

**WEST YORKSHIRE MAJOR TRAUMA NETWORK  
TRAUMA CHART**  
LEEDS GENERAL INFIRMARY  
**PRE - HOSPITAL INFORMATION**

NAME:  
(Use sticker if available)

DOB:  
ED / NHS No.

AGE: MALE  / FEMALE

DATE:

EXPECTED TIME OF ARRIVAL:

TIME PRE-ALERT RECEIVED:

TIME OF INCIDENT:

CALL RECEIVED BY:

YAS INCIDENT NUMBER:

CALL FROM:

**MECHANISM & RELEVANT BACKGROUND HISTORY:**

**HIGH RISK FACTORS** (tick if apply)    ENTRAPMENT     DEATH IN VEHICLE     FALL > 20 FEET     EJECTED   
VEHICLE ROLLOVER     BULLSEYE     PENETRATING   
WINDSCREEN

**INJURIES SUSPECTED**    AIRWAY COMPROMISE     HEAD     CHEST   
ABDOMEN     PELVIS     SPINAL   
HAEMORRHAGE     LONG BONE #     BURNS

**HEART RATE:**    **BP:**    **RR:**    **O2 SATS:**    **GCS / AVPU:**  
DETRIORATING     STABLE     IMPROVING

TREATMENT GIVEN:

TRAUMA TEAM ACTIVATED?

YES     NO

ACTION REQUESTED:

TIME OF ACTIVATION:

ADVICE GIVEN:

SIGN & PRINT

PLEASE STICK FOOTMAN-WALKER FRONT SHEET HERE

|                     |                                     |
|---------------------|-------------------------------------|
| Notes completed by: | NAME:<br>(Use sticker if available) |
| Time:               | DOB:<br>ED / NHS No.                |

| ROLE / SPECIALTY          | NAME  | GRADE      | ARRIVAL TIME |
|---------------------------|---|------------|--------------|
| <b>ED CONSULTANT</b>      | <i>Ensure this box completed and arrival time shown</i> | <b>CON</b> |              |
| <b>TRAUMA TEAM LEADER</b> |   |            |              |
| <b>ED DOC 1</b>           |   |            |              |
| <b>ED DOC 2</b>           |   |            |              |
| <b>ED LEAD NURSE</b>      |   |            |              |
| <b>ED NURSE</b>           |   |            |              |
| <b>ED CSW</b>             |   | CSW        |              |
| <b>ANAESTHETICS</b>       |   |            |              |
| <b>ORTHOPAEDICS</b>       |   |            |              |
| <b>GEN SURG</b>           |   |            |              |
| <b>VASC SURG</b>          |   |            |              |
| <b>ODP</b>                |   | ODP        |              |
|                           |   |            |              |
|                           |   |            |              |

ADDITIONAL INFORMATION FROM PRE-HOSPITAL TEAM

PRE-HOSPITAL FLUID:

MEDICATIONS:

PMH:

LAST ATE:

ANY ALLERGIES/ADVERSE  
DRUG REACTION

YES  / NO

IF SO COMPLETE ALLERGY BOX  
ON PAGE 4

|                     |                                     |
|---------------------|-------------------------------------|
| Notes completed by: | NAME:<br>(Use sticker if available) |
| Time:               | DOB:<br>ED / NHS No.                |

## PRIMARY SURVEY

### AIRWAY & CERVICAL SPINE

|                                |                                       |                                |  |
|--------------------------------|---------------------------------------|--------------------------------|--|
| Immobilisation ( <i>tick</i> ) | Pre-hospital <input type="checkbox"/> | In ED <input type="checkbox"/> | Not immobilised <input type="checkbox"/> |
| Your clinical findings         |                                       |                                |  |
| Interventions                  |                                       |                                |  |

### BREATHING Clinical assessment & any interventions

|      |  |  |
|------|--|--|
| RR   |  |  |
| Sats |  |  |
| FiO2 |  |  |

### CIRCULATION Clinical assessment & any interventions incl i.v. / i.o. access

|       |  |  |                              |                             |
|-------|--|--|------------------------------|-----------------------------|
| HR    |  | IS TRANEXAMIC ACID INDICATED?<br>(note: bolus dose may have been given pre-hospital) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|       |  | DO YOU NEED TO ACTIVATE THE MASSIVE TRANSFUSION PROTOCOL?                            | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| BP    |  | TIME OF ACTIVATION: .....  |                              |                             |
| RIGHT |  | WHERE IS THE BLEEDING?   |                              |                             |
| LEFT  |  |  |                              |                             |

