

WHO EMERGENCY UNIT FORM: TRAUMA

☐ Mass Casualty

Hospital Registration Number:

Patient Surname:
First Name:

Age: _____
INF / CH / AD

Gender: ☐Male ☐Female
☐ Other: _____

Date of Birth:
DD/MM/YY

Weight: _____ kg

Occupation: ☐ Unknown

Patient Residence (at least City and Sub-district):
☐ Unknown

Date: DD/MM/YY

Time of Arrival: ____: ____ (24h)

Arrival Mode: ☐Ambulance ☐Car/Truck (circle Private or Taxi)
☐ Motorized 2/3-wheeler (circle Private or Taxi)
☐ Public Transport ☐ Walk ☐ Other: _____

Number of prior facilities: _____
Referred from:
Sub-district where injury occurred:
☐ Unknown

Contact Person:

Phone:

Relation:

CHIEF COMPLAINT:

Triage Category:

INITIAL VS at ____: ____ (24h)
Temp: _____ BP: _____ / _____ Pulse: _____ RR: _____ SpO₂: _____ % on _____
Pain score (see Ref Card for details): _____ / 10

☐ Dead on arrival

TREATING PROVIDER ASSESSMENT: Date: DD/MM/YY Time: ____: ____ (24h)

PRIMARY SURVEY (see Reference Card for normal findings, only mark NML if all key elements are normal):

A

Airway

☐ NML

B

Breathing

☐ NML

C

Circulation

☐ NML

D

Disability

☐ NML

E

Exposure

☐ Exposed completely

☐ Angioedema ☐ Stridor ☐ Voice changes
☐ Oral/Airway burns
Obstructed by: ☐ Tongue ☐ Blood ☐ Secretions
☐ Vomit ☐ Foreign body

Spontaneous Respiratory Rate: _____
Chest Rise: ☐ Shallow ☐ Retractions ☐ Paradoxical
Trachea: ☐ Midline ☐ Deviated to ☐ L ☐ R
Breath Sounds: ☐ L _____ ☐ R _____

Skin: ☐ Warm ☐ Dry
☐ Pale ☐ Cyanotic ☐ Moist ☐ Cool
Capillary refill: ☐ <3 sec or _____ sec
Pulses: ☐ Weak ☐ Asymmetric
JVD: ☐ Yes ☐ No

Blood glucose: _____
Responsiveness: ☐ A ☐ V ☐ P ☐ U
GCS: _____ (E _____ V _____ M _____) ☐ Qualified
Moves Extremities: ☐ LUE ☐ RUE ☐ LLE ☐ RLE
Pupil: Size: L _____ R _____
Reactivity: L _____ R _____

☐ Repositioning ☐ Suction ☐ OPA ☐ NPA ☐ LMA
☐ BVM ☐ ETT

Spine stabilized: ☐ Not needed ☐ Done before arrival ☐ Done in EU
(not needed = not altered, no pain or TTP, no distracting injury, no focal neuro deficit)

Oxygen: _____ L
☐ NC ☐ Mask ☐ NRB
☐ BVM ☐ CPAP/BIPAP
☐ Ventilator: _____

Chest needle / tube (circle):
☐ L – Size: _____ Depth: _____ cm
☐ R – Size: _____ Depth: _____ cm
☐ 3-sided dressing

Bleeding controlled (bandage, tourniquet, direct pressure)
Access: ☐ IV: Loc _____ Size _____
☐ CVL: Loc _____ Size _____ ☐ IO: Loc _____ Size _____
☐ IVF: _____ mLs ☐ NS ☐ LR ☐ Other _____
☐ Blood ordered ☐ Pelvis stabilized

☐ Not Indicated
☐ Not Available

F

AST

☐ NML

Peritoneum: ☐ Negative ☐ Indeterminate
☐ Free Fluid: _____
Chest: ☐ Negative ☐ Indeterminate
☐ Pneumothorax (R/L): _____
☐ Pleural fluid (R/L): _____
☐ Pericardial effusion

MEDICAL HISTORY: History obtained from:

Medications: ☐ Anticoagulant: _____ ☐ Unknown
Other:

Allergies: _____ ☐ Unknown

Past Medical: ☐ HTN ☐ DM ☐ COPD ☐ Psych ☐ Renal Disease ☐ Unknown
Other:

Last Menstrual Cycle: _____ G ____ P ____ ☐ Unknown
Pregnant? (circle) Yes / No ☐ Reported ☐ Testing done
Last Tetanus: _____ ☐ Unknown
Substance Use: ☐ Tobacco ☐ Alcohol ☐ Drugs ☐ IV Drugs ☐ Unknown
Safe at home? _____

Past Surgeries (type & date): _____ ☐ Unknown

HISTORY OF PRESENT ILLNESS: Date of Injury: DD/MM/YY Time: ____: ____ (24h format)

Place of injury: _____
☐ Unknown

First care sought:
Prehospital care
☐ None ☐ Layperson first aid ☐ Health care professional (EMT, medic)
Care given:

Activity at time of injury: _____
☐ Unknown

Other Details of Incident
☐ Loss of consciousness (circle): <5 min 5-29 min 30-24 hr >24 hr
☐ Head trauma: Y / N ☐ Neck trauma: Y / N
Other:

