ready (if right turn resus)
- Starts the clock when the patient arrives in bay
- Appoints scribe (preferably additional team member)
- Ensures CT notified
- Introductions and roles assigned
- Ensures blood products ready (if activated)
- Briefs team

First hour of care in ED

Elapsed Time	Processes undertaken
Time: 0	Patient on ED trolley
Within 10 minutes of arrival in ED	
H H : M M	Reception / handover
H H : M M	Primary survey and immediate interventions
H H : M M	Establish ED monitoring
H H : M M	Establish anaesthesia and ventilation (if required)
H H : M M	Establish appropriate IV access, undertake venous blood gas, give analgesia +/- fluids
H H : M M	Request immediate imaging: CT in stable patients, FAST and PXR in unstable patients
H H : M M	Identify and transfer to trauma theatre if patient necessitates immediate damage control surgery
Within 30 minutes of arrival in ED	
H H : M M	NCS contacted if possibility of transfer required
H H : M M	Administer tranexmic acid: First bolus (if not already given) and start second infusion
H H : M M	Any immediate radiological studies undertaken in resus complete and available for viewing
H H : M M	Antibiotics / tetanus given
H H : M M	Transfer to CT and start scanning
Within 60 minutes of arrival in ED	
H H : M M	Formal CT report available
H H : M M	<i>Images transferred to MTC and Network Co-ordination Service contacted</i>
H H : M M	Complete secondary survey and further treatments
H H : M M	Further imaging undertaken, e.g. limbs
H H : M M	Tertiary specialist involvement, e.g. ENT, maxfax
H H : M M	Disposition / transition plan made
Within 90 minutes of arrival in ED: Transition to final destination	
Print name:	Date: D D / M M / Y Y
Signature:	Time: H H : M M
Designation:	Contact / Bleep number:

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Patient history

Allergies

(and description of any adverse events)

Medication

Past medical history

Events related to this injury

Other

Pregnant: Yes / No

Last meal:

Tetanus status:

Excess alcohol use:

Social history:

Family history:

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Primary survey

Initial observations

Time: H H : M M	HR:	BP:	RR:	SpO₂:
E: / 4	V: / 5	M: / 6	GCS: / 15	

Airway

Patent	Compromised	Intubated
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Cervical spine immobilisation

None	Collar	Blocks	Spinal Board	Scoop	Other:
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Breathing (circle as appropriate)

Normal	Right	Left		
Reduced air entry	Right	Left		
Flail chest	Right	Left		

Comments:

Time: H H : M M

Circulation

BP: / mm Hg	Pulse: / min	Cap refill: secs
External haemorrhage: Yes / No		
Abdomen: Soft / Distended / Tender		
Pelvis: Obvious injury / No apparent injury		
FAST scan: Nil / Free fluid	Free fluid: Hepato renal angle / Spleno-renal angle / Pericardium / Pelvis	

Comments:

Time: H H : M M

Disability

Right pupil: Size: mm	Left pupil: Size: mm
Reaction: Brisk / Sluggish / Absent	Reaction: Brisk / Sluggish / Absent
Limb movement: RA / RL / LA / LL	Priaprism: Yes / No
Sensory level:	
Temperature: °C	Blood glucose: mmol/l

Comments:

Time: H H : M M

Do you need immediate help? Escalate. If needed, call Network Co-ordination 0300 330 3999

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Treatment

Cervical spine immobilisation in Emergency Department: Yes / No		Collar	Blocks
Airway			
Adjunct / None / Oral / Nasal / ETT / Surgical airway			
Time: H H : M M	Size:	Carried out by:	
Breathing			
Oxygen: Yes / No	L/min		
Procedure	Right	Carried out by	Left Carried out by
Needle thoracocentesis Open thoracostomy	H H : M M		H H : M M
Chest drain (size and time 24hr)	H H : M M		H H : M M
Thoracotomy (time 24hr)	H H : M M		H H : M M
Circulation			
IV / IO access	Right	Left	Other Other
Site			
Site			
Splints:			
CPR performed:	Yes / No		
Time of arrest:	H H : M M	Initial rhythm:	
Time CPR stopped:	H H : M M	Return of spontaneous circulation:	Yes / No
Massive blood loss protocol activated:	Yes / No	If yes at what time:	H H : M M
Products arrived at:	Time: H H : M M		
Tranexamic acid given:	Dose 1: Yes / No / Pre-hosp / Not indicated	Dose 2: Yes / No / Not indicated	
Comments:			
Urinary catheter			
Time of catheterisation	H H : M M	Place sticker here	
Size of catheter			
Residual volume (15min after catheterisation)			
Antibiotics required	Yes / No		
Antibiotics given	Yes / No		
CSU sent	Yes / No		
βhcg checked	Yes / No		

