SCOTTISH TRAUMA AUDIT GROUP

NHS National Services Scotland

Family Name_____ First Name _____ Postcode

Case note number CHI number

Date of Birth ED Number STAG No. .

1. STAG TRAUMA

Hospital code STAG No. .

Sex 01=Male, 02=Female Age

2. INCIDENT

Date Time : Population Density 01=urban, 02=rural

Alcohol Toxicity 00=No, 01=Yes Locus 010=resi, 020=transp, 030=busin, 031=indust, 032=farm, 033=comm, 040=educ, 050=rec, 060=med

Type of injury 01=Blunt, 02=Penetrating Mode of Penetrating 01=Bladed inst, 02=Firearm, 03=Both, 04=Other

Mechanism of Injury 01=MVA, 02=Assault, 03=Fall>2m, 04=Fall<2m, 05=Other, 06=Sport

MVA Type 01=MV v MV, 02=MV v Ped, 03=MV v Other MVA Patient is 01=Driver, 02=FSP, 03=RSP, 04=Ped

3. PRE HOSPITAL

MOA 01=Self, 02=Amb, 03=Air SAS Incident No .

Call Started Date Time : Paramedic 00=No, 01=Yes Pre Hosp Medic 00=No, 01=Any, 02=Retrieval

Cannulation 00=No, 01=Yes IV Fluid vol. . ltrs Air Transfer 00=No, 01=SAS only, 02=EMRS, 03=Other, 04=Prov. unknown

4. EMERGENCY DEPARTMENT

Enter ED Date Time : Standby 00=No, 01=Yes

Area 01=Resus, 02=Other ED Retriaged to resus 00=No, 01=Yes Date Time :

Dept ED Date Time : Dest from ED 01=Ward, 02=ITU, 03=Theatre, 04=Mortuary, 05=Other Hosp, 06=Neuro, 07=SIU, 08=HDU, 09=Radiology

Ult Dest Spec. Ref. 01=neuro, 02=SIU, 03=both Late xfer R SC RC

Band of Nurse 05, 06, 07, 08, 09 12-Lead ECG 00=No, 01=Yes 0_2 Sats 00=No, 01=Yes

SBP mmHg RR GCS E V M GCS Total

Medical specialty in attendance ED

										D1	D2
Called	:	Arrived	:	Grade		01=Cons 02=Ass Spec/SD 03=ST4-8 04=ST 3 05=ST 1/2, GPST, FY2 06=Clinical Ass 07=FY1 08=Locum 10=ENP	Spec		01=EM 02=Anaesthetics 03=Cardiothoracic 08=Orthopaedics 11=General Surgery 13=Neurosurgery 15=Radiology 20=Other		
Called	:	Arrived	:	Grade			Spec				
Called	:	Arrived	:	Grade			Spec				
Called	:	Arrived	:	Grade			Spec				
Called	:	Arrived	:	Grade			Spec				
Called	:	Arrived	:	Grade			Spec				

	00=No, 01=Yes	Date	Time		00=No, 01=Yes	Date	Time
EWS			:	Chest drain			:
IV ABX			:	Chest XR			:
ABGs			:				
CT Scan			:	CT Body Area			01=Head, 02=Chest, 03=Abdo, 04=Pan, 05=Extrem, 06=Spinal
	00=No, 01=Pre hosp, 02=Hosp						
Intubation			:	Intubated by			01=Dr, 02=Para
Dr grade Intubation		Spec		An Drugs			00=No, 01=Yes
Theatre			:	An Grade			

Op Type 01=Ortho, 02=Neuro, 03=Laparotomy, 04=Thoraco, 05=Other, 06=Plastics Surg grade 1 Surg grade 2

'Use 8s to fill all boxes where 'not applicable' and use 9s to fill all boxes where 'not recorded'

STAG No. ☐☐☐ ☐☐☐ ☐☐☐☐☐ . ☐

5. INJURY SCORING

Region	1. Head & Neck	2. Face	3. Chest	4. Abdomen	5. Extremity	6. External	
Source	1. PM	2. CT	3. Surgery	4. MRI	5. X Ray	6. Clinical	7. USS

