Corporate Graphic Design Proof Confirmation		
Job Number	CGD190456	
Job Title	MTD Adult Part A Version 3	

I have proof read and checked the artwork and approve to proceed to print (please tick)				☐
Client Name				
Client Initials	Date	dd	mm	yy

Private & Confidential

Major Trauma Document (Adult)

Scottish Trauma Network North

NHS Grampian

Part A: Trauma Team Leader • Scribe • Nursing Staff

TO BE COMPLETED IN BLACK INK ONLY

Patient Details	
Surname	Community Health Index (CHI)
Forename	Temporary Number (TN)
Address	Date of Birth dd mm yy
	Male ☐ Female ☐
Postcode	Telephone No.
or affix patient label	

Version 3

major trauma document adult

A

Patient Details

Code Red Trauma Call ☐ Standard Trauma Call ☐ Mass Casualty ☐ Major Incident ☐

Injury Date dd mm yy @ : hrs Arrival Date dd mm yy @ : hrs

Trauma Call Time @ : hrs ED Consultant arrival @ : hrs

Patient in: Resus ☐ Majors ☐ Minors ☐ Re-triaged to Resus ☐ @ : hrs

Pre-Alert and Handover Information

Transferred from:

Scene ☐ Incident Location Other Hospital ☐ Name

Method of Transport: Ambulance ☐ Helicopter (SAS) ☐ EMRS ☐ Coastguard ☐

Ministry of Defence ☐ Other ☐

SAS Incident No. ..... SAS Pre-alert: Yes ☐ No ☐ Pre-alert Time: ..... : ..... hrs ETA: ..... : .....

Age ..... yrs / ..... mths Weight ..... Kg (Estimated ☐) Pregnant Yes ☐ No ☐

Mechanism of Injury: (tick all that apply) Blunt ☐ Penetrating ☐ Alcohol ☐ Intoxicant ☐

RTC ☐ Driver ☐ FSP ☐ RSP ☐ Motorcyclist ☐ Cyclist ☐

Mass Transport ☐ Other ☐ ..... mph

MV v MV ☐ MV v Ped ☐ MV v Other ☐ Seatbelt Yes ☐ No ☐

Airbag Yes ☐ No ☐ Fatality Yes ☐ No ☐ Rollover Yes ☐ No ☐

Ejected Yes ☐ No ☐ Entrapment Yes ☐ No ☐ ..... mins

Assault ☐ Gunshot ☐ Stabbing ☐ Weapon: ..... Fall ☐ <2m* ☐ >2m* ☐

Animal ☐ Blast ☐ Burn ☐ Crush ☐ Drowning ☐ Hanging ☐

Business ☐ Commercial ☐ Education ☐ Farming ☐ Industrial ☐ Maritime ☐

Medical ☐ Recreational ☐ Residential ☐ Sporting ☐ Non -accidental ☐

Other ☐ ..... (* = 2 x child's height)

Details of Event:

Injuries Identified Pre-Hospital: .....

Signs Pre-Hospital: RR ..... SpO_2 ..... HR ..... BP ..... / ..... BM ..... Temperature ..... ^{O}C

GCS: E ..... V ..... M ..... = ... /15

Treatment Pre-Hospital: Collar ☐ Scoop ☐ Spinal Board ☐ Vacuum Mattress ☐

Pelvic Binder ☐ Tourniquet/s 1 ☐ 2 ☐ Other:

Thoracocentisis ☐ Thoracostomy ☐ Thoracotomy ☐ IV Access ☐ IV Fluid ☐ (volume ..... mls)

Intubated ☐ Drugs ☐ : .....

TXA ☐ @ ..... : ..... Pre-Hospital Blood ☐ Paramedic ☐ Pre-Hospital Medic: Retrieval ☐ Non-Retrieval ☐

INSERT PRE-ALERT RECORD

INSERT SAS PRF

INSERT TRAUMA CALL SIGN IN SHEET

INSERT SCRIBE SHEET

RELEVANT HISTORY

Information obtained from Patient ☐ Relative ☐ Scottish Ambulance Service ☐

Allergies : Nil ☐ Unknown ☐

1 .....

Reaction .....

2 .....

Reaction .....

3 .....

Reaction .....

Medication : Nil ☐ Unknown ☐

1 ..... 2 .....

3 ..... 4 .....

Past Medical History : Nil ☐ Unknown ☐

1 ..... 2 .....

3 ..... 4 .....

5 ..... 6 .....

7 ..... 8 .....

