



## A. PATIENTS

- 1a. How many A&E attendances were there in the 2004-05 financial year<sup>(def)</sup>?
- b. How many of these A&E attendances arrived in an ambulance?
- c. How many Trauma<sup>(def)</sup> patients were admitted in the 2004-05 financial year<sup>(def)</sup>?
2. Does the hospital belong to The Trauma Audit and Research Network?  Yes  No

## B. DEPARTMENTS & PROCEDURES

3. Please indicate which of the following **departments** the **hospital** has or the **procedures** that can be performed. Please indicate whether treatment is **available 24/7<sup>(def)</sup>**.

	Departments		Procedures		24/7 <sup>(def)</sup> Treatment	
	Yes	No	Yes	No	Yes	No
e.g. If the hospital does <b>NOT</b> have a Neurosurgery department but performs procedures 24/7 <sup>(def)</sup>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 Orthopaedic Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Neurosurgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 General surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Vascular surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Plastic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Cardiac surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Thoracic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Maxillofacial surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Vascular interventional radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Please list any other relevant procedures performed, for the care of Trauma patients						

- 4a. How many level 2 beds<sup>(def)</sup> (e.g. HDU) does the hospital have?
- b. How many level 3 beds<sup>(def)</sup> (e.g. ICU) does the hospital have?
- If a combined unit, please indicate the average allocation of level 2 and level 3 beds*
- 5a. Does the hospital have a daytime theatre dedicated to general emergencies (NCEPOD theatre<sup>(def)</sup>)?  Yes  No
- b. If **Yes** how many sessions per week?

6a Does the hospital have a dedicated trauma theatre?

Yes  No

b. If **Yes** how many sessions per week?

**C. FACILITIES**

7. Please indicate which of the following the hospital has onsite and its accessibility <sup>(def)</sup>	Adjacent room to A&E <sup>(def)</sup>	Onsite not adjacent to A&E	Not Onsite	24 hr accessibility <sup>(def)</sup>	
				Yes	No
<sup>1</sup> X-ray with immediate reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<sup>2</sup> CT scanning with access to immediate reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<sup>3</sup> How old is the CT Scanner? <input type="text"/> <input type="text"/> Years					
<sup>4</sup> Blood bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<sup>5</sup> Haematology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<sup>6</sup> Biochemistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8a.</b> Does the hospital have a helipad?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>b.</b> If <b>Yes</b> is secondary transport <sup>(def)</sup> to A & E required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

- 9a.** How many resuscitation bays does the A&E department have?
- b.** How many of these are dedicated to trauma?
- c.** How many resuscitation bays are equipped to treat trauma patients that are ≤ 16 years of age?

**10.** Please indicate the equipment that is immediately available to each resuscitation bay that accepts trauma patients

- |   |  |
|---|--|
| <sup>1</sup> <input type="checkbox"/> Anaesthetic machine/head                  | <sup>13</sup> <input type="checkbox"/> Cut down set  |
| <sup>2</sup> <input type="checkbox"/> Difficult intubation trolley              | <sup>14</sup> <input type="checkbox"/> External pelvic fixation equipment  |
| <sup>3</sup> <input type="checkbox"/> Positive pressure ventilator              | <sup>15</sup> <input type="checkbox"/> Foley catheter  |
| <sup>4</sup> <input type="checkbox"/> SpO <sub>2</sub> monitoring               | <sup>16</sup> <input type="checkbox"/> Nasogastric tube  |
| <sup>5</sup> <input type="checkbox"/> F <sub>e</sub> CO <sub>2</sub> monitoring | <sup>17</sup> <input type="checkbox"/> Obstetric wedge   |
| <sup>6</sup> <input type="checkbox"/> Central venous pressure monitoring        | <sup>18</sup> <input type="checkbox"/> Rapid infusion equipment  |
| <sup>7</sup> <input type="checkbox"/> Arterial pressure monitoring              | <sup>19</sup> <input type="checkbox"/> Fluid warming equipment   |
| <sup>8</sup> <input type="checkbox"/> Surgical set                              | <sup>20</sup> <input type="checkbox"/> Rhesus negative blood   |
| <sup>9</sup> <input type="checkbox"/> Cricothyroidotomy set                     | <sup>21</sup> <input type="checkbox"/> Defibrillator   |
| <sup>10</sup> <input type="checkbox"/> Intercostal chest drain set              | <sup>22</sup> <input type="checkbox"/> <u>F</u> ocused <u>A</u> ssessment with <u>S</u> onography for <u>T</u> rauma |
| <sup>11</sup> <input type="checkbox"/> Tracheostomy set                         | <sup>23</sup> <input type="checkbox"/> Portable X-ray  |
| <sup>12</sup> <input type="checkbox"/> Diagnostic peritoneal lavage             | <sup>24</sup> <input type="checkbox"/> Fixed gantry X-ray  |

## D. STAFF

11a How many whole time equivalent A&E consultants does the hospital have?

