Guideline for the completion of the TraumaRegister DGU® questionnaire

The questionnaire consists of five pages which have to be filled in on four predefined dates. All patients are to be included who are admitted as inpatients through the emergency room and are in need of intensive care.

Date S: Master Data (emergency assessment, patient characterisation)
The collection of these data is compulsory for all patients and stating an estimated time of accident is better than stating none.

Index: The precise index consists of the hospital code (country code + postcode), accident year and a non-ambiguous patient code. No names or initials should be used. The consecutive numbering can start over again each year.

ASA score: determines the pre-traumatic general condition of patients whereupon ASA 5 and 6 are not taken account of.

Type of accident: “Hit by blunt object” comprises all types of blunt trauma caused to a body part by humans, objects or through other causes from the outside.

Date A: Pre-clinical Data (first findings, therapy)
The form should be filled in for all patients upon their primary admission. The DGU section NIS (Emergency and Intensive Care Medicine) suggest the use of the medical emergency protocol based on DIVI (German Interdisciplinary Congress for Intensive Care Medicine) recommendations from version 4.0 onwards.

Vital signs: The patient’s vital signs, unaffected by any therapy, should be recorded upon the arrival of the emergency physician.

Transport: In case of a combined transport, only the more costly means of transportation should be named.

Therapy: Chest drain comprises every type of relief of the pleural cavity. Analgesic sedation comprises analgesics, sedatives or anaesthetics.

NACA score: see DIVI protocol

Date B: Emergency room (condition on admission, principal diagnosis, therapy)

Additional in-house ID: You can assign an additional, arbitrary identifier to each patient (e.g. HIS no.)

Transfer: If the patient has been transferred from another institution, it is important to know from which one in order to combine his data.

Further treatment: Could you complete your trauma room protocol regularly or did you have to cancel the diagnostics prematurely? If the diagnostics had to be cancelled prematurely, you should record if the missing diagnostics were completed before the admittance to the intensive care unit.

Therapy: All records refer to the period from the treatment in the trauma room to the intensive care unit, including, where required, surgery. The preclinical phase must not be considered. The acute external stabilisation of a fracture includes all stabilisations of fractures that were performed within the trauma room phase and outside of the operating theatre, e.g. pelvic fixator, pelvic C-clamp, halo fixator and every other fracture fixation.

First emergency surgery: What is meant here is the first surgery performed to stabilise the patient’s condition if diagnostics had to be interrupted. In case of the simultaneous performance of several surgeries, the “biggest one” should be recorded.

Date C: Intensive Care Unit (condition on admission, development)

Organ failure: It must only be recorded if organ failure did or did not happen. In doing so, please consult the definitions of the SOFA score (Vincent et al 1996, Intensive Care Med 22: 707-710) for organ failure (must persist for at least 2 days): Respiration (lung): Pa O2/Fi O2 (with artificial respiration) < 200 mm Hg; Coagulation: Thrombocytes < 50.000 / mm³; Liver: Bilirubin ≥ 6,0 mg/dL; Cardiovascular system: Catecholamine dose dopamine > 5 μg/kg min or every adrenaline-/noradrenaline administration; CNS: Glasgow Coma Scale (GCS) < 9 points; Kidney: Creatinine or excretion rate per day ≥ 3,5 mg/dL or < 500 ml/day

Sepsis: According to the ACCP/SCCM Consensus Conference, a sepsis is defined as SIRS plus documented infection. For details see: Crit Care Med 1992, 20:864-74.

Mech. ventilation: Only those days with mechanical ventilation spent in the intensive care unit must be considered.

Date D: Diagnosis/Completion (Diagnoses, surgeries, therapy scheme, outcome, discharge, thromboembolic event)

Diagnosis: All injuries should be recorded. Only trauma diagnoses but not individual trauma results (e.g. shock) or pre-existing illnesses are relevant. An AIS is compulsory for every diagnosis.

Surgery: Under 1. and 2. the two leading surgeries of the diagnosis should be recorded (e.g. 1. External fixation, 2. Plate osteosynthesis). All other surgeries for this diagnosis can be recorded by their quantity without the need to classify them any further.

