

Patient SURNAME, Other

INJURED

ARRIVED

on / / day month year

on / / day month year

AGE SEX DISTRICT SUB-COUNTY VILLAGE

at : : AM PM

at : : AM PM

OCCUPATION

MODE OF ARRIVAL

REFERRED?

- Peasant farmer Student/pupil None Other:

- Motorcycle/taxi By foot Private car or bicycle Ambulance or police

- No Yes, from:

INJURY MECHANISM

- Fall from height ground level Burn Gunshot Blunt force Animal bite Poisoning Other:

Road Traffic Accident (FILL ALL):

- Patient using? Vehicle Motorcycle Bicycle Patient role? Driver/Rider Passenger Pedestrian Helmet? Yes No N/A

ADDITIONAL HISTORY OF PRESENT COMPLAINT

SETTING

- Home School Work Road/street Other:

INTENT

- Unintentional Intentional, assault Intentional, self-harm Mob justice

RECENT ALCOHOL/DRUGS?

- No Confirmed/suspected

HIV STATUS

- TR/TRK TRR/TRRK

PERFORM PRIMARY SURVEY OF PT'S: AIRWAY | BREATHING | CIRCULATION | DISABILITY | EXPOSURE

INITIAL SYSTOLIC BP

- >89 mmHg Systolic 50-89 mmHg Diastolic 1-49 mmHg Undetectable BP CUFF UNAVAILABLE

INITIAL PR

- 60-100 bpm >100 bpm <60 bpm Undetectable

INITIAL RESP. RATE

- 10-29/minute 30+/minute <9/minute

NEURO STATUS

- Alert Responds to verbal stim. Responds to painful stim. Unresponsive or GCS =

No. OF SERIOUS INJURIES

- Zero One Multiple "Serious injury": requires hospital admission

INJURED BODY AREA(S)

- Head/Neck Face Chest Abdomen/Pelvis/Perineum Back/Spinal Cord Upper Extremity Lower Extremity

DIAGNOSIS

- Head injury Thoracic injury Burn Laceration/bite Spinal cord injury Bruise/abrasion Abdominal injury Fracture Sprain/dislocation Other CLOSED OPEN

ADD. DIAG. DETAILS

INITIAL DECISION

- Treat with & send home Take to theatre N/A (died) Admit to hospital ward No. Send to

First seen by on / / day month year name position location at : : AM PM

If admitted, fill below:

If not same as above, form completed by

IMAGING DURING ADMISSION:

- X-Ray Ultrasound CT

GIVEN BLOOD? Yes, units

MEDICATION(S) DURING ADMISSION:

If no medications administered, write "NONE"

PROCEDURE(S) DURING ADMISSION:

If no procedures performed, write "NONE"

COMPLICATION(S) DURING ADMISSION:

For example: DVT/PE, pneumonia, urinary tract infection, surgical site infection, unplanned reoperation, sepsis, etc.

WAS A DIAGNOSTIC STUDY AND/OR TREATMENT RECOMMENDED BUT NOT PERFORMED/RECEIVED?

If yes, what and why not?

INPATIENT DISPOSITION

- Discharged Transferred, to for Escaped/ran away Left against medical advice Died EXPECTED DEATH UNEXPECTED DEATH

on / / day month year at : : AM PM

DISABILITY AT DISCHARGE

- Mild Able to return to work/school Moderate Independent at home but unable to return to work/school Severe Dependent on others at home