|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **\*\*TO GUIDE INITIAL MANAGEMENT ONLY – FORMAL DETAILED REPORT TO FOLLOW ON PACS/EPIC\*\*** | | | | |
| **Time of First Image** |  | | | |
| **CT Scans Performed** | Head / C-Spine / CAP / Vascular | | | |
| **Airway** | ET Placement | | Satisfactory / unsatisfactory / not-applicable | |
|  | Airway Obstruction | | Yes / No | |
| **Breathing** | Pneumothorax | | Right / Left / None | |
| Contusion | | Yes / No | |
| Laceration | | Yes / No | |
| Chest Drain Placement | | Satisfactory / unsatisfactory / not-applicable | |
| **Circulation (Bleeding)** | Thoracic | | Right / Left / No | |
| Abdominal | | Yes / No | |
| Pelvic | | Yes / No | |
| Soft Tissue | | Yes / No | |
| **If yes, please comment briefly:** |  | | | |
| **Disability** | Intracranial Bleed: | | | Small / Moderate / Large / No |
|  | Major spinal injury: | | | Yes / No |
| **Other Major Injuries noted.**  **(Please Comment)** |  | | | |
| **Radiologist** |  | | | |
| **Radiographer** |  | | | |
| **Medical Staff Informed** | Name |  | | |
| Title |  | | |
| Time |  | | |
|