

Date patient arrived

 / /

Name

ID Number

Date of Birth

**TRAUMA TEAM LEADER**

Trauma Team Leader

|  |
| --- |
| **PRESENTATION** |
| **Mechanism and brief description of events prior to arrival at UHNS** |
|  |
| **Referral from another hospital** | Time referred  |  :  | Time transfer agreed |  :  |
| **TARN incident checklist** |
| 🞎 Vehicle incident🞎 Fall less than 2 metres🞎 Fall over 2 metres🞎 Shooting🞎 Stabbing | 🞎 Blast🞎 Burn🞎 Skeletal/organ/vessel destruction🞎 Blow(s)🞎 Amputation (total / partial)🞎 Other: | 🞎 Non-intentional🞎 Alleged assault🞎 Suspected child abuse🞎 Suspected self-harm🞎 Sport🞎 Suspected high risk behaviour🞎 Alleged intent (non-assault)🞎 Inconclusive |
| Weapon: |
| Position in vehicle *(circle)* | Driver, FSP, RSP, pedestrian, motorcyclist, pedal cyclist, pillion, mass transport, not known |
| Protection in vehicle *(circle)* | Seatbelt, airbag, helmet, child seat, none, not known |
| Additional incident information  *(circle)* | Alcohol, drugs, pregnancy, burn, inhalation, asphyxia, toxic, explosion, radiation, drowning, psychiatric disturbance, mass incident, hypothermia, none of these. |
| **PAST HISTORY** |
|  |
| **PERSONAL CIRCUMSTANCES** |
|  |



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| **TRAUMA TEAM LEADER INJURY & REFERRAL LIST** |
| **REGION** | **INJURIES** | **SPECIALTY & CONSULTANT** |
| **Head** |   |  |
| **Face & Neck** |  |  |
| **Chest** |  |  |
| **Abdomen** |  |  |
| **Spine** |  |  |
| **Limbs**Trauma Team LeaderGradeSignature |  |  |

Date & time

 / / :

Trauma Team Leader

Grade

Signature



Date patient arrived

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Trauma Team Leader

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**TRAUMA TEAM LEADER** (continued)

|  |
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| **ASSESSMENT NOTES, COMMENTS & ISSUES** |
|  SignatureGradeTrauma Team Leader / / :Date & time |



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**Trauma Team Leader: Body diagram**



 **RIGHT LEFT**

**RIGHT:** Dorsum Palm **LEFT:** Palm Dorsum

Date

Trauma Team Leader

 / /

 / /

Date

Trauma Team Leader