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Radiology

Scans

Plain films (please circle)	Time: H H : M M	CXR / PXR / C-spine	
CT scan (please circle)	Time: H H : M M	Head / Neck / Chest / Abdo / Pelvis / Legs / Other	
Transfer of images to MTC	Yes / No	Time: H H : M M	
First FAST	Time: H H : M M	MRI scan	Time: H H : M M

Initial reports

To guide initial management only. Formal detailed report will follow on PACS.

Airway

ET placement (please circle)	Satisfactory / Unsatisfactory
Airway obstruction	Yes / No

Breathing

Pneumothorax	Right / Left / No
Contusion/laceration	Yes / No

Circulation (bleeding)

Thoracic	Right / Left / No	Pelvic	Yes / No
Abdominal	Yes / No	Soft tissue	Yes / No

If yes, please comment briefly:

Disability

Intracranial bleed	Small / Moderate / Large / No
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Other major injuries noted (please comment):

Reporting Radiologist (print name):	Date: D D / M M / Y Y
Signed:	Time: H H : M M

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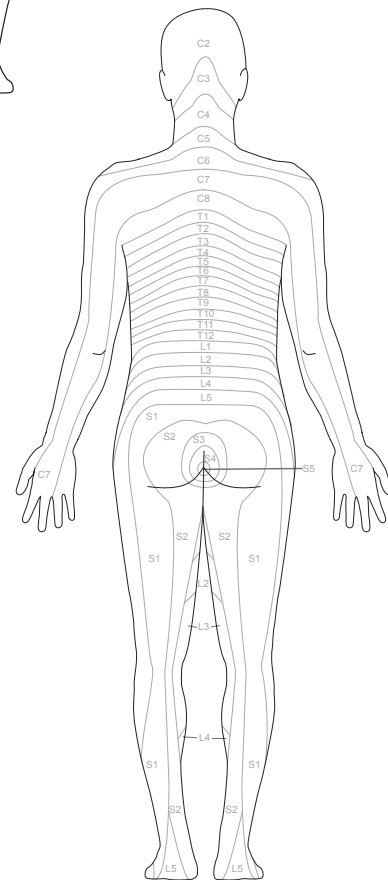
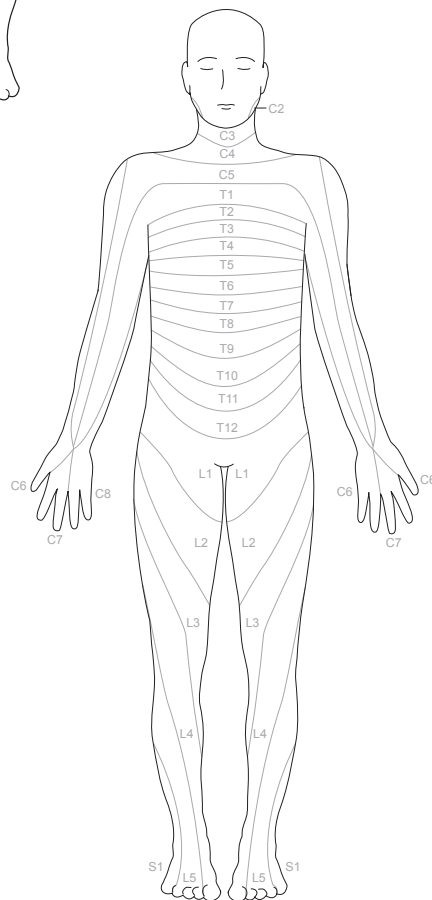
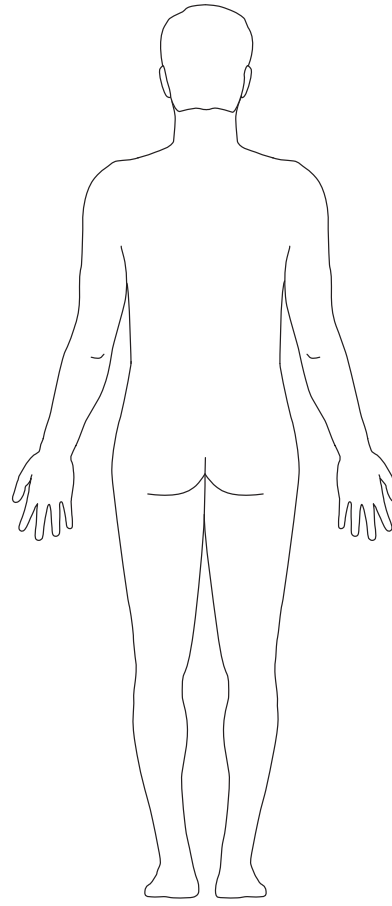
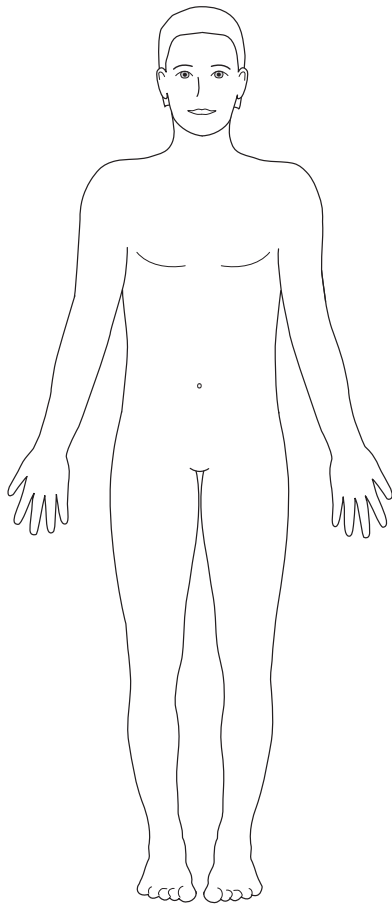
Date of birth:

NHS no: _ _ _ / _ _ _ / _ _ _ _

Use hospital identification label

Secondary survey

Location of injuries and interventions



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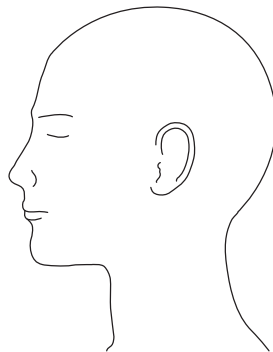
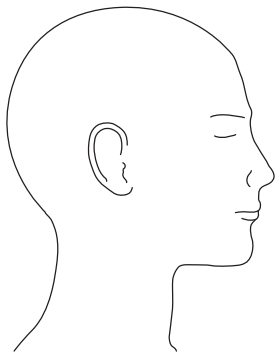
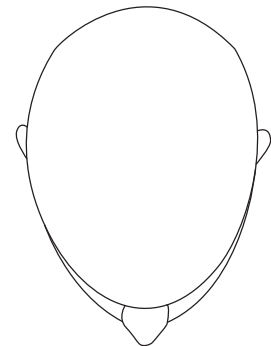
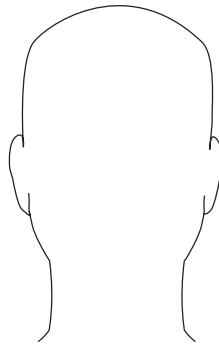
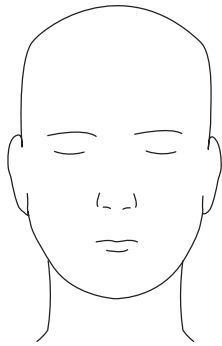
Date of birth:

NHS no: _ _ _ / _ _ _ / _ _ _ _

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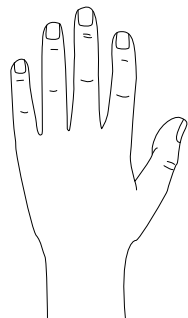
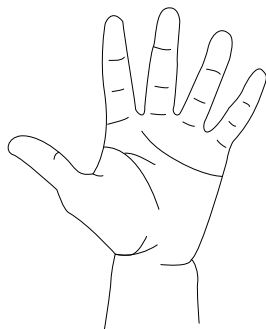
Secondary survey

