S: Core Data

Patient code: _____ **Internal remark:** _____

Age of patient at accident

Date of birth known _____.____.____

Date of birth unknown O

Estimated age _____ years

Sex O male O female O divers

If female, pregnancy preexisting?
O unknown O no O yes

State of health before accident

ASA before accident
O 1 – healthy
O 2 – mild systemic disease
O 3 – severe systemic disease
O 4 – life-threatening systemic disease

Anticoagulation? O unknown O no O yes

If yes, which? (multiple answers possible)

☐ Acetylsalicylic acid ☐ DOAC ☐ Heparin(oids)
☐ Other platelet aggregation inhibitors
☐ Vitamin K antagonists ☐ Miscellaneous ☐ unknown

Inter-hospital transfer

O no O yes (please specify hospital) _____

Mechanism of injury

Date of accident Date _____.____.20____

Time _____:____ h

Cause
O Accident
O Assault (suspected)
O Self inflicted (suspected)

Accident mechanism
O blunt
O penetrating

Type of accident

Traffic
O Car passenger
O Lorry passenger
O Bus passenger
O Motorcyclists/socius
O Bicycle
O Supported bike [1]
O E-Scooter
O Pedestrian
O Other road accident
_____

Fall
O High fall (>= 3 m)
O Low fall (< 3 m)
O Ground level fall

Other
O Hit by blunt object [2]
O Gunshot
O Stabbing
O Explosion / Deflagration [3]
O Spillage
O Other type of accident
_____

[1] e-bike/pedelec, [2] object, branch, ..., [3] thermomech. comb. injury

A: Pre-hospital Data

Time of rescue Alarm time (dispatcher) ____:____ h

Arrival first rescue device accident site ____:____ h

Start of transport with patient ____:____ h

EMS physician at scene: O no O yes

Transport:
O Ground ambulance with EMS physician
O Ground ambulance without EMS physician
O Helicopter O Walk-in / private vehicle

Additional claim for helicopter: O no O yes

MCI: O no O yes

Vital signs at arrival of first rescue device

Respiratory rate (spontaneous) _____ /min
Oxygen saturation (SpO_2) _____ %
Blood pressure (systolic) _____ mmHg
Heart rate _____ /min
Capnometry performed? O no O yes

Glasgow Coma Scale

Eye opening		Verbal response		Motor response	
spontaneous	(4)	orientated	(5)	obey commands	(6)
to sound	(3)	confused	(4)	localising	(5)
to pressure	(2)	words	(3)	normal flexion	(4)
none	(1)	sounds	(2)	abnormal flexion	(3)
		none	(1)	extension	(2)
				none	(1)
_____	+	_____	+	_____	

GCS value _____

Pupil

normal	(0)
anisocoric	(1)
bilateral dilated	(2)

Reaction to light

brisk	(0)
sluggish	(1)
fixed	(3)

Injuries

	none	mild	moderate	severe	closed	open
Head/CNS	O	O	O	O	O	O
Face	O	O	O	O	O	O
Thorax	O	O	O	O	O	O
Abdomen	O	O	O	O	O	O
Spine	O	O	O	O	O	O
Pelvis	O	O	O	O	O	O
Upper extremity	O	O	O	O	O	O
Lower extremity	O	O	O	O	O	O
Soft tissue	O	O	O	O	O	O

Volume administration

Crystalloids _____ ml
Colloids _____ ml

Therapy

	no	yes
Endotracheal tube	O	O
Surgical airway	O	O
Alternative airway management	O	O
Cervical spine immobilization	O	O
Needle decompression	O	O
Chest tube (without needle decompression)	O	O
Pelvic binder	O	O
Tourniquet	O	O
Intraosseous access	O	O
Cardio-pulmonary resuscitation (CPR)	O	O
Pre-hospital thoracotomy	O	O
Tranexamic acid	O	O
Catecholamines	O	O
Analgosedation	O	O

