དཔལ་ལྡན་འབྲུག་གཞུང་།
གསོལ་བ་ལྷན་ཁག།
ཐིམ་ཕུ།

ROYAL GOVERNMENT OF BHUTAN
MINISTRY OF HEALTH
THIMPHU BHUTAN

TRAUMA REGISTRY FORM

TR No: _____ **Date_____**

Name of Health Facility_____

LEVEL OF ACTIVATION ☐ I ☐ II ☐ III	**TYPE OF CASE** ☐ NEW CASE ☐ REFERRED FROM ……

DEMOGRAPHIC INFORMATION

NAME:	**AGE:**	**SEX** ☐ M ☐ F	**OCCUPATION**
LOCAL ADDRESS: **PERMANENT ADDRESS:**			☐ Civil servant ☐ Private/ corporate employee ☐ Business ☐ Student ☐ Armed force ☐ Farmer ☐ Industrial worker ☐ Monk/Nun ☐ Sports/athletes ☐ Unemployed ☐ Others (sp.)……
NATIONALITY: ☐ Bhutanese (ID card……) ☐ Non Bhutanese			
EMERGENCY CONTACT PERSON: **PHONE #**			
RELATIONSHIP TO PATIENT ☐ Parent ☐ Spouse ☐ Children ☐ Sibling ☐ Relative ☐ Friend ☐ Others (sp.)……..			

Mode of Transport:

☐ Ambulance: ☐ BLS ☐ ALS ☐ BEAR ☐ Public transport ☐ Taxi ☐ Private car ☐ Walk in ☐ Others (sp.)……

Pre-hospital Care Provided by: ☐ None ☐ Layperson ☐ SAR ☐ EMR ☐ Nurse ☐ Doctor

HOSPITAL TRIAGE ASSESSMENT (Triage Nurse Assessment) **Time of Triage:**

Initial vital signs: **AVPU** ☐ Alert ☐ Verbal ☐ Pain ☐ Unresponsive Pain scale: ……../10

BP____/_____ HR: _____ RR:_____ Sp02:_____O_2/RA Temp:_____ RBS:_____mg/dl

CHIEF COMPLAINT:

PAST MEDICAL HISTORY: ☐ None ☐ Yes (sp.) ……

PRESENT MEDICATION (s) ☐ None ☐ Unknown ☐ Yes (sp.)……

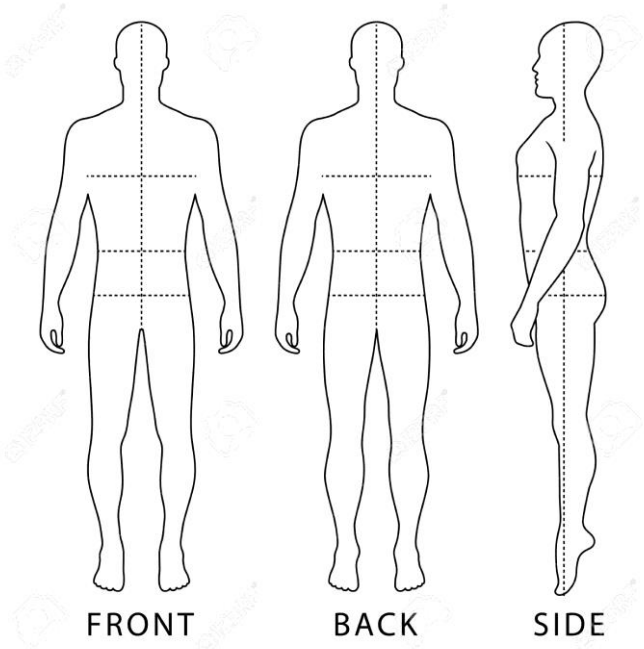
Tetanus within 10 years ☐ Yes ☐ No	ALLERGIES ☐ None known ☐ Yes (sp.)……	LAST MEAL TIME

INJURY INFORMATION

Time seen by Physician:

Date of Injury:	**Time of Injury:**	**Location of Incident:**

Setting:	**Mechanism of Injury:**	**Type of Injury:**	**Substance Use:**
☐ Home ☐ School/ public area ☐ Sports/recreational area ☐ Street/ highway ☐ Trade and service area ☐ Industrial/ construction area ☐ Farm ☐ Other (sp.)……..	☐ MVC:_____ ☐ Pedestrian ☐ Passenger ☐ Driver ☐ Fall ☐ Stab ☐ Gun shot ☐ Explosion ☐ Burn (sp.)…… ☐ Drowning/submersion ☐ Animal harm (sp.)…….. ☐ Falling object ☐ Others (sp.)…… **Safety Gears**: ☐ Yes ☐ No	☐ Blunt ☐ Penetrating ☐ Thermal ☐ Combination ☐ Others (sp.) …… **Intent of Injury:** ☐ Accidental ☐ Self-harm ☐ Battery ☐ Unknown	☐ None ☐ Alcohol ☐ Unknown ☐ Others (sp.) ……

PRIMARY SURVEY & INTERVENTIONS		SECONDARY SURVEY
A Airway	☐ Patent ☐ Obstructed by:…….. ☐ Intubation	Location and Type of injuries: 
B Breathing	Breath sounds: ☐ Normal ☐ Abnormal (sp.)…… ☐ Chest tube (sp.)……	
C Circulation	Pulse:……/min Cap Refill: ☐ IV fluids Skin: ☐ Transfusion	
D Disability/ Neuro **E** Exposure	**GCS:** E V M = _____ /15 Pupils: …… Focal Neuro Deficits:…… Focal spinal tenderness level: …… Deformity: …… ☐ Spinal immobilization ☐ Splint (sp.)…… ☐ Suturing (sp.)……	

ED/ER DISPOSITION	
☐ ICU ☐ WARD (sp.)…….. ☐ Discharged ☐ LAMA ☐ Absconded ☐ Referred ☐ Expired ☐ OT	**Date:**
Provisional Diagnosis:	**Time:**

OUTCOME AND FINAL DISPOSITION		
Diagnosis:	**Injury code:**	**Supplementary code:**

☐ Discharged ☐ LAMA ☐ Absconded ☐ Referred ☐ Expired	**Date:**	**Time:**

Signature…….. Staff Name……..

BMHC reg. no. …….. Date and Time……..