### DISABILITY Clinical assessment & any interventions GCS

| PUPILS | SIZE | REACTIVE? |  | E | /4 |
|--------|------|-----------|--|---|----|
| RIGHT  |      |           |  | M | /6 |
| LEFT   |      |           |  | V | /5 |

|                 |  |  |  |  |  |
|-----------------|--|--|--|--|--|
| GROSS NEUROLOGY |  |  |  |  |  |
|-----------------|--|--|--|--|--|

|                   |  |    |  |
|-------------------|--|----|--|
| TEMP (incl route) |  | BM |  |
|-------------------|--|----|--|



Notes completed by:

NAME:  
(Use sticker if available)

Time:

DOB:  
ED / NHS No.

### PRIMARY RADIOLOGY

#### TRAUMA CT

IS AN IMMEDIATE CT REQUIRED? YES  NO  TIME ..... : .....

Decision made by: ..... (name & grade) .....

TIME OF CT REQUEST ..... : .....

TIME OF ARRIVAL IN CT ..... : .....

#### TRAUMA CT Initial verbal report & actions resulting

TIME: ..... : ..... RADIOLOGIST: .....

Notes completed by:

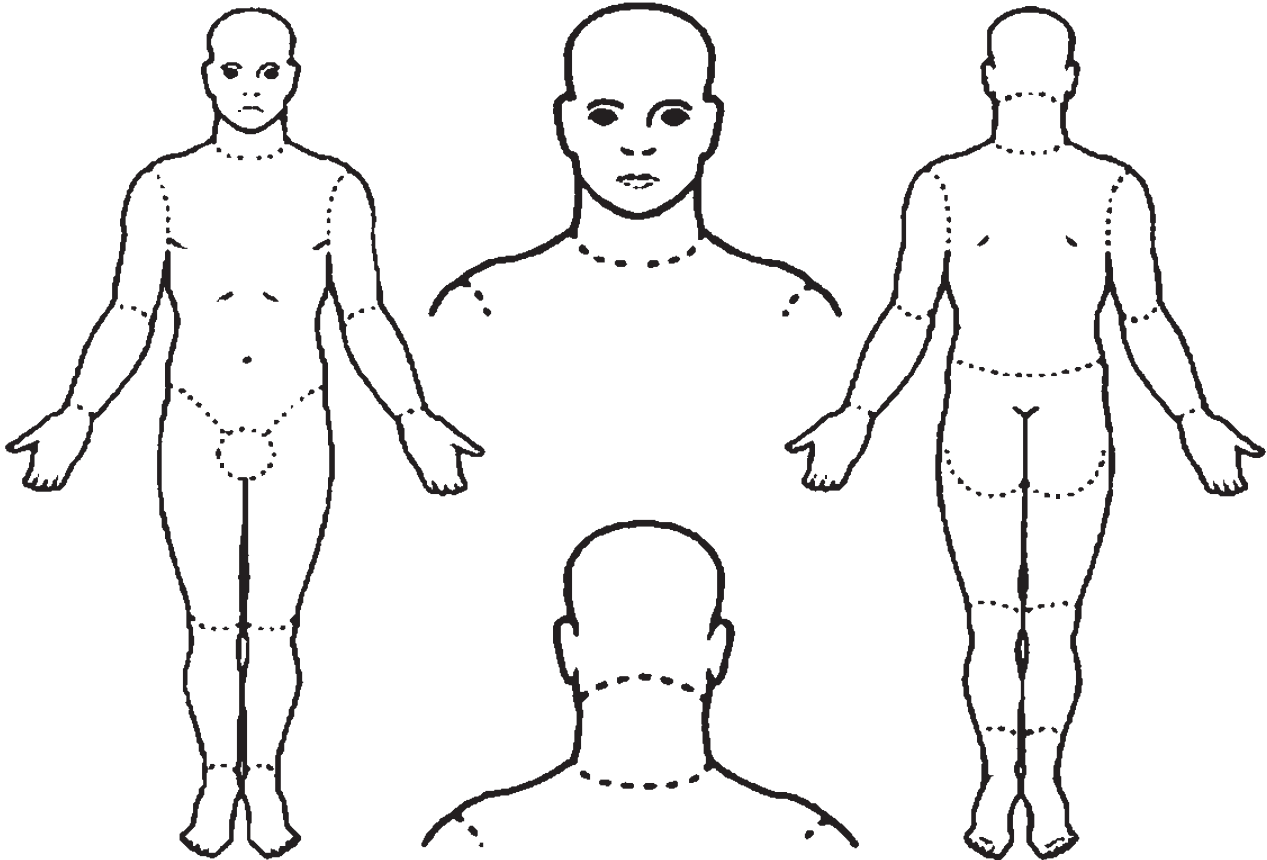
NAME:  
(Use sticker if available)