Last Fluid ..... : ..... hrs Last Food ..... : ..... hrs Last Tetanus: ..... yrs

Known Warfarin: Yes ☐ No ☐ consider early reversal

Known DOAC: Yes ☐ No ☐ consider early reversal

Known pregnancy: Yes ☐ No ☐ ..... weeks

Primary Survey by Dr ..... @ ..... : ..... hrs

CATASTROPHIC HAEMORRHAGE

Major Haemorrhage Protocol activated: Yes ☐ No ☐ @ ..... : ..... hrs **(Call 2222)**

Pelvic Binder: Yes ☐ No ☐ @ ..... : ..... hrs / pre-hospital

Tourniquets: Yes ☐ No ☐ Site 1 (.....) @ ..... : ..... hrs

Haemostatic Dressings ☐ Celox ☐ Site 2 (.....) @ ..... : ..... hrs

AIRWAY

Oxygen ☐ ..... L/min Patent ☐

Compromised ☐

OPA @ ..... : ..... hrs NPA @ ..... : ..... hrs

ETT Pre-hospital ☐ Other .....

*ETT In ED @ ..... : ..... hrs (*use RSI form)*

*Surgical airway in ED @ ..... : ..... hrs

C-SPINE

Fully immobilised Pre-ED ☐ in ED ☐

Immobilisation improvised ☐

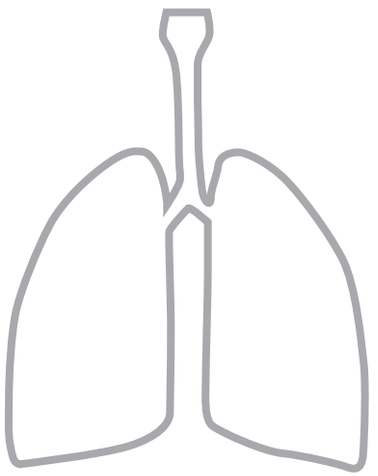
Immobilisation not tolerated ☐

Immobilisation not required ☐

Cleared in ED ☐

by Dr. .....

BREATHING



Spontaneous ☐ Ventilated ☐ RR ..... SpO_2 .....

Other Chest findings : .....

.....

Chest XR @ ..... : ..... hrs Findings : .....

.....

ICD 1 L ☐ R ☐ @ ..... : ..... hrs (drained ..... mls)

ICD 2 L ☐ R ☐ @ ..... : ..... hrs (drained ..... mls)

Thoracocentesis: Left ☐ Right ☐

Thoracostomy: Left ☐ Right ☐

Thoracotomy @ ..... : ..... hrs

CIRCULATION

CRT ..... sec HR ..... BP ..... / .....

Evidence of hypovolaemia Yes ☐ No ☐

Suspected ongoing bleeing:

Chest ☐ Abdomen ☐ Pelvis ☐

External ☐ Long Bone # ☐

Other ☐ .....

Emergency blood ☐ @ (..... : ..... hrs)

Issued blood ☐ @ (..... : ..... hrs)

FAST scan @ ..... : ..... hrs by Dr.

Negative / Positive ..... / Indeterminate

ECG @ ..... : ..... hrs

Normal / Abnormal .....

Pelvic X-Ray @ ..... : ..... hrs

Normal / Abnormal .....

TXA bolus ☐ (@ ..... : ..... hrs)

TXA infusion given ☐ (@ ..... : ..... hrs)

DISABILITY

GCS on arrival: E ..... V ..... M ..... = ... /15

Pupils: Left = ... mm Reacting: Yes ☐ No ☐

Right = ... mm Reacting: Yes ☐ No ☐

Suspicion of spinal injury: Yes ☐ No ☐

Spinal tenderness: Yes ☐ No ☐

Other logroll findings: .....

.....

.....

Blood Glucose: ..... mmol/l

Focal neurological signs: Yes ☐ No ☐

.....

Motor Deficit .....

Sensory deficit .....

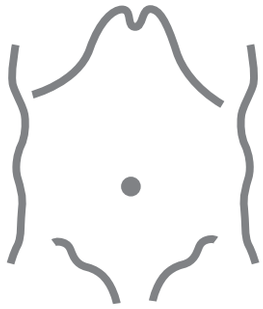
PR: Yes ☐ No ☐

Findings: .....

.....

EXPOSURE

Abdominal Examination:



Temperature on arrival ..... °C

Warming blanket applied ☐

Other obvious injuries .....

.....

.....

.....

.....

Urinalysis: .....

Pregnancy test: Negative ☐ Positive ☐ Not applicable ☐

CT SCAN

Decision to image @ ..... : ..... hrs Decision by Dr : .....

