



Admission Date:

Grid for date entry: YYYY / MM / DD

Unknown checkbox

Enter as much of the date as is known. If no details available, check Unknown.

Discharge Date:

Grid for date entry: YYYY / MM / DD

Unknown checkbox

Enter as much of the date as is known. If no details available, check Unknown.

1. Method of transport from incident scene: Method of Transport:

- Ground Ambulance
Air Ambulance
Water Ambulance
Combo of Above
Private Transport
Other (specify):

2. First systolic blood pressure value recorded at the scene: First systolic at arrival to the trauma centre:

mmHg

3. Intubation code indicating whether patient was intubated at the time the GCS was calculated at the scene: Intubation code at arrival to the trauma centre:

- Yes
No
Unknown

4. First unassisted respiratory rate value recorded at the scene: Unassisted respiratory rate at arrival to the trauma centre:

breaths per min

5. First serum Blood Alcohol Concentration (BAC) measured at health care centre: Blood alcohol level at arrival to the trauma centre:

mmol/L
Unknown checkbox

Glasgow Coma Scale:

a) Field Scores:

6. **Best Eye Response:** \_\_\_\_\_ (1-4)  
 Unknown

7. **Best Verbal Response:** \_\_\_\_\_ (1-5, T)  
 Unknown

8. **Best Motor Response:** \_\_\_\_\_ (1-6)  
 Unknown

**b) Facility Scores:**

9. **Best Eye Response:** \_\_\_\_\_ (1-4)  
 Unknown

10. **Best Verbal Response:** \_\_\_\_\_ (1-5, T)  
 Unknown

11. **Best Motor Response:** \_\_\_\_\_ (1-6)  
 Unknown

**Abbreviated Injury Scores:**

**a) 9 Body Regions:**

12. **Head:**

- Minor
- Moderate
- Serious
- Severe
- Critical
- Unsurvivable
- Unknown

13. **Neck**

- Minor
- Moderate
- Serious
- Severe
- Critical
- Unsurvivable
- Unknown

14. **Face:**

- Minor
- Moderate
- Serious
- Severe
- Critical

- 15. Chest/Thorax:**
- Unsurvivable
  - [Unknown](#)
  - Minor
  - Moderate
  - Serious
  - Severe
  - Critical
  - Unsurvivable
  - [Unknown](#)

- 16. Abdomen:**
- Minor
  - Moderate
  - Serious
  - Severe
  - Critical
  - Unsurvivable
  - [Unknown](#)

- 17. Spine:**
- Minor
  - Moderate
  - Serious
  - Severe
  - Critical
  - Unsurvivable
  - [Unknown](#)

- 18. Lower Extremity:**
- Minor
  - Moderate
  - Serious
  - Severe
  - Critical
  - Unsurvivable
  - [Unknown](#)

- 19. Upper Extremity:**
- Minor
  - Moderate
  - Serious
  - Severe
  - Critical
  - Unsurvivable
  - [Unknown](#)

- 20. External and Other:**
- Minor
  - Moderate

- Serious
- Severe
- Critical
- Unsurvivable
- [Unknown](#)

**b) 6 Body Regions:**

**21. Head & Neck:**

- Minor
- Moderate
- Serious
- Severe
- Critical
- Unsurvivable
- [Unknown](#)

**22. Face:**

- Minor
- Moderate
- Serious
- Severe
- Critical
- Unsurvivable
- [Unknown](#)

**23. Chest:**

- Minor
- Moderate
- Serious
- Severe
- Critical
- Unsurvivable
- [Unknown](#)

**24. Abdomen:**

- Minor
- Moderate
- Serious
- Severe
- Critical
- Unsurvivable
- [Unknown](#)

**25. Extremity:**

- Minor
- Moderate
- Serious
- Severe
- Critical

<p><b>26. External:</b></p>	<input type="checkbox"/> Unsurvivable <input type="checkbox"/> <a href="#">Unknown</a>
<p><b>27. Injury Severity Score (ISS):</b></p>	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Serious <input type="checkbox"/> Severe <input type="checkbox"/> Critical <input type="checkbox"/> Unsurvivable <input type="checkbox"/> <a href="#">Unknown</a>
	<p>_____ (between 0-75)  <input type="checkbox"/> <a href="#">Unknown</a></p>

Data Collection Details					
<b>Collected by:</b> (please print name)		<b>Initial Here:</b>		<b>Date of Data Extract:</b>	YYYY-MM-DD