Mass Trauma Data Instrument

Demographics

Facility: _____   **Date:** ____ / ____ / ____   **Time**:_____ (24 hour)

Last Name: _____   **DOB:** ____ / ____ / ____   **Age**: _____   Yrs   Months

First Name: _____   **Sex**:   M   F   No Data

Medical Record #:   _____   **Other**:_____

Circumstances of Injury

Reason for Visit: _____

How did the injury happen?   _____

What was s/he doing?   _____

Where did the injury occur?   _____

Was the injury caused by the event?   ~ Direct Effect   ~ Indirect Effect   ~ Not Event Caused   ~ No Data

How Patient   ~ Ambulance   ~ Public Transportation   ~ Private Vehicle
Arrived: ~ Walked / Carried   ~ Other: _____   ~ No Data

Summary Information

Injury Condition(s): (Check all that apply)

~ Amputation   ~ Poisoning: _____
~ Brain Injury (concussion)   ~ Smoke Inhalation
~ Burn: ____% ___Degree   ~ Sprain / Strain / Dislocation
~ Crush   ~ Superficial (scrape/bruise)
~ Cut / Open Wound
~ Drowning / Submersion
~ Foreign Body
~ Fracture   ~ Other: _____
~ Overexertion   ~ No Data

Other Condition(s): (Check all that apply)

~ Abdominal Pain / N / V / Diarrhea
~ Altered Mental Status / Coma
~ Breathing Problem
~ Chest Pain   ~ Psychological Problem
~ Eye / Vision Problem   ~ Rash
~ Fever
~ Hearing Problem
~ Neurologic Problem   ~ Other: _____
~ Pregnancy   ~ No Data

Disposition: ~ Hospitalized   ~ Discharged Home   ~ Transported to Other Medical Facility   ~ Left / AMA
~ Died   ~ Other: _____   ~ No Data

Details of Conditions

Condition #1: _____ **Body Part(s):**_____

Condition #2: _____ **Body Part(s):**_____

Condition #3: _____ **Body Part(s):**_____

Condition #4: _____ **Body Part(s):**_____