B1: ER-/OR Phase

Patient code: _____

Hospital admission

Date _____._____.20_____ Time _____:_____ h

COVID-19

COVID-19 smear test O no O yes O unknown
If yes: Test result: O negative O positive O unknown

Vital signs

Respiratory rate (spontaneous) _____ /min
Oxygen saturation (SpO_2) _____ %
Blood pressure (systolic) _____ mmHg
Heart rate _____ /min
Temperature _____ °C

Breathing

Already ventilated at admission? O no O yes
If yes:
FiO_2 _____ % or decimal value*
PaO_2 _____ mmHg or kPa*

Glasgow Coma Scale

Eye opening		Verbal response		Motor response	
spontaneous	(4)	orientated	(5)	obey commands	(6)
to sound	(3)	confused	(4)	localising	(5)
to pressure	(2)	words	(3)	normal flexion	(4)
none	(1)	sounds	(2)	abnormal flexion	(3)
		none	(1)	extension	(2)
				none	(1)

_____ + _____ + _____

GCS value _____

Pupil		Reaction to light	
normal	(0)	brisk	(0)
anisocoric	(1)	sluggish	(1)
bilateral dilated	(2)	fixed	(3)

Laboratory

Haemoglobin _____ g/dl or mmol/l*
Platelets _____ /µl or gpt/l*
PT (Quick) _____ %
PTT _____ sec
INR _____ [without unit]
Base Excess (-/+) _____ mmol/l
Ca (ionised) _____ mmol/l or mg/dl*
Ethanol (Plasma) _____ µmol/l or mg/dl*

Diagnostic	no	yes	time
FAST / eFAST	O	O	_____:_____ h
Free liquid in FAST?	O	O	
X-ray chest	O	O	_____:_____ h
X-ray pelvis	O	O	_____:_____ h
X-ray spine	O	O	_____:_____ h
Whole body CT (incl. cCT)	O	O	_____:_____ h
Selective CT			
Head	O	O	_____:_____ h
Cervical spine	O	O	_____:_____ h
Chest/thoracic spine	O	O	_____:_____ h
Abdomen/lumbar spine/pelvis	O	O	_____:_____ h
Extremities	O	O	_____:_____ h
MRI	O	O	_____:_____ h
ROTEM®	O	O	_____:_____ h
EXTEM-CT			_____ sec
EXTEM-MCF			_____ mm
FIBTEM-A10			_____ mm

Teleradiology used? no O yes O

Volume administration

	Emergcency room	OP phase
Crystalloids	_____ ml	_____ ml
Colloids	_____ ml	_____ ml

Therapy Emergency Room	no	yes
Endotracheal tube	O	O
Surgical airway	O	O
Chest tube	O	O
Cardio-pulmonary resuscitation (CPR)	O	O
Pericardiocentesis	O	O
Pelvic binder	O	O
Catecholamines (first/cont.)	O	O

Emergency surgeries prior to ICU admission	no	yes	Time (Cut)
Decompressive Craniectomy	O	O	_____:_____ h
Laminectomy	O	O	_____:_____ h
Thoracotomy	O	O	_____:_____ h
Laparotomy	O	O	_____:_____ h
Revascularization	O	O	_____:_____ h
Embolization	O	O	_____:_____ h
REBOA	O	O	_____:_____ h
External pelvic stabilisation	O	O	_____:_____ h
External extremity stabilisation	O	O	_____:_____ h
Escharotomy	O	O	_____:_____ h
Dermatofasciotomy	O	O	_____:_____ h

* Please highlight the units used by your hospital (your TR hospital administrator can set them in the online entry under “Set units”)

B2: ER-/OR Phase

Patient code: _____

Haemostasis Treatment	Emercency room (without OR phase)		OR phase
Packed red blood cells (RBCs)	_____ units	Time of first RBCs _____:_____ h	_____ units
Fresh frozen plasma (FFP)	_____ units or ml*		_____ units or ml*
Platelets	_____ units or ml*		_____ units or ml*