Mechanism of injury (select one or multiple):
☐ Road traffic incident: ☐ Driver ☐ Passenger ☐ Pedestrian
☐ Airbag ☐ Seat belt ☐ Other vehicle restraint ☐ Helmet
☐ Extricated Patient vehicle: _____
☐ Ejected Hit by/crashed with: _____

Intent: ☐ Unintentional or accidental ☐ Intentional: ☐ Self harm ☐ Assault
☐ Legal process, political unrest or war ☐ Unknown
Assaulted by (see Reference Card): _____

Fall from: _____
☐ Hit by falling object: _____
☐ Stab/Cut ☐ Gunshot ☐ Sexual Assault
☐ Other blunt force trauma (struck/hit): _____
☐ Suffocation, choking, hanging
☐ Drowning: _____ Life vest: Y / N
☐ Burn caused by: _____
☐ Poisoning/Toxic Exposure: _____
☐ Unknown ☐ Other: _____

Hours since last meal: _____ hours ☐ Unknown

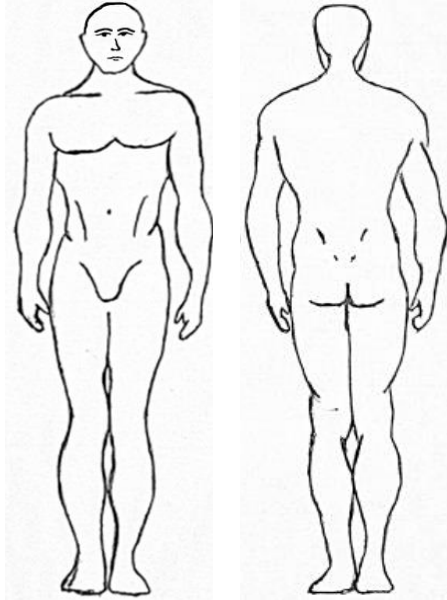
Substance use within 6 hours of injury:
☐ Unknown ☐ None ☐ Reported ☐ Evidence (positive test or clinical findings)
☐ Alcohol ☐ Other Substance (if known): _____

Form to be used with WHO Reference Card. See who.int/emergencycare for more information.

PHYSICAL EXAM: (See Reference Card for normal findings. Do NOT mark NML unless all key elements are normal.)

<input type="checkbox"/> NML	General	
<input type="checkbox"/> NML	Neuro/Psych	
<input type="checkbox"/> NML	HEENT	
<input type="checkbox"/> NML	Neck	
<input type="checkbox"/> NML	Respiratory	
<input type="checkbox"/> NML	Cardiac	
<input type="checkbox"/> NML	Abdominal	
<input type="checkbox"/> NML	Pelvis	
<input type="checkbox"/> NML	GU/Rectal	
<input type="checkbox"/> NML	MSK	
<input type="checkbox"/> NML	Skin	

Detail area of injury:



DIAGNOSTIC TESTS:

UPT: ☐ Positive ☐ Negative ☐ N/A

Hgb: _____ ☐ Result pending

Blood type: _____

Other: _____

List imaging studies with results (and check findings below):

☐ Pneumothorax

☐ Pulmonary Opacity

☐ Pelvic Fracture

☐ Extremity Fracture

☐ Pleural Fluid

☐ Rib Fracture

☐ C-spine fracture

ADDITIONAL INTERVENTIONS:

Fluids and Medications Given

☐ IVF: _____ mLs ☐ NS ☐ LR ☐ Other _____

☐ Blood products (specify number of units given): _____

☐ Opioid Analgesia: _____

☐ Other Analgesia: _____

☐ Sedation/Paralytics: _____

☐ Antibiotics: _____

☐ Tetanus: _____

☐ Other: _____

Time (24h)

Procedures (circle and note outcome)

☐ Intubation: _____

☐ Chest Tube: _____

☐ Splinting / Reduction: _____

☐ Pelvic Stabilization: _____

☐ Simple / Complex Laceration Repair: _____

☐ Other: _____

Time (24h):

ASSESSMENT (include summary and differential) AND PLAN (imaging; meds/interventions; consults with time called/arrived and recs):

REASSESSMENT at _____: _____ (24h)

Temp: _____ Pulse: _____ BP: _____ / _____ RR: _____ SpO₂: _____ % on _____

☐ Condition same

Changes: _____

DISPOSITION: Checklist completed: ☐ Y ☐ N ED departure (date & time): DD/MM/YY _____ : _____ (24h)

Diagnoses/Impressions (list all):

Number of serious injuries as judged by provider (circle): 0 1 ≥2

☐ Admit to: ☐ Ward _____ ☐ ICU ☐ OT

☐ Discharge: Plan discussed with patient? ☐ Yes ☐ No

☐ Transfer to: _____

☐ Left without being seen or before treatment complete

☐ Died of (specify cause - NOT cardiopulmonary arrest): _____

VS at Dispo at: _____: _____ (24h)

Temp: _____ Pulse: _____ BP: _____ / _____ RR: _____ SpO₂: _____ % on _____

Accepting Provider: _____

Emergency Unit Provider Name/Title (include handovers)	Signature and Date