The WHO Trauma Care Checklist

Injury kills more people every year than HIV, TB and malaria combined, and the overwhelming majority of these deaths occur in low- and middle-income countries.

Timely emergency care saves lives: if fatality rates from severe injury were the same in low- and middle-income countries as in high-income countries, nearly 2 million lives could be saved every year.

The WHO Trauma Care Checklist is a simple tool – designed for use in emergency units – that emphasizes the key life-saving elements of initial trauma care.

A systematic approach to every injured person ensures that life-saving interventions are performed and that no life-threatening conditions are missed.

The checklist reviews key actions at two critical points:

1. Immediately after the 'primary' & 'secondary' surveys
2. Before the team leaves the patient's bedside

Developed and validated by a large global collaboration, the WHO Trauma Care Checklist is appropriate for use in any emergency care setting and can be easily adapted to local context.

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World Health Organization

Trauma Care Checklist

Immediately after primary & secondary surveys:

Is further airway intervention needed? May be needed if: • GCS 8 or below • Hypoxaemia or hypercarbia • Face, neck, chest or any severe trauma	☐ YES, DONE ☐ NO
Is there a *tension* pneumo-haemothorax?	☐ YES, CHEST DRAIN PLACED ☐ NO
Is the pulse oximeter placed and functioning?	☐ YES ☐ NOT AVAILABLE
large-bore IV placed and fluids started?	☐ YES ☐ NOT INDICATED ☐ NOT AVAILABLE
Full survey for (and control of) external bleeding, including:	☐ SCALP ☐ PERINEUM ☐ BACK
Assessed for pelvic fracture by:	☐ EXAM ☐ X-RAY ☐ CT
Assessed for internal bleeding by:	☐ EXAM ☐ ULTRASOUND ☐ CT ☐ DIAGNOSTIC PERITONEAL LAVAGE
Is spinal immobilization needed?	☐ YES, DONE ☐ NOT INDICATED
Neurovascular status of all 4 limbs checked?	☐ YES
Is the patient hypothermic?	☐ YES, WARMING ☐ NO
Does the patient need (if no contraindication):	☐ URINARY CATHETER ☐ NASOGASTRIC TUBE ☐ CHEST DRAIN ☐ NONE INDICATED

Before team leaves patient:

Has the patient been given:	☐ TETANUS VACCINE ☐ ANALGESICS ☐ ANTIBIOTICS ☐ NONE INDICATED
Have all tests and imaging been reviewed?	☐ YES ☐ NO, FOLLOW-UP PLAN IN PLACE
Which serial examinations are needed?	☐ NEUROLOGICAL ☐ ABDOMINAL ☐ VASCULAR ☐ NONE
Plan of care discussed with:	☐ PATIENT/FAMILY ☐ RECEIVING UNIT ☐ PRIMARY TEAM ☐ OTHER SPECIALISTS
relevant trauma chart or form completed?	☐ YES ☐ NOT AVAILABLE