Damage control: Statement, whether the first emergency surgery was performed acc. to the principles of damage control.
Form S: Master Data  
(ACCIDENT, PATIENT CHARACTERISTICS)

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**Patient:**
- Birthday: ____________
- Male: □
- Female: □

**Accident history:**
- Date of accident: ________ 20____
- Time: __:__ h

**Cause:**
- Accident: □
- Assault (suspected): □
- Suicide (suspected): □

**Trauma:**
- Blunt: □
- Penetrating: □

**ASA:**
- Before accident: __________
- Healthy: □
- Mild systemic disease: □
- Severe systemic disease: □
- Life threatening systemic disease: □

**Type of accident:**
- Traffic:
  - Motor vehicle accident: □
  - Motorcycle accident: □
  - Bicycle accident: □
  - Pedestrian: □
  - Other (train, ship, …): □
- Fall:
  - High > 3m: □
  - Low < 3m: □
- Other:
  - Hit by blunt object (object, branch, …): □
  - Gun shot: □
  - Stabbing: □
  - Miscellaneous: ____________

**Form A: Prehospital**
(Initial diagnosis and treatment)

### Vital signs
- Systolic blood pressure: ________ mm Hg
- Heart rate: ________ /min
- Respiratory rate (spontan.): ________ /min
- Oxygen saturation (SpO2): ________ %

**Glasgow Coma Scale**
- Eye opening:
  - Spontaneous: □
  - Oriented: □
  - To voice: □
  - To pain: □
  - None: □
- Verbal response:
  - Spontaneous: □
  - Oriented: □
  - To voice: □
  - To pain: □
  - None: □
- Motor response:
  - Spontaneous: □
  - Oriented: □
  - To voice: □
  - To pain: □
  - None: □

**NACA-Index**
- NACA-Index (1-VII): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Alarm time (dispatch):** __:__ h
**Arrival of emergency medical service:** __:__ h
**Departure:** __:__ h
**Transport:**
- Ground ambulance without emergency physician: □
- Ground ambulance with emergency physician: □
- Helicopter: □
- Walk-in / private vehicle: □

**Trauma** (tentative diagnosis of on-scene-emergency physician)
- Head/CNS:
  - None: □
  - Mild: □
  - Moderate: □
  - Severe: □
- Face: □ □ □ □
- Thorax: □ □ □ □
- Abdomen: □ □ □ □
- Spine: □ □ □ □
- Pelvis: □ □ □ □
- Upper extremity: □ □ □ □
- Lower extremity: □ □ □ □
- Soft tissue: □ □ □ □

**Therapy**
- Crystalloids: ________ ml
- Intubation: no □ yes □
- Colloids: ________ ml
- Analgesia: no □ yes □
- Hypertone/hyperosmolar fluids: ________ ml
- CPR: no □ yes □
- Chest tube: no □ yes □
- Catecholamines: no □ yes □

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**Form B: Emergency Room**

**Hospital admission**
- Date: ___._._._ 20__
- Time: ____ : ____ h

**Additional hospital ID (optional):**
- _______ _______ _______ _______ _______ _______

**Transfer from other hospital?**
- no □
- yes □

**If yes: Name of hospital?**
- ____________________________________
- Hospital-Code: ______________

**Vital signs + Breathing**
- Systolic blood pressure: _______ mm Hg
- Heart rate: _______ /min
- Respiratory rate: _______ /min
- Oxygen saturation (SpO₂): _______%
- If yes: Intubation at admission?
  - no □
  - yes □
  - Fio₂: _______
  - PaO₂: _______ mm Hg

**Glasgow Coma Scale**
- Eye opening:
  - spontaneous
  - to voice
  - to pain
  - none
- Verbal response:
  - spontaneous
  - oriented
  - confused
  - inadequate
  - none
- Motor response:
  - to voice
  - localizes pain
  - to pain
  - posturing (flexion)
  - posturing (extension)
- Sum:
  - ______
  - ______
  - ______

**Pupils**
- right
  - narrow □
  - medium □
  - wide □
- left
  - narrow □
  - medium □
  - wide □

**Reaction to light**
- right
  - reactive □
  - slow □
  - none □
- left
  - reactive □
  - slow □
  - none □

**Course**
- Emergency room diagnostics completed?
  - no □
  - yes □
  - if yes:
    - Course: Operation room
    - Intensive Care Unit
    - Other unit
    - Time: ___ : ____ h
  - if no:
    - Interrupted because of:
      - Emergency/ urgent surgery □
      - Other □
    - Time: ___ : ____ h

**Diagnostics completed before admission to ICU?**
- no □
- yes □

**Diagnostic**
- until admission to ICU
- conducted
- Time
  - FAST
  - no □
  - yes □
  - ____ : ____ h
  - X-ray thorax
  - no □
  - yes □
  - ____ : ____ h
  - X-ray pelvis
  - no □
  - yes □
  - ____ : ____ h
  - X-ray spine
  - no □
  - yes □
  - ____ : ____ h
  - Cranial CT
  - no □
  - yes □
  - ____ : ____ h
  - Whole body CT
  - no □
  - yes □
  - ____ : ____ h
  - ROTEM / ROTEC
  - no □
  - yes □