 . 

b. How many of these have taught on an ATLS course in the last 2 years?

12a How many whole time equivalent consultant orthopaedic surgeons does the hospital have?

 . 

b. How many of these take part in the emergency care rota for trauma patients?

 . 

c. How many of these surgeons have a specialist interest in trauma?

 . 

d. How many of these deal exclusively with trauma?

 . 

e. How many have taught on an ATLS course in the last 2 years?

13a How many whole time equivalent consultant vascular surgeons does the hospital have?

 . 

b. How many of these take part in an emergency care rota for trauma patients?

 . 

c. How many of these surgeons have a specialist interest in trauma?

 . 

d. How many of these deal exclusively with trauma?

 . 

e. How many have taught on an ATLS course in the last 2 years?

14a How many whole time equivalent consultant general surgeons does the hospital have?

 . 

b. How many of these take part in the emergency care rota for trauma patients?

 . 

c. How many of these surgeons have a specialist interest in trauma?

 . 

d. How many of these deal exclusively with trauma?

 . 

e. How many have taught on an ATLS course in the last 2 years?

15a How many whole time equivalent consultant interventional vascular radiologists does the hospital have?

 . 

b. How many of these take part in the emergency care rota for trauma patients?

 . 

c. How many of these have a specialist interest in trauma?

 . 

16 Is there someone competent to perform rapid sequence intubation using drugs onsite 24 hours?

 Yes  No

## E. TRAUMA TEAM/RESPONSE

- 17a Is there a formal Trauma team<sup>(def)</sup>?  Yes  No
- b. If **Yes** is there a written protocol for activating the Trauma team?  Yes  No
18. Does the hospital run ATLS courses?  Yes  No

19. Please answer the following question with respect to **SUNDAY FEBRUARY 5<sup>th</sup> 2006 at 02.00 hrs**  
 If a severely injured patient was brought into A&E on the above date and time, who would have initially responded to the patient? Please indicate each persons grade, specialty, ATLS status, and whether they were resident at the time of being called.

Grade <sup>(def)</sup>	Specialty <sup>(def)</sup>	ATLS trained		Resident	
		Yes	No	Yes	No
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## F. COMMUNICATION & HANDOVERS

- 20a Is there a **written** protocol for handing over care among clinical teams?  Yes  No
- b. Is there a **written** protocol for handing over care between clinical specialties?  Yes  No
- c. Is there a **written** protocol for the secondary transfer<sup>(def)</sup> of patients?  Yes  No

- 21a Is there a named person allocated for communicating with the patient/relatives?  Yes  No
- b. If **Yes**, usually, what grade is this person?  
 (answers may be multiple)
- |   |   |
|---|---|
| <input type="checkbox"/> Consultant           | <input type="checkbox"/> SpR year 1/2           |
| <input type="checkbox"/> Staff Grade          | <input type="checkbox"/> SHO                    |
| <input type="checkbox"/> Associate specialist | <input type="checkbox"/> Nurse                  |
| <input type="checkbox"/> SpR year 3+          | <input type="checkbox"/> Other (please specify) |
- \_\_\_\_\_

## G. PAEDIATRIC CARE

- 22a** Does the hospital have up to date guidelines for paediatric trauma?  Yes  No
- b.** Does the A&E department and/or the hospital always have an Advanced Paediatric Life Support (APLS) provider resident or available 24 hrs?
- |  |          |                                       |  |                                  |
|--|----------|---------------------------------------|--|----------------------------------|
|  | Hospital | <input type="checkbox"/> Yes resident | <input type="checkbox"/> Yes available | <input type="checkbox"/> Neither |
|  | A&E      | <input type="checkbox"/> Yes resident | <input type="checkbox"/> Yes available | <input type="checkbox"/> Neither |
- 23** Does the hospital have a specialist in paediatric anaesthesia?  Yes  No
- 24** Does the A&E department have a listed and checked, mobile equipment kit to assist in the resuscitation of children of all ages.  Yes  No
- 25** In addition to those that would respond to an adult severely injured patient (see question 18), who would have initially responded to a **severely injured child on SUNDAY FEBRUARY 5<sup>th</sup> 2006 at 02.00 hours?**
- |  | Grade <sup>(def)</sup>  | Specialty <sup>(def)</sup>   | APLS                     |                          |
|--|---|--|--------------------------|--------------------------|
|  |   |  | Yes                      | No                       |
|  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 26a** Is the A&E department staffed by Registered Sick Children's Nurses?  Yes  No
- b.** If **Yes**, how many hours/week is one (or more) trained RSCN nurse on duty in A&E?  hours
- 27** Does the A&E department have up to date guidelines on referral and management of suspected non-accidental injury in children?  Yes  No
- 28a** Does the hospital admit children for definitive care?  Yes  No
- b.** If **Yes** does this include infants?  Yes  No and neonates?  Yes  No
- c.** Please provide your hospitals definition (age range) of
- |          |   |    |   |        |
|----------|---|----|---|--------|
| neonates | <input type="checkbox"/>                          | to | <input type="checkbox"/> <input type="checkbox"/> | months |
| infants  | <input type="checkbox"/> <input type="checkbox"/> | to | <input type="checkbox"/> <input type="checkbox"/> | months |
| child    | <input type="checkbox"/> <input type="checkbox"/> | to | <input type="checkbox"/> <input type="checkbox"/> | years  |
- d.** If the hospital does **NOT Admit** severely injured children, is there a bypass protocol in place with the ambulance service to reduce the likelihood of a severely injured child being brought to your hospital?  Yes  No
- 29** Please indicate which of the following consultant specialties the hospital has:
- |                    |                              |                             |
|--------------------|------------------------------|-----------------------------|
| Paediatrics        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Paediatric surgery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## DEFINITIONS

