

# 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

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

## Trauma team (print names below)

<b>Team leader:</b>	<b>Grade:</b>				
<b>Nurse 1:</b>	<b>Grade:</b>				
<b>Nurse 2:</b>	<b>Grade:</b>				
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
				Y / N	HH : MM
				Y / N	HH : MM
				Y / N	HH : MM
				Y / N	HH : MM

**For staff use only:**

Hospital number:  
 Surname:  
 First names:  
 Date of birth:  
 NHS no: \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_  
 Use hospital identification label

# Preparation

Trauma Triage Tool:  Positive  Negative  Not applied

Please affix ambulance service patient report form to this page

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

**For staff use only:**

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

Use hospital identification label

# 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:

**For staff use only:**

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

Use hospital identification label

# 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:**

**For staff use only:**

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

Use hospital identification label

# Primary survey

## Initial observations

<b>Time:</b> H H : M M	<b>HR:</b>	<b>BP:</b>	<b>RR:</b>	<b>SpO<sub>2</sub>:</b>
<b>E:</b> / 4	<b>V:</b> / 5	<b>M:</b> / 6	<b>GCS:</b> / 15	

## Airway

Patent	Compromised	Intubated
--------	-------------	-----------

## Cervical spine immobilisation

None	Collar	Blocks	Spinal Board	Scoop	Other:
------	--------	--------	--------------	-------	--------

## Breathing (circle as appropriate)

<b>Normal</b>	Right	Left		
<b>Reduced air entry</b>	Right	Left		
<b>Flail chest</b>	Right	Left		

Comments:

Time: H H : M M

## Circulation

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

Comments:

Time: H H : M M

## Disability

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

Comments:

Time: H H : M M

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

**For staff use only:**

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

Use hospital identification label

# Treatment

Cervical spine immobilisation in Emergency Department: Yes / No		Collar	Blocks
<b>Airway</b>			
Adjunct / None / Oral / Nasal / ETT / Surgical airway			
Time: H H : M M	Size:	Carried out by:	
<b>Breathing</b>			
<b>Oxygen:</b> Yes / No	L/min		
<b>Procedure</b>	<b>Right</b>	<b>Carried out by</b>	<b>Left</b> <b>Carried out by</b>
<b>Needle thoracocentesis</b> Open thoracostomy	H H : M M		H H : M M
<b>Chest drain</b> (size and time 24hr)	H H : M M		H H : M M
<b>Thoracotomy</b> (time 24hr)	H H : M M		H H : M M
<b>Circulation</b>			
<b>IV / IO access</b>	<b>Right</b>	<b>Left</b>	<b>Other</b> <b>Other</b>
<b>Site</b>			
<b>Site</b>			
<b>Splints:</b>			
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	<b>If yes</b> at what time:	H H : M M
Products arrived at:	Time: H H : M M		
Tranexamic acid given:	<b>Dose 1:</b> Yes / No / Pre-hosp / Not indicated	<b>Dose 2:</b> Yes / No / Not indicated	
<b>Comments:</b>			
<b>Urinary catheter</b>			
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		

**For staff use only:**

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

Use hospital identification label

# Radiology

## Scans

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

## Initial reports

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

### Airway

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

### Breathing

<b>Pneumothorax</b>	Right / Left / No
<b>Contusion/laceration</b>	Yes / No

### Circulation (bleeding)

<b>Thoracic</b>	Right / Left / No	<b>Pelvic</b>	Yes / No
<b>Abdominal</b>	Yes / No	<b>Soft tissue</b>	Yes / No

If yes, please comment briefly:

### Disability

<b>Intracranial bleed</b>	Small / Moderate / Large / No
---------------------------	-------------------------------

Other major injuries noted (please comment):

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

**For staff use only:**

Hospital number:

Surname:

First names:

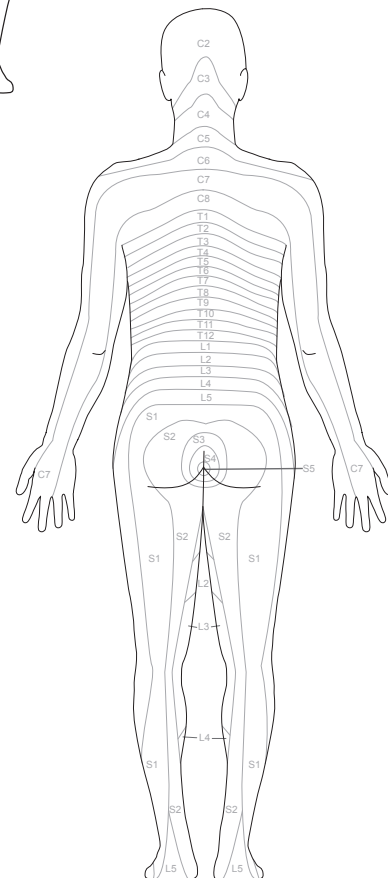
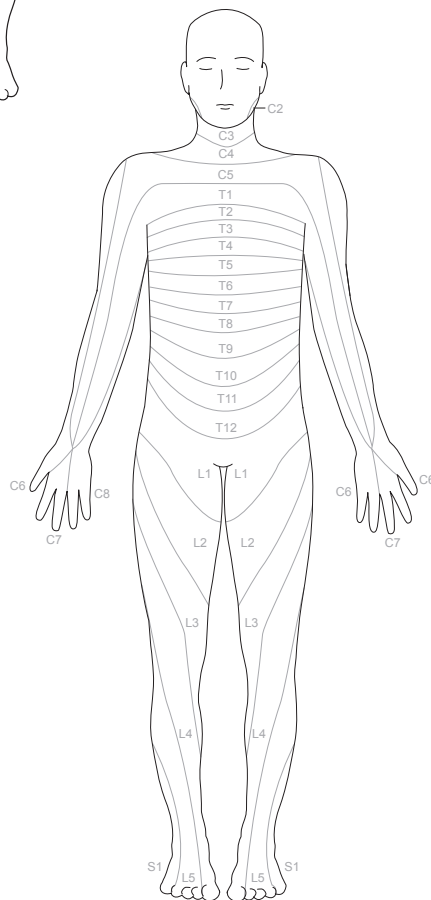
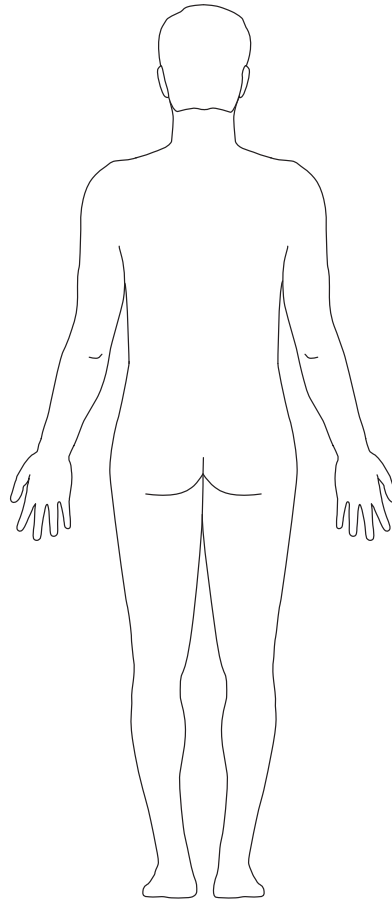
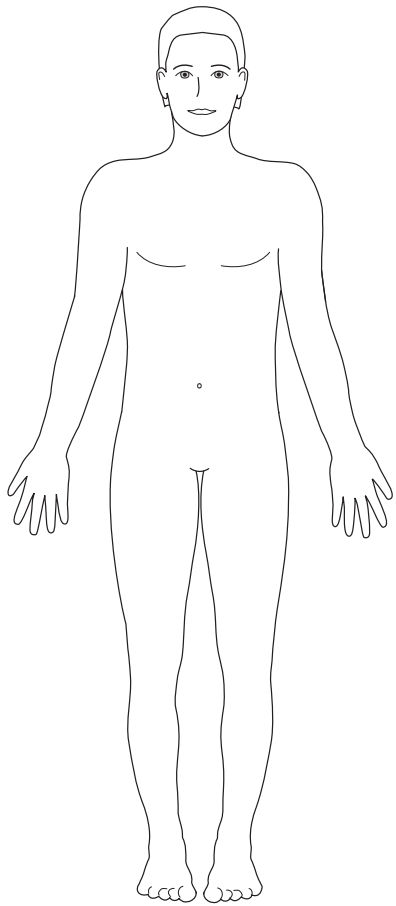
Date of birth:

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

Use hospital identification label

# Secondary survey

## Location of injuries and interventions





**For staff use only:**

Hospital number:

Surname:

First names:

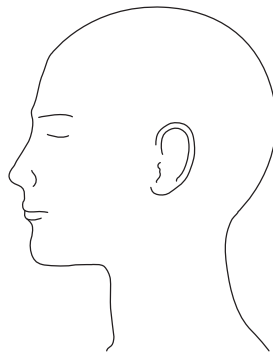
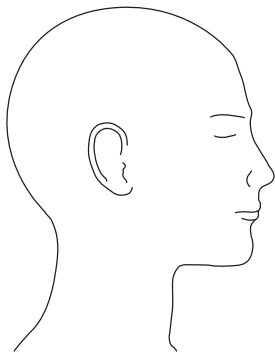
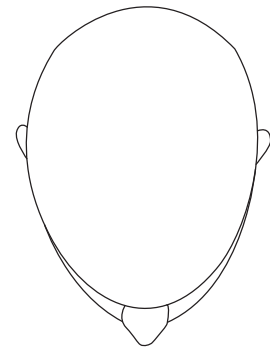
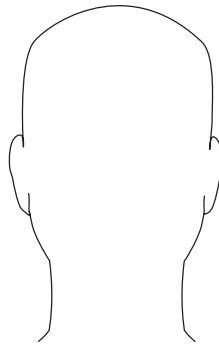
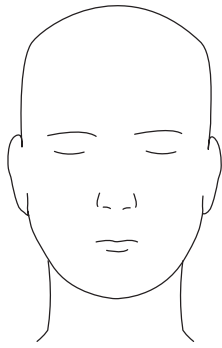
Date of birth:

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

Use hospital identification label

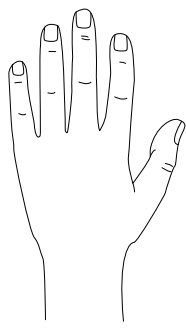
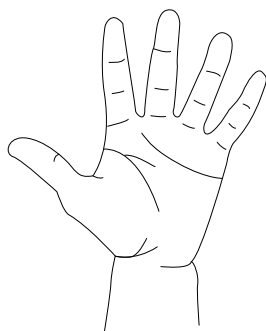
# Secondary survey

## Location of injuries and interventions

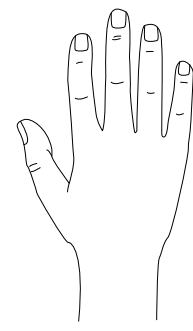
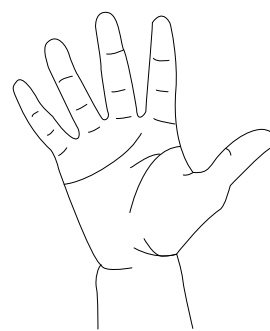


Dominant hand: left / right

**Left**



**Right**



**For staff use only:**

Hospital number:

Surname:

First names:

Date of birth:

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

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](http://www.mdsas.nhs.uk/spinal)

Rectal:

Neuro:

Other:

**For staff use only:**

Hospital number:

Surname:

First names:

Date of birth:

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

Use hospital identification label

# 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:

**For staff use only:**

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

Use hospital identification label

# Team leader notes

Consultant:

Most senior clinician present:

Print name: \_\_\_\_\_ Date: **DD / MM / YY**

Signature: \_\_\_\_\_ Time: **HH : MM**

Designation: \_\_\_\_\_ Contact/Bleep number: \_\_\_\_\_

Outstanding tasks	Completed
<b>Destination:</b>	

Consultant:

Print name: \_\_\_\_\_ Date: **DD / MM / YY**

Signature: \_\_\_\_\_ Time: **HH : MM**

Designation: \_\_\_\_\_ Contact/Bleep number: \_\_\_\_\_



**For staff use only:**

Hospital number:

Surname:

First names:

Date of birth:

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

Use hospital identification label

# 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		



**For staff use only:**

Hospital number:

Surname:

First names:

Date of birth:

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

Use hospital identification label

# 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		





**For staff use only:**

Hospital number:

Surname:

First names:

Date of birth:

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

Use hospital identification label

# 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		



**For staff use only:**  
 Hospital number:  
 Surname:  
 First names:  
 Date of birth:  
 NHS no: \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_  
 Use hospital identification label

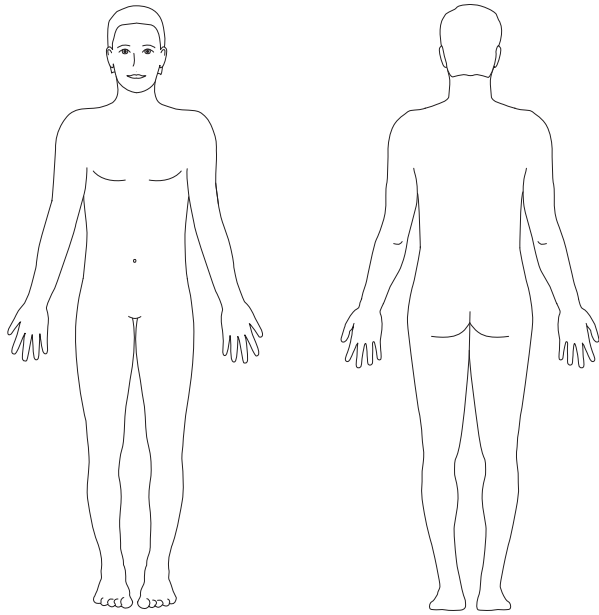
# Results page

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

**For staff use only:**  
 Hospital number:  
 Surname:  
 First names:  
 Date of birth:  
 NHS no: \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_  
 Use hospital identification label

# Tertiary survey (once admitted)

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



*Notes*

Blank area for notes.