**Laboratory at admission ER**
- Hb: ______ g/dl
- INR: ______
- Platelets: ______ /µl
- BE: +/− ______ mmol/l
- PT (Quick): ______ %
- Lactate: ______ mmol/l
- PTT: ______ sec
- Temperature: _____ °C

**First Emergency Surgery**
- □ Cranietomy (decompressive craniotomie)
- □ Thoracotomy (without chest tube)
- □ Laparotomy
- □ Revascularization
- □ Embolization
- External pelvic stabilisation
  - Cut: ____ : ____ h
- External extremity stabilisation

**Therapy Emergency Room**
- Crystalloids: ______ ml
- Colloids: ______ ml
- Hypertone/hyperosmolar fluids: ______ ml
- Packed red blood cells (PRBCs): ______ Units
- FFP / Fresh frozen plasma: ______ Units
- Platelets: ______ Units
- Intubation (primary/correction)
  - no □
  - yes □
- Cardiovascular resuscitation (CPR)
  - no □
  - yes □
- Catecholamines (initial/continuous)
  - no □
  - yes □
- Chest tube
  - no □
  - yes □
- Embolization
  - no □
  - yes □
- Acute external fracute fixation
  - (outside of operating room)
  - no □
  - yes □

**Haemostasic Treatment**
- rFVIIa
  - no □
  - yes □
- Fibrinogen
  - no □
  - yes □
- PCC
  - no □
  - yes □
- Other haemostatic medications
  - no □
  - yes □
- Anti-fibrinolytics
  - no □
  - yes □
### Form C: Intensive Care Unit

(Admission status, treatment, course)

<table>
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<tr>
<th>Arrival</th>
<th>Date</th>
<th>Time</th>
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<td>_____ . _____ . 20</td>
<td>_____ : _____ h</td>
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### SAPS II – Score (day 1)

____ points

### Organ Failure (SOFA Score > 2)

1. Respiratory  no □ yes □
2. Coagulatory  no □ yes □
3. Hepatic  no □ yes □
4. Cardio-vascular  no □ yes □
5. CNS  no □ yes □
6. Renal  no □ yes □

MOF  no □ yes □
Sepsis  no □ yes □

### ICU Length of Stay / Ventilation

Intensive care therapy  no □ yes □ ____ days/hours
Mechanical ventilation  no □ yes □ ____ days/hours

### Laboratory at ICU admission

Hb  _____ g/dl  INR  ___.
Platelets  _____ /µl  BE [+] [-]  [ ] ____ mmol/l
PT (Quick)  ____ %  Lactate  ____ mmol/l
PTT  ____ sec  Temperature  ____ °C

### Therapy

FFP  ___ units within 48 h of ICU admission
PRBCs  ___ units within 48 h of ICU admission
Dialysis  no □ yes □

### Haemostatic Treatment

rFVIIa  no □ yes □
PCC  no □ yes □
Anti-fibrinolytics  no □ yes □
Fibrinogen  no □ yes □
Other haemostatic medications  no □ yes □

### Form D: Completion (1) (Outcome, prognostic factors, thrombo-embolic events)

Date _____ . _____ . 20

□ died  Time : _____ h

□ survived

**Discharge**

- Home  □
- Rehab clinic  □
- Hospital  □ Name: ________________________________
- Dead  □

**Glasgow Outcome Scale**

- Good recovery  5 □
- Moderate disability  4 □
- Severe disability  3 □
- Vegetative state  2 □

**Clinically relevant thrombo-embolic events**

- none  □
- Myocardial infarction  □
- Pulmonary embolism  □
- Deep vein thrombosis (DVT) of the legs  □
- Apoplexy, Stroke  □
- Other thrombo-embolic events  □

Was there thrombo-embolic prophylaxis at the time of onset?  no □ yes □
## Form D: Diagnoses (2)

(Diagnoses, operations, treatment plans)

<table>
<thead>
<tr>
<th>Injury:</th>
<th>Diagnosis identified after ICU admission?</th>
<th>AIS:</th>
<th>Open fracture?</th>
<th>Degree of soft tissue injury (Type I-IV)?</th>
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<tbody>
<tr>
<td>Surgery:</td>
<td>Operation (OPS 301)</td>
<td>Date</td>
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**Surgical Strategy:** Damage Control Surgery

<p>| Diagnosis identified after ICU admission? | no | yes |
| Degree of soft tissue injury (Type I-IV)? |</p>
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<p>| Open fracture? | no | yes |
| Degree of soft tissue injury (Type I-IV)? |</p>
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<th>Number of further operations (e.g. revisions)?</th>
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support@traumaregister.de
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<th>Form D: Diagnosis (3)</th>
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