CT : H ☐ N ☐ C ☐ A ☐ P ☐ CTA : ..... (region) IR ☐ MRI ☐

Vital signs pre-CT : RR ..... SpO_2 ..... HR ..... BP ..... / ..... GCS ..... / 15

Left ED @ ..... : ..... hrs Returned ED @ ..... : ..... hrs Issues .....

LINES

Peripheral 1 : Site ..... Inserted by : SAS / ED @ ..... : ..... hrs Asepsis Yes ☐ No ☐

Peripheral 2 : Site ..... Inserted by : SAS / ED @ ..... : ..... hrs Asepsis Yes ☐ No ☐

IO : Site ..... Inserted by : SAS / ED @ ..... : ..... hrs Asepsis Yes ☐ No ☐

Central line : Site ..... Inserted @ ..... : ..... hrs Asepsis Yes ☐ No ☐

Arterial line : Site ..... Inserted @ ..... : ..... hrs Asepsis Yes ☐ No ☐

Urinary catheter : Site ..... Inserted @ ..... : ..... hrs Asepsis Yes ☐ No ☐

Residual volume ..... ml Easy insertion Yes ☐ No ☐ Why? .....

Gastric tube : Nasal ☐ Oral ☐

Inserted by ..... Positioned Checked ☐

ADDITIONAL INFORMATION

Does this patient have mental capacity*? Yes ☐ No** ☐

* No disturbance of mind / brain, able to understand, retain, use and communicate descisions appropriately ** Complete Adults with Incapacity Form

Are there any safeguarding concerns for this patient? Yes ☐ No ☐ If yes, Who has been informed:

Adult Protection ☐ Child Protection ☐ Police ☐ Social Work ☐ Other

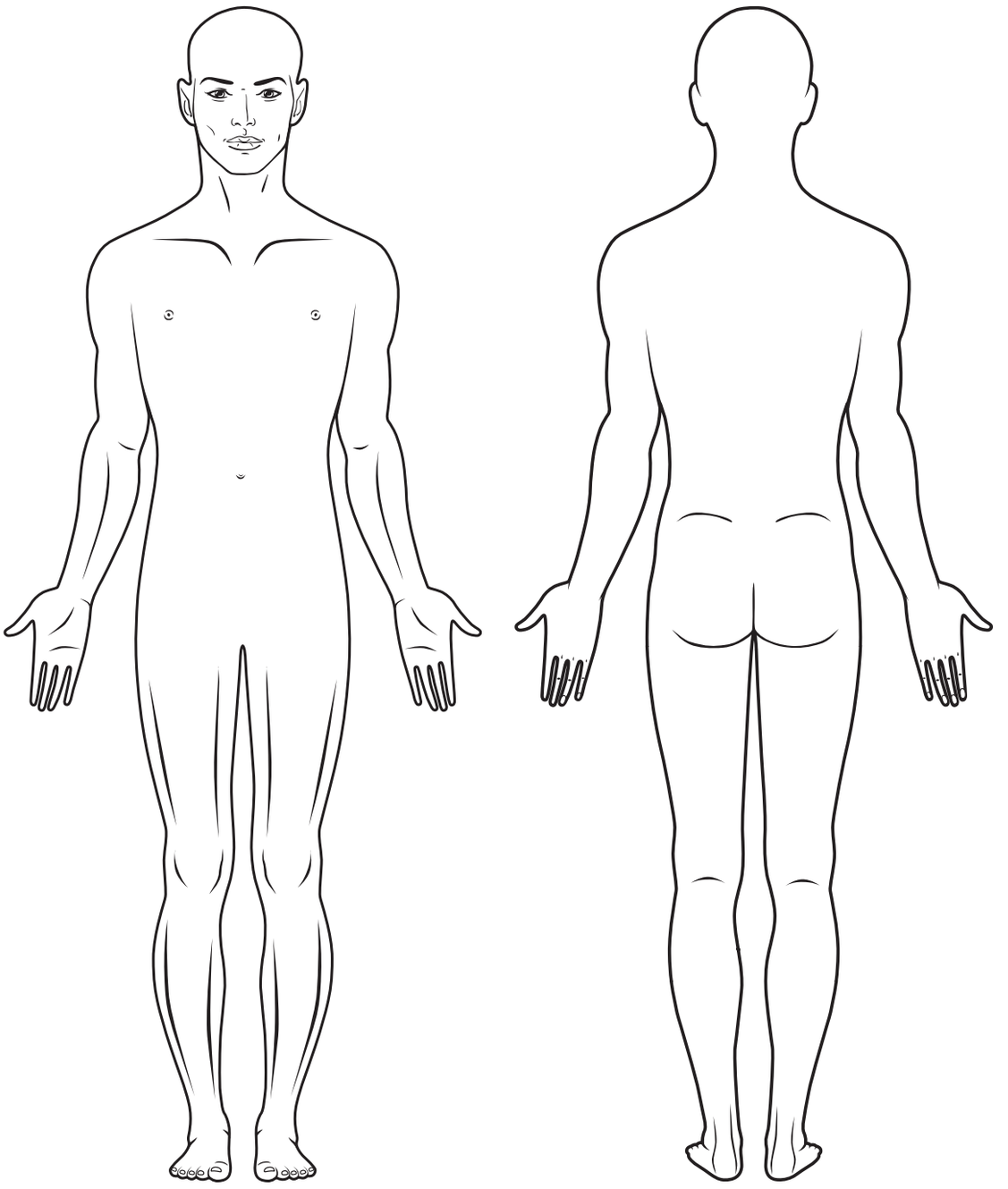
Family / Next of Kin discussions : By ..... @ ..... : ..... hrs

