

East of England Trauma Unit

Unexpected outcome review

Section 1: Data abstraction

Patient information	
Hospital number:	TARN submission number:
Age:	Gender: <input type="checkbox"/> Primary transfer <input type="checkbox"/> Secondary transfer
Injury details	
Mechanism of injury:	Time elapsed from injury scene to hospital (HH:MM): H H : M M
ISS:	PS:
Time elapsed from hospital admission to death (DD:HH:MM): D D : H H : M M	Specific location of issue (please tick if known):
Abbreviated injury score (AIS) by category:	<input type="checkbox"/> Prehospital <input type="checkbox"/> ICU <input type="checkbox"/> Resuscitation room / ED <input type="checkbox"/> Ward (please state) <input type="checkbox"/> Imaging suite <input type="checkbox"/> Theatre suite <input type="checkbox"/> Other (please state) <input type="checkbox"/> Unknown
<input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Neck <input type="checkbox"/> Thorax <input type="checkbox"/> Abdomen & pelvic contents <input type="checkbox"/> Upper extremities <input type="checkbox"/> Lower extremities <input type="checkbox"/> External, burns & other trauma	Co-morbidities:

Section 2: Clinical case review by clinical service / team

Specialty:	Name of Lead Consultant:
Review date: D D / M M / Y Y Y Y	Discussed at M&M meeting? <input type="checkbox"/> YES <input type="checkbox"/> NO
SJR undertaken and reviewed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Clinical review summary:	

Clinical review outcome tracking form

Original source of information (please tick)

- | | | |
|--|--|--|
| <input type="checkbox"/> Incident Report | <input type="checkbox"/> NCS Lead Consultant | <input type="checkbox"/> Ambulance Service |
| <input type="checkbox"/> In-patient Specialty Consultant | <input type="checkbox"/> ED Trauma Lead | <input type="checkbox"/> TARN |
| <input type="checkbox"/> Trauma Committee | <input type="checkbox"/> EoE MTC | |

Conclusion (please tick)

- Good practice
- Room for improvement in clinical
- Room for improvement in organisational
- Room for improvement in **both** clinical and organisational
- Less than satisfactory

Remedial action based on conclusion

Comments:

Print name:

Designation:

Signature:

Date: D D / M M / Y Y Y Y

Section 3: Trauma Committee

Clinical reviews

Was there an Incident Learning Report raised in relation to this patient/incident?

YES NO If yes, please state ref no:

Case presented at Trauma Committee meeting?

YES NO Date of meeting: D D / M M / Y Y Y Y

Case presented at Audit meeting?

YES NO Date of meeting: D D / M M / Y Y Y Y

TU Trauma Lead review (lessons identified):

Actions:

Timeframe:

Included in Trauma Network reporting YES NO

Print name:

Signature:

Date: D D / M M / Y Y Y Y