NITA Reference No:	
1.	Trust: Belfast ☐ Southern ☐ Western ☐ Northern ☐ South Eastern ☐ Name of hospital ____________________
2.	**Demographics:** Male ☐ Female ☐ Age________ DOB Year /month
3.	**Record Time using 24hr clock** Incident date__________________ Incident time ______________ Incident Post code _______________________________
4.	**Type of injury** Blunt ☐ Penetrating ☐ Crush ☐ **Mechanism of injury** RTC ☐ Fall ☐ Gunshot ☐ Stabbing ☐ Assault ☐ Other____________________
5.	**Pre-Hospital – Level of care** **Level of Care** : Paramedic ☐ Basics ☐ Other ________________ **Mode of transport:** Ambulance ☐ Helicopter ☐ Other ________________
6.	NIAS Incident Number ____________________________

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	Time (24hour clock) mobile: ______:______ At Scene ______:______ Left scene ______:______ Hospital handover _____:_____
7.	**Pre- hospital Intervention** None Cannula I+V Airways CPR Other ________________ **Pre-hospital Drugs** None Oxygen Morphine Adrenaline Nebulizers Other __________________________
8.	**Pre- hospital fluids: Y / N** Nacl_____________ml Glucose____________________ml
9.	Observations: E V M Total score? HR BP RR SpO_2 T^0 _ _._ GCB
10.	**EMERGENCY Department (Use 24hr clock)** Date___________________ Time ___________________________ Mode of transport NIAS Own Transport PSNI **Pre alert** Yes No
11.	Consultant: Yes No Tranexamic Acid: Yes No Blood gas: Yes No Pelvic Binder : Yes No

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12.	**Emergency Dept Observations:** **E V M Total score?** **HR** ☐☐☐ **BP** ☐☐☐☐ **RR** ☐☐ **SpO_2** ☐ **T^0** _ _._ **GCB** ☐☐☐ ☐☐
13.	**Emergency dept interventions** AIRWAY: Nasal ☐ Guedel ☐ LMA ☐ I+V ☐ Cric ☐ Time (24hr Clock) ___:____ **C** spine : Immobilzed ☐ Cleared ☐ Time (24hr Clock) ___:____ **Breathing :** Oxygen Yes ☐ No ☐ Time (24hr Clock) ___:____ Neck compressions Yes ☐ No ☐ Time (24hr Clock) ___:____ Chest drain (1): Site: ___________________Time (24hr Clock) ___:____ Chest drain (2): Site: _________________ Time (24hr Clock) ___:____ ED Thoracotomy Yes ☐ No ☐ Time (24hr Clock) ___:____ **Circulation** Cannula (1): ___________________Time (24hr Clock) ___:____ Cannula (2): _________________ Time (24hr Clock) ___:__ Central Access Site:___________________Time (24hr Clock) ___:____ Tourniquet : Yes ☐ No ☐ Celox: Yes ☐ No ☐ Massive transfusion Protocol: Yes ☐ No ☐
14.	**ED Fluids** **Type**________________________ **Quantity** ________________________ Time (24hr Clock) ___:____ **Type**________________________ **Quantity** ________________________ Time (24hr Clock) ___:____

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	Type_______________________ **Quantity** _______________________ Time (24hr Clock) ___:____ **Type**_______________________ **Quantity** _______________________ Time (24hr Clock) ___:____ **Type**_______________________ **Quantity** _______________________ Time (24hr Clock) ___:____ **Type**_______________________ **Quantity** _______________________ Time (24hr Clock) ___:____ **Type**_______________________ **Quantity** _______________________ Time (24hr Clock) ___:____ ED Present : Quantities Consultant(s) ____________ SpR's _______________ Staff Grades:____________ SHO's ________________ Nurse(s) _________________
15.	**Leaving ED _ Discharged to :** Theatres ☐ RICU ☐ HDU ☐ NEUROSURGERY ☐ FRACTURES ☐ MORTUARY ☐ Date _____________________ Time (24hr Clock) ___:____
16.	**Bloods (record 24hr clock) Values obtained from : Lab** ☐ **Notes** ☐ Time ☐☐☐☐ pH ☐ RIC ☐ Lactate ☐ BE ☐ Time ☐☐☐☐ PT ☐ APTT ☐ Fib ☐ NR ☐ Time ☐☐☐☐ Hb ☐
17.	**Imaging** **ED Ultrasound Yes** ☐ **No** ☐ **Finding: Positive** ☐ **Negative** ☐ **Indeterminate** ☐ **Time of Xray: Chest** ☐☐☐☐ **Pelvic** ☐☐☐☐ **Cspine Xray** ☐☐ ☐☐

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CT scan: Yes ☐ No ☐

Whole body CT: Yes ☐ No ☐ Regions: Head ☐ CSpine ☐ Chest ☐ Abdomen ☐ Pelvis ☐

	Time requested	Scanned	Reported	Grade of Radiologist
Head				____________
Cspine				____________
Chest				____________
Abdomen				____________
Pelvis				____________

Other CT Scan ______________________________

Date ☐☐☐☐☐☐ Time requested ☐☐☐☐ Scanned ☐☐☐☐ Reported ☐☐☐☐

Grade of Radiologist ________

Interventional Radiology ______________________ Time

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18.

Theatre

Intubation: **Yes** ☐ **No** ☐ **Intubated by:** **Paramedic** ☐ **Consultant** ☐ **Consultant anaesthetist** ☐

Dr Grade Intubation ___________________ **Drugs** ___________________________

	Start time	End time	Surgeon grade 1	Surgeon grade 2
Operation Type 1	☐☐☐☐	☐☐☐☐	____________________	________________________
Operation Type 2	☐☐☐☐	☐☐☐☐	____________________	________________________

	Num of units	Time	Time	Time	Time	Time	Time	Time
PRBC								
FFP								
Plateletts								
Cryoprecipitate								
Synthetic products								

19.

Injury Scoring			
Injury description	**Region**	**AIS code**	**Score**
1.			
2.			
3.			
4.			
5.			
6.			

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	7.			
	8.			
	9.			
	10.			
	11.			
	12.			
20.	**Final outcomes** **Dead** ☐ **Date of death** ☐☐ ☐☐ ☐☐ **Location of death** ____________________ **Alive** ☐ **Date of discharge** ☐☐ ☐☐ ☐☐ **Discharged to where** ____________________ **Total length of stay (days)** ☐☐☐ **Neurosurgery (Days)** ☐☐☐☐ **HDU (Days)** ☐☐☐☐ **ICU (days)** ☐☐☐☐ **Ventillator (days)** ☐☐☐☐			
21.	**Comments**			

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