Time:

DOB:

ED / NHS No.

## SECONDARY SURVEY



### APPARENT INJURIES

**OR**

Secondary survey not completed prior to leaving ED because:

|                     |                                     |
|---------------------|-------------------------------------|
| Notes completed by: | NAME:<br>(Use sticker if available) |
| Time:               | DOB:<br>ED / NHS No.                |

**RESULTS**

**FAST SCAN**

**URINE DIP & ABGs**

**PLAIN FILMS**



|            | Hb    | WCC | Plt | INR   | Na    | K | Ur | Cr | Glu   | <b>X-MATCH</b> |
|------------|-------|-----|-----|-------|-------|---|----|----|-------|----------------|
| Requested? | Y / N |     |     | Y / N | Y / N |   |    |    | Y / N | TIME SENT:     |
| Result     |       |     |     |       |       |   |    |    |       |                |

DATE, TIME, SIGNATURE, CONTACT No AND  
SPECIALITY FOR ALL ENTRIES

NAME:  
(Use sticker if available)

DOB:

ED / NHS No.

**MULTI-DISCIPLINARY TRAUMA CHART NOTES**



DATE, TIME, SIGNATURE, CONTACT No AND  
SPECIALITY FOR ALL ENTRIES

NAME:  
(Use sticker if available)

DOB:

ED / NHS No.

**MULTI-DISCIPLINARY TRAUMA CHART NOTES**

DATE, TIME, SIGNATURE, CONTACT No AND  
SPECIALITY FOR ALL ENTRIES

NAME:  
(Use sticker if available)

DOB:

ED / NHS No.

**MULTI-DISCIPLINARY TRAUMA CHART NOTES**

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <b>NAME:</b><br>(Use sticker if available) |
|                | <b>DOB:</b>                                |
|                | <b>ED / NHS No.</b>                        |

**SUMMARY – TO BE COMPLETED BY TRAUMA TEAM LEADER**

|          |  |
|----------|--|
| <b>S</b> |  |
| <b>B</b> |  |
| <b>A</b> |  |
| <b>R</b> |  |

**C-SPINE CLEARANCE – document whether spine cleared & if not, why not**

TIME OF ANTIBIOTICS: ..... : .....    **TETANUS** Booster given     IgG given     No action needed

|   |  |
|---|--|
| <b>CLINICIAN COMPLETING:</b>                        |  |
| <b>HANDED OVER TO:</b>                              |  |
| <b>CONSULTANT ACCEPTING ONGOING RESPONSIBILITY:</b> |  |

|                                       |  |
|---------------------------------------|--|
| <b>PATIENT DISCHARGED FROM ED TO:</b> | <b>NAME:</b><br>(Use sticker if available) |
|                                       | <b>DOB:</b>                                |
|                                       | <b>ED / NHS No.</b>                        |

**RELATIVE INFORMATION**

| <b>Name</b> | <b>Relation to patient</b> | <b>Phone number(s)</b> | <b>Contact time</b> |
|-------------|----------------------------|------------------------|---------------------|
|             |                            |                        |                     |
|             |                            |                        |                     |
|             |                            |                        |                     |

**PROPERTY DETAILS**

**POLICE CONTACT DETAILS**