Name ..... Relationship ..... Contact No : .....

Discussion:

Secondary Survey by Dr ..... @ ..... : ..... hrs

SECONDARY SURVEY



A	Abrasion	D	Dislocation	L	Laceration
B	Burn	#	Fracture	S	Stab
C	Contusion	G	Gunshot	T	Tenderness

Fluids / Medications / Investigations

Weight ..... Kg (Estimated ☐)

Pre-Hospital Fluids given:

.... mls .... mls

.... mls .... mls

Resus Room Fluids : Tick if given; prescribe on fluid chart

Emergency Blood	1	2	3	4	5	6	7	8
Issued Blood	☐	☐	☐	☐	☐	☐	☐	☐
FFP	☐	☐	☐	☐	☐	☐	☐	☐
Platelets	☐	☐	☐	☐	☐	☐	☐	☐
Cryoprecipitate	☐	☐	☐	☐	☐	☐	☐	☐
Crystalloid (total mls)								

Medications Given : Prescribe RSI drugs, analgaesia, antibiotics, TXA, tetanus prophylaxis here

Time	Medicine	Batch	Dose	Route	Signature	Given	Check	Time

Blood Gases :

	1	2	3
Time	:	:	:
Arterial, Capillary or Venous	A ☐ C ☐ V ☐	A ☐ C ☐ V ☐	A ☐ C ☐ V ☐
FiO_2			
pH			
pO_2			
pCO_2			
Base Excess			
Lactate			
K+			
Hb			

FLUID (ADDITIVE MEDICINE) PRESCRIPTION AND RECORDING SHEET

(Drugs in the high risk category must be prescribed on Syringe / Volumetric Pump Prescription Sheet)

FILE IN SECTION D

Line

	Date	FLUID (USE BLOCK LETTERS) / ADDITIVE MEDICNE	Vol (ml)	Route of Admin. / Duration of Admin.	* Rate	DOCTOR'S SIGNATURE	Batch No. / Batch No.	Time Begun / Expected Completion Time	Started By / Added By: Initial	Started By / Added By: Initial	PUMP ID/MP No.	RECORD OF INFUSION (Please use 24 hour clock when recording time)	ACTUAL COMPLETION TIME/DATE
A												Time / Vol. Inf / Vol. Left / Initials	
B												Time / Vol. Inf / Vol. Left / Initials	
C												Time / Vol. Inf / Vol. Left / Initials	
D												Time / Vol. Inf / Vol. Left / Initials	
E												Time / Vol. Inf / Vol. Left / Initials	
F												Time / Vol. Inf / Vol. Left / Initials	
G												Time / Vol. Inf / Vol. Left / Initials	
H												Time / Vol. Inf / Vol. Left / Initials	

COMMENTS:- See overleaf

NOTE: Seperate sheets are available for:
PCA Pumps, Syringe / Volumetric Pumps etc

* RATE OF FLOW READY RECKONER - see overleaf

KNOWN DRUG / MEDICINE SENSITIVITY

1	2	3

SURNAME	FORENAMES	COMMUNITY HEALTH INDEX (CHI)	UNIT NUMBER	HEIGHT	WEIGHT	HOSPITAL	WARD	CONSULTANT

Prescription and recording form for the transfusion of blood components

V1.0R **This form must be retained in patient records for 30 years**

NHS Grampian

NHS GRAMPIAN 'Procedure for Blood and Blood Component Transfusion' must be followed