Medical Coagulation Treatment	no	yes	Time first administration
Tranexamic acid	O	O	_____:_____ h
Fibrinogen	O	O	_____:_____ h
PCC	O	O	(without time)
Calcium	O	O	(without time)
Factor XIII	O	O	(without time)
DOAC antidot	O	O	(without time)

Management

Further clinical course Time: _____:_____ h

- O Surgery
- O ICU/IMC
- O Death in emergency room
- O Other hospital
- O Other _____

C: Intensive Care Unit

Arrival

Date: ____.____.20____ Time: _____:_____ h

Laboratory / Vital signs

Haemoglobin	_____	g/dl or mmol/l*
Platelets	_____	/µl or gpt/l*
PT (Quick)	_____	%
PTT	_____	sec
INR	_____	[without unit]
Base Excess (-/+)	_____	mmol/l
Ca (ionised)	_____	mmol/l or mg/dl*
Fibrinogen	_____	µmol/l or g/dl*
Temperature	_____	°C

ROTEM ®

EXTEM-CT	_____	sec.
EXTEM-MCF	_____	mm
FIBTEM-A10	_____	mm

Haemostasis Treatment
(within 48 h after admission to ICU)

Packed red blood cells (RBCs)	_____	units
Fresh frozen plasma (FFP)	_____	units or ml*
Platelets	_____	units or ml*

Medical Coagulation Treatment (within first 48 h on ICU)	no	yes
Tranexamic acid	O	O
Fibrinogen	O	O
PCC	O	O
Factor XIII	O	O

Length of ICU stay / Ventilation	no	yes	Duration in hours or days*
Intensive care therapy (without IMC)	O	O	_____
Mechanical ventilation	O	O	_____

Therapy	no	yes
Dialysis	O	O
ECMO (Extracorporeal Membrane Oxygenation)	O	O

Organ failure (SOFA-Score > 2)	no	yes
Respiratory	O	O
Coagulation	O	O
Hepatic	O	O
Cardio-vascular	O	O
CNS	O	O
Renal	O	O
MOF	O	O
Sepsis (new definition)	O	O

If **yes**: Focus?

- O catheter-related infection
- O lung
- O wound
- O urosepsis
- O abdominal
- O other _____

Red marked parameters are mandatory!

* Please highlight the units used by your hospital (your TR hospital administrator can set them in the online entry under "Set units")

D1: Outcome

Patient code: _____

Date of discharge/death

Date _____._____.20_____

Time _____:_____ h

(Obligatory in case of transfer within 48 h)

Condition at discharge/relocation

- O Good recovery
- O Moderate disability
- O Severe disability
- O Vegetative state

Discharge/relocation/death

- O Home
- O Rehab clinic
- O Other hospital
- O Other
- O Dead

In case of death: End-of-life-decision O no O yes

If yes, reason for end-of-life-decision:

- O palliative
- O presumed will of the patient
- O written willingness of the patient

Cause of death

- O Traumatic brain injury
- O Haemorrhage
- O Organ failure
- O Other

Relocation to other hospital

- O no
- O yes (please specify hospital) _____

Clinically relevant thrombo-embolic events

- ☐ none
- ☐ Myocardial infarction
- ☐ Pulmonary embolism
- ☐ Deep venous thrombosis (DVT) of lower extremity
- ☐ Apoplexy, stroke
- ☐ Other thrombo-embolic events

If yes:

Thrombo-embolic prophylaxis at the time of onset?
O no O yes

D2: Diagnoses

Injury: _____ Diagnosis made after ICU admission O no O yes

AIS code: ___ ___ ___ ___ ___ ___.___ Open fracture? O no O yes Degree of soft tissue injury (I-IV) _____

Surgical treatment: (see surgery groups *) Description of procedure Date

1. _____ _____ _____._____.20_____
2. _____ _____ _____._____.20_____

Initial surgical strategy: Damage Control Surgery? O no O yes Number of further surgeries (e.g. revisions) _____

Injury: _____ Diagnosis made after ICU admission O no O yes

AIS-Code: ___ ___ ___ ___ ___ ___.___ Open fracture? O no O yes Degree of soft tissue injury (I-IV) _____

