

Site ID number:

Patient ID number:

Date of injury:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Date of critical care admission:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Patient gender: Male Female

Patient age:

Mechanism of Injury (describe below):

Intubated in PHC (pre hospital care) or ED?

Yes No

Major Haemorrhage Protocol in PHC or ED?

Yes No

Blunt Penetrating

First TXA 1g given in PHC or ED?

Yes No

Tick mechanism of injury (if both, select the most prominent injury)

OBSERVATIONS:

	HR	SBP	RR	FiO2	SaO2 (%)	GCS	Lactate (mmol/L)	Base deficit (mmol/L)	INR
On Scene									
ED admission									

RESUSCITATION

	Crystalloid (mL)	Colloid (mL)	PRBC (units)	FFP (units)	Platelets (pools)	Cryo (pools)	TXA 1g/8H
Total from injury: H0- H24							Y/N (circle)

Admitted to critical care from: (circle) ED/theatre/ward/transfer from other hospital or trauma unit

Critical care admission APACHE II score:

Surgical episodes/interventional radiology

Day from admission	Event	Findings

Daily SOFA scores (whilst in critical care unit only)

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SOFA Score (Record worst value in a 24 hour period).

Day/Month 2015	Day of crit care stay	Vent Mode	RRT Yes No	PaO2	FiO2	P/F Ratio	Resp Score	Highest inotrope dose	MAP (lowest)	CVS Score	GCS	CNS Score	Plate- lets	Plate- let Score	Biliru- bin	Biliru- bin Score	Creati- nine Score	Total SOFA Score	Neutro- phils	Lym- phocyt es	Mono- cytes		
	1																						
	2																						
	3																						
	4																						
	5																						
	6																						
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				2	0	1	
D	D	M	M	Y	Y	Y	Y

Date of critical care admission:

				2	0	1	
D	D	M	M	Y	Y	Y	Y

Confirmed injuries and anatomical location

ISS (Injury Severity Score, if known):

Date patient discharged from hospital

				2	0	1	
D	D	M	M	Y	Y	Y	Y

Discharge to the following location:

<input type="checkbox"/>	Usual place of residence
<input type="checkbox"/>	Another hospital/nursing facility
<input type="checkbox"/>	Died

If dead, date of death:

				2	0	1	
D	D	M	M	Y	Y	Y	Y

Hospital Stay

ICU/level3 days

HDU/level 2 days

Total length of hospital stay (days)

Prior to discharge, please ensure that the patients contact details (name, date of birth, address, email and/or telephone number) are entered into the local consent log.