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| **\*\*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 |  |
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