Surgical treatment: (see surgery groups *) Description of procedure Date

1. _____ _____ _____._____.20_____
2. _____ _____ _____._____.20_____

Initial surgical strategy: Damage Control Surgery? O no O yes Number of further surgeries (e.g. revisions) _____

Injury: _____ Diagnosis made after ICU admission O no O yes

AIS-Code: ___ ___ ___ ___ ___ ___.___ Open fracture? O no O yes Degree of soft tissue injury (I-IV) _____

Surgical treatment: (see surgery groups *) Description of procedure Date

1. _____ _____ _____._____.20_____
2. _____ _____ _____._____.20_____

Initial surgical strategy: Damage Control Surgery? O no O yes Number of further surgeries (e.g. revisions) _____

*See document "TR-DGU - guideline for V2020" for explanations of the surgery groups.

D3: Diagnoses

Patient code: ________________________________

Injury: ________________________________ Diagnosis made after ICU admission O no O yes
AIS-Code: ___ ___ ___ ___ ___ ___.___ Open fracture? O no O yes Degree of soft tissue injury (I-IV) ____________
Surgical measures: (see surgery groups *) Description of procedure Date
1. ________________________________ ____________ _____._____.20______
2. ________________________________ ____________ _____._____.20______
Initial surgical strategy: Damage Control Surgery? O no O yes Number of further surgeries (e.g. revisions) ________

Injury: ________________________________ Diagnosis made after ICU admission O no O yes
AIS-Code: ___ ___ ___ ___ ___ ___.___ Open fracture? O no O yes Degree of soft tissue injury (I-IV) ____________
Surgical treatment: (see surgery groups *) Description of procedure Date
1. ________________________________ ____________ _____._____.20______
2. ________________________________ ____________ _____._____.20______
Initial surgical strategy: Damage Control Surgery? O no O yes Number of further surgeries (e.g. revisions) ________

Injury: ________________________________ Diagnosis made after ICU admission O no O yes
AIS-Code: ___ ___ ___ ___ ___ ___.___ Open fracture? O no O yes Degree of soft tissue injury (I-IV) ____________
Surgical treatment: (see surgery groups *) Description of procedure Date
1. ________________________________ ____________ _____._____.20______
2. ________________________________ ____________ _____._____.20______
Initial surgical strategy: Damage Control Surgery? O no O yes Number of further surgeries (e.g. revisions) ________

Injury: ________________________________ Diagnosis made after ICU admission O no O yes
AIS-Code: ___ ___ ___ ___ ___ ___.___ Open fracture? O no O yes Degree of soft tissue injury (I-IV) ____________
Surgical treatment: (see surgery groups *) Description of surgery Date
1. ________________________________ ____________ _____._____.20______
2. ________________________________ ____________ _____._____.20______
Initial surgical strategy: Damage Control Surgery? O no O yes Number of further surgeries (e.g. revisions) ________

Injury: ________________________________ Diagnosis made after ICU admission O no O yes
AIS-Code: ___ ___ ___ ___ ___ ___.___ Open fracture? O no O yes Degree of soft tissue injury (I-IV) ____________
Surgical treatment: (see surgery groups *) Description of procedure Date
1. ________________________________ ____________ _____._____.20______
2. ________________________________ ____________ _____._____.20______
Initial surgical strategy: Damage Control Surgery? O no O yes Number of further surgeries (e.g. revisions) ________

Injury: ________________________________ Diagnosis made after ICU admission O no O yes
AIS-Code: ___ ___ ___ ___ ___ ___.___ Open fracture? O no O yes Degree of soft tissue injury (I-IV) ____________
Surgical treatment: (see surgery groups *) Description of procedure Date
1. ________________________________ ____________ _____._____.20______
2. ________________________________ ____________ _____._____.20______
Initial surgical strategy: Damage Control Surgery? O no O yes Number of further surgeries (e.g. revisions) ________

In order to write down further diagnoses, please copy this sheet as required.