Location of injuries and interventions

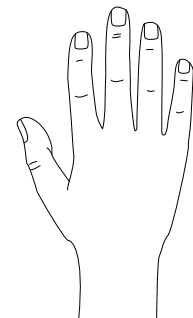
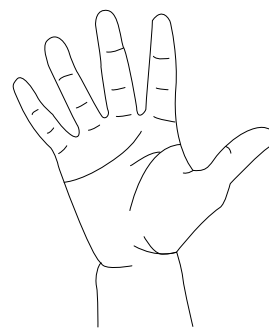


Dominant hand: left / right

Left



Right



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Use hospital identification label

Secondary survey

Body region findings

Head:

Face:

Neck:

Chest:

Abdo:

Pelvis / Perineum:

Upper limbs:

Lower limbs:

Spine:

Spinal cord injury? Online referral www.mdsas.nhs.uk/spinal

Rectal:

Neuro:

Other:

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Team leader notes

Consultant:

Most senior clinician present:

Print name:

Date: D D / M M / Y Y

Signature:

Time: H H : M M

Designation:

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Team leader notes

Consultant:	
Most senior clinician present:	
Print name:	Date: D D / M M / Y Y
Signature:	Time: H H : M M
Designation:	Contact/Bleep number:
Outstanding tasks	
	Completed
Destination:	
Consultant:	
Print name:	Date: D D / M M / Y Y
Signature:	Time: H H : M M
Designation:	Contact/Bleep number:

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Multidisciplinary notes

All entries must be dated, timed, name printed, signed with designation and contact/bleep number

Print name, sign,
give designation
and bleep

Date	Time		

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Multidisciplinary notes

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Date	Time		

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Multidisciplinary notes

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Print name, sign,
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Date	Time		

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Results page

Results					
Time	HH : MM	HH : MM	HH : MM	HH : MM	HH : MM
Hb					
WCC					
PLTS					
INR					
pH					
Na					
K					
UREA					
CREA					
GLUC					
Lactate					

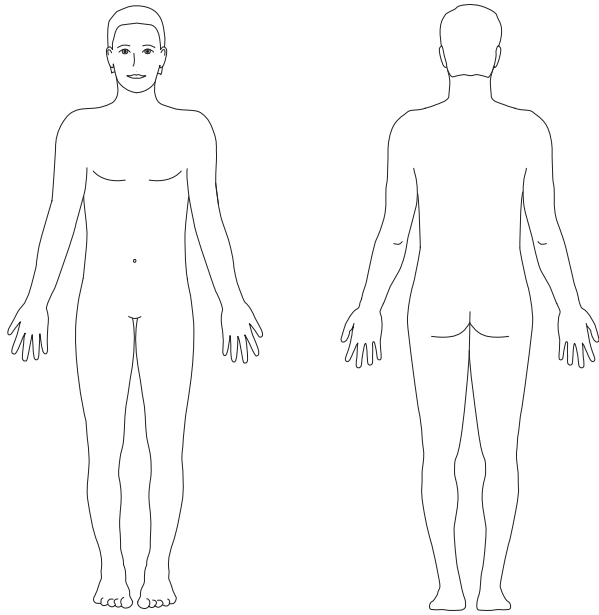
Affix blood gas here

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Tertiary survey (once admitted)

Location	Summary of injuries
Airway:	Head / face:
Breathing:	Neck:
Circulation:	Chest:
Disability:	Abdomen:
	Pelvis:
	Back:
	Neurological:
	Limbs:
Other injuries:	Comments:
Ensure rehab prescription started	<input type="checkbox"/> Yes
Consultant:	
Print name:	Date: D D / M M / Y Y
Signature:	Time: H H : M M
Designation:	Contact/Bleep number:

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Patient transfer

For inpatient transfers follow Trust policy

For inter-hospital transfers contact Network Co-ordination Service (NCS) on 0300 330 3999

NCS Consultant:		Time:	H H : M M
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NCS advice/plan:

Outreach service requested?	Yes / No	Time requested:	H H : M M
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Print name:	Date:	D D / M M / Y Y
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Signature:	Time:	H H : M M
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Designation:	Contact/Bleep number:
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Handover to outreach service

Dr (print name):		Time:	H H : M M
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Signature:		Date:	D D / M M / Y Y
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Comments:

Notes

Blank area for notes.