Patient details	**Special requirements**
Patient Forename:	Does patient require irradiated blood components? Yes / No
Patient Surname:	Does the patient require CMV-negative components? Yes / No
Hospital/Ward:	Reason for transfusion: _____
CHI No:	Date/ Time pre-transfusion sample taken: _____
CRN No:	*If more than 48 hours has elapsed since last transfusion a further sample is required*
Gender: Date of Birth:	

Transfusion counselling should take place with the patient / person with parental responsibility

The reason for transfusion has been discussed ☐	Date of counselling: _____
Valid alternatives have been discussed ☐	Performed by: _____
Risks and benefits have been discussed/patient information leaflet given ☐	*If pre transfusion counselling was not possible retrospective counselling has been offered to the patient.*
The patient has been offered the right to accept/refuse transfusion ☐	

TRANSFUSION PRESCRIPTION FORM

Date	Blood Component	Vol. to be transfused	Prescribers signature	Duration	**Donation label** (affix pink label)	Finish time
					Donation number: Component: Signature 1: Date given: Signature 2: Start Time:	
					Donation number: Component: Signature 1: Date given: Signature 2: Start Time:	
					Donation number: Component: Signature 1: Date given: Signature 2: Start Time:	
					Donation number: Component: Signature 1: Date given: Signature 2: Start Time:	
					Donation number: Component: Signature 1: Date given: Signature 2: Start Time:	
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Patient details	**Special requirements**
Patient Forename: Patient Surname: Hospital/Ward: CHI No: CRN No: Gender: Date of Birth:	Does patient require irradiated blood components? Yes / No Does the patient require CMV-negative components? Yes / No Reason for transfusion: _____ Date/ Time pre-transfusion sample taken: _____ *If more than 48 hours has elapsed since last transfusion a further sample is required*
Transfusion counselling should take place with the patient / person with parental responsibility	
The reason for transfusion has been discussed ☐ Valid alternatives have been discussed ☐ Risks and benefits have been discussed/patient information leaflet given ☐ The patient has been offered the right to accept/refuse transfusion ☐	Date of counselling: _____ Performed by: _____ *If pre transfusion counselling was not possible retrospective counselling has been offered to the patient.*

TRANSFUSION PRESCRIPTION FORM

Date	Blood Component	Vol. to be transfused	Prescribers signature	Duration	**Donation label** (affix pink label)	Finish time
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					Donation number: Component: Signature 1: Date given: Signature 2: Start Time:	
					Donation number: Component: Signature 1: Date given: Signature 2: Start Time:	
					Donation number: Component: Signature 1: Date given: Signature 2: Start Time:	

INSERT CT PRIMARY SURVEY REPORT

Injury Summary 1/2

	Injuries	Outstanding Issues
HEAD		
FACE		
NECK		
SPINE		
CHEST		
ABDOMEN		
PELVIS		

Injury Summary 2/2

LIMBS

Injuries

Outstanding Issues

EXTERNAL

Injuries

Outstanding Issues

TRAUMA TEAM LEADER NOTES

SIGN

Trauma Team Leader .....

Signature .....

Abbreviations

The following are a list of abbreviations that appear throughout this document

BP	Blood Pressure	NPA	Nasopharyngeal Airway
BTS	Blood Transfusion Service	NSAID	Non-Sterile Anti-Inflammatory Drugs
CRT	Capillary Refill Time	NOAC	Novel Oral Anticoagulant
CT	Computed Tomography	OPA	Oropharyngeal Airway
CTA	Computed Tomography Angiography	pCO2	Carbon Dioxide partial pressure
ECG	Electocardiography	pO2	partial pressure of Oxygen
ED	Emergency Department	PCA	Patient Controlled Analgesia
ETT	Endo Tracheal Tube	PRF	Patient Report Form
ETA	Estimated Time of Arrival	SpO_2	peripheral capillary Oxygen Saturation
E	Eyes	K+	Potassium
FiO2	Fraction of Inspired Oxygen	pH	potential of Hydrogen
FFP	Fresh Frozen Plasma	Pump ID / MP No	Pump Identifiction / Medical Physics Number
FSP	Front Seat Passenger		
GCS	Glasgow Core Score	RSI	Rapid Sequence Induction
HR	Heart Rate	RSP	Rear Seat Passenger
Hb	Hemoglobin	RR	Respiratory Rate
ICD	Inter-Costal Drain	RTC	Road Traffic Collision
IR	Interventional Radiology	SAS	Scottish Ambulance Service
IO	Intraosseous infusion	TXA	Tranexamic acid
MRI	Magnetic Resonance Imaging	V	Voice
MHP	Major Haemorrhage Protocol		
MV v MV	Motor Vehicle v Motor Vehicle		
MV v Ped	Motor Vehicle v Pedestrian		
M	Movement		

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