<b>Adjacent room to A&amp;E</b>	The facility is on the same floor as A&E in an adjoining department.
<b>24 Hour Accessibility</b>	Fully staffed and functional when required anytime of day or night.
<b>24/7</b>	Treatment can be provided when required anytime of day or night.
<b>Financial Year</b>	April 1 <sup>st</sup> to March 31 <sup>st</sup> .
<b>Grade</b>	See abbreviations on back page.
<b>Level 2 care</b>	Patients requiring more detailed observation or intervention including support for a single failing organ system or post-operative care and those stepping down from higher levels of care. This could be a separate High Dependency Unit (HDU) or a high dependency area on a ward.
<b>Level 3 care</b>	Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. This level includes all complex patients requiring support for multi-organ failure.
<b>NCEPOD Theatre</b>	A theatre which is only used for emergency (unscheduled) operations.
<b>Secondary Transport</b>	A vehicle (e.g. ambulance) is required to transport the patient from the helipad to the A&E department.
<b>Secondary Transfer</b>	The transfer of a patient from one hospital to another.
<b>Specialty</b>	See national codes on back page.
<b>Trauma</b>	A physical injury or wound caused by an external force or violence.
<b>Trauma Team</b>	A multidisciplinary group of clinicians who have been designated to collectively care for trauma patients in a particular trauma care system.

## CLINICIAN GRADES AND NATIONAL SPECIALTY CODES

Consultant = CON	Senior House Officer = SHO
Staff Grade = SG	Pre Registered House Officer = PRHO
Associate Specialist = AS	Nurse with Advance Trauma Certificate = ATNC
Other non-consultant career grade = NCCG	Nurse with RSCN = RSCN
Specialist Registrar year 3 or above = SpR3	Nurse = NURS
Specialist Registrar year 1 or 2 = SpR1 SpR2	Other = OTHR

SURGICAL	100 = General Surgery	110 = Trauma & Orthopaedics	170 = Cardiothoracic Surgery
	101 = Urology	120 = Ear, Nose and Throat (ENT)	171 = Paediatric Surgery
	103 = Breast Surgery	130 = Ophthalmology	172 = Cardiac Surgery
	104 = Colorectal Surgery	145 = Maxillo-Facial Surgery	173 = Thoracic Surgery
	105 = Hepatobiliary & Pancreatic Surgery	150 = Neurosurgery	180 = Accident & Emergency
	106 = Upper Gastrointestinal Surgery	160 = Plastic Surgery	190 = Anaesthetics
	107 = Vascular Surgery	161 = Burns Care	192 = Critical or Intensive Care Medicine
MEDICAL	300 = General Medicine	340 = Thoracic/Respiratory Medicine	501 = Obstetrics
	301 = Gastroenterology	360 = Genito-Urinary Medicine	502 = Gynaecology
	302 = Endocrinology	361 = Nephrology	810 = Radiology
	306 = Hepatology	400 = Neurology	811 = Interventional Radiology
	307 = Diabetic Medicine	401 = Clinical Neuro-Physiology	820 = General Pathology
	314 = Rehabilitation	420 = Paediatrics	821 = Blood Transfusion
	320 = Cardiology	421 = Paediatric Neurology	822 = Chemical Pathology
	321 = Paediatric Cardiology	430 = Geriatric Medicine	823 = Haematology
	330 = Dermatology	500 = Obstetrics and Gynaecology	000 = Other ( <b>Medical or Surgical</b> )