Injury Description	Region	AIS Code (AIS 98)	Score	Source
1.	☐	☐☐☐☐☐☐	☐	☐
2.	☐	☐☐☐☐☐☐	☐	☐
3.	☐	☐☐☐☐☐☐	☐	☐
4	☐	☐☐☐☐☐☐	☐	☐
5.	☐	☐☐☐☐☐☐	☐	☐
6.	☐	☐☐☐☐☐☐	☐	☐
7.	☐	☐☐☐☐☐☐	☐	☐
8.	☐	☐☐☐☐☐☐	☐	☐
9.	☐	☐☐☐☐☐☐	☐	☐
10.	☐	☐☐☐☐☐☐	☐	☐
11.	☐	☐☐☐☐☐☐	☐	☐
12.	☐	☐☐☐☐☐☐	☐	☐
13.	☐	☐☐☐☐☐☐	☐	☐
14.	☐	☐☐☐☐☐☐	☐	☐
15.	☐	☐☐☐☐☐☐	☐	☐
16.	☐	☐☐☐☐☐☐	☐	☐
17.	☐	☐☐☐☐☐☐	☐	☐
18.	☐	☐☐☐☐☐☐	☐	☐

Open limb ☐☐ 00=No, 01=Yes Additional Injuries? ☐☐ 00=No, 01=Yes ISS Score ☐☐

6. OUTCOMES

☐☐ 00=Dead, 01=Alive DOD ☐☐ ☐☐ ☐☐ Local audit ☐☐ ☐☐ 00=No, 01=ED, 02=Post ED, 03=Operative, 04=Transfer, 05=Other

LOS (days) Total ☐☐ days ITU ☐☐ Neuro ITU ☐☐ SIU ☐☐ HDU ☐☐

First Critical Care admission wwunit code ☐☐☐☐☐ ww epikey ☐☐☐☐☐☐☐

RP1 ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ : ☐☐ RP2 ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ : ☐☐

RP3 ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ : ☐☐ RP4 ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ : ☐☐

Comments

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Family Name _____ First Name _____

Case note number ☐☐☐☐☐☐☐☐☐☐ CHI number ☐☐☐☐☐☐☐☐☐☐

Date of Birth ☐☐ ☐☐ ☐☐ ED Number ☐☐☐☐☐☐☐ STAG No. ☐☐☐ ☐☐☐ ☐☐☐☐☐ . ☐

ADDITIONAL INJURY SCORING

STAG No. ☐☐☐ ☐☐☐ ☐☐☐☐☐ . ☐

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3.	☐	☐☐☐☐☐☐	☐	☐
4	☐	☐☐☐☐☐☐	☐	☐
5.	☐	☐☐☐☐☐☐	☐	☐
6.	☐	☐☐☐☐☐☐	☐	☐
7.	☐	☐☐☐☐☐☐	☐	☐
8.	☐	☐☐☐☐☐☐	☐	☐
9.	☐	☐☐☐☐☐☐	☐	☐
10.	☐	☐☐☐☐☐☐	☐	☐
11.	☐	☐☐☐☐☐☐	☐	☐
12.	☐	☐☐☐☐☐☐	☐	☐
13.	☐	☐☐☐☐☐☐	☐	☐
14.	☐	☐☐☐☐☐☐	☐	☐
15.	☐	☐☐☐☐☐☐	☐	☐
16.	☐	☐☐☐☐☐☐	☐	☐
17.	☐	☐☐☐☐☐☐	☐	☐
18.	☐	☐☐☐☐☐☐	☐	☐
19.	☐	☐☐☐☐☐☐	☐	☐
20.	☐	☐☐☐☐☐☐	☐	☐
21.	☐	☐☐☐☐☐☐	☐	☐
22.	☐	☐☐☐☐☐☐	☐	☐
23.	☐	☐☐☐☐☐☐	☐	☐
24.	☐	☐☐☐☐☐☐	☐	☐
25.	☐	☐☐☐☐☐☐	☐	☐

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