Supplementary Online Content


eFigure. Trauma Admission Record

This supplementary material has been provided by the authors to give readers additional information about their work.
Assessment Date: _____/_____/______ Time: _____:_____ Waiting Time: _____hrs_____mins

Clothing
☐ Blood Soaked
☐ Blood Stained
☐ Damp
☐ Normal

Vital Signs

SBP:
RR:
GCS:
HR:
TEMP:

Right

Left
PROBLEM LIST:

1.

2.

3.

4.

5.

6.

IMAGING:

☐ C-spine

☐ Chest

☐ LODOX

☐ Pelvis

☐ FAST

☐ Other

DRUGS ADMINISTERED:

Tetanus Toxoid Administered? YES ☐ NO ☐

Drug Name: ____________________________ Dose: ____________ Time: ________

FIRST ARTERIAL BLOOD GAS

Time Taken_________________________

O2% ________________

pH ________________

PO2 ________________

pCO2 ________________

BE ________________

Lactate ________________

Special Investigations (CT / Angiogram / Contrast Swallow, etc.)
**DOCUMENT FINAL DIAGNOSIS**

<table>
<thead>
<tr>
<th>INJURIES AND DESCRIPTION</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td></td>
</tr>
<tr>
<td>Face</td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
</tr>
<tr>
<td>Thorax</td>
<td></td>
</tr>
<tr>
<td>Abdomen/Pelvis</td>
<td></td>
</tr>
<tr>
<td>Spine</td>
<td></td>
</tr>
<tr>
<td>Upper Extremity</td>
<td></td>
</tr>
<tr>
<td>Lower Extremity</td>
<td></td>
</tr>
<tr>
<td>External</td>
<td></td>
</tr>
</tbody>
</table>

**SPECIALIST REFERRALS:**

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Time and Date Called</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma Surgeon</td>
<td></td>
</tr>
<tr>
<td>ICU</td>
<td></td>
</tr>
<tr>
<td>Neurosurgery</td>
<td></td>
</tr>
<tr>
<td>Orthopaedics</td>
<td></td>
</tr>
<tr>
<td>plastics</td>
<td></td>
</tr>
<tr>
<td>Maxillo-facial</td>
<td></td>
</tr>
<tr>
<td>Spinal Unit</td>
<td></td>
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<tr>
<td>Hand Surgeon</td>
<td></td>
</tr>
<tr>
<td>Ophthalmology</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**DISPOSITION**

1. Treated & discharged
2. Admitted to trauma department
3. Admitted to ICU
4. Admitted to other dept.
5. Referred to OPD
6. Left against medical advice
7. Declin trauma department
8. Transferred to other hospital

**FURTHER MANAGEMENT PLAN:**

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**QUALITY ASSURANCE**

- Waiting time to be seen by Dr. ___ hrs ___ mins
- Time from admission to CT scan ___ hrs ___ mins
- Time from admission to theatre ___ hrs ___ mins
- Time spent in Trauma Centre ___ hrs ___ mins
- Is the C-SPINE cleared? ___ yes ___ no

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