Standard Data Extraction Form – Essential Tier

Demographic Information

Given name	Maternal last name	Paternal last name	Patient arrival date mm/dd/yyyy
______________________	______________________	______________________	time _____:_____
Date of birth mm/dd/yyyy	Age	Gender: ☐ M ☐ F	Referred: ☐ Yes ☐ No ☐ US
ID Number ______________________	# Patient Record ______________________ ______________________	Address ______________________	
		City ______________________	Province/State______________

Chief Complaint

Alcohol use	Violence	Activity	Injury location
☐ Yes ☐ No ☐ NA ☐ UE	☐ Physical abuse ☐ Physiological abuse ☐ Sexual Abuse ☐ Suspected violence	______________________ ______________________ ______________________ ______________________	______________________ ______________________ Injury data and time ______________________ ______________________

Injury Mechanism

Traffic Injury (vehicle collision)	Injuries by firearm	Burn injury	Type
☐ Yes ☐ No ☐ UE	☐ Yes ☐ No Type ______________________	Burn grade ☐ 1st ☐ 2nd ☐ 3er ☐ US	☐ Liquids ☐ Electric ☐ Lightning ☐ Radiation ☐ Flames ☐ Chemical ☐ Other ______________

Stabbings/ laceration	Poisoning
☐ Stabbings ☐ Cut- lacerations ☐ Unspecified penetrating wounds	☐ Drugs ☐ Pesticides ☐ Gases and vapors ☐ Chemicals ☐ Bite: __________ ☐ Other: ____________
Fall Injury	Apparent Intent
☐ Yes ☐ NA ☐ No ☐ US	☐ Unintentional (accident) ☐ Intentional (self-harm/suicide) ☐ Assault ☐ US
Other mechanism	
☐ Hanging ☐ Explosion ☐ Contusion ☐ Operation of war	☐ Foreign body ☐ Overexertion ☐ Drowning/submersion ☐ Nature forces

Pre-Hospitalario

Transportation mode

☐ Ambulance ☐ Private car ☐ Police ☐ Taxi ☐ Other: ______________

Vital Sign

Vital sign date and time:	Sign of life	Heart rate	Arterial pressure (systolic)
mm/dd/yyyy _____:_____	☐ Yes ☐ No ☐ NA ☐ US	______________________	______________________
Respiratory rate	Respiratory rate qualifier	Temperature	Arterial pressure (diastolic)
______________________	☐ Assisted ☐ Unassisted	______________________	______________________

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GCS	GCS Qualifier	AVUP
Ocular 1 2 3 4 Verbal 1 2 3 4 5 Motor 1 2 3 4 5 6 Total _____	☐ Patient intubated ☐ Patient chemically sedated or paralyzed ☐ Obstruction to the patient's eye ☐ Valid GSC: Patient no intubated or sedated	☐ Alert ☐ Pain ☐ Unresponsive ☐ Voice

Physical Exam

Physical examination description	Primary mechanism	Number of serious injuries
___________________________________ ___________________________________ ___________________________________	☐ Blunt ☐ Penetrating ☐ Burns	☐ 1 serious injury ☐ 2+ ☐ None

Body Part	Injury type
1. ______________________________	1. ______________________________
2. ______________________________	2. ______________________________
3. ______________________________	3. ______________________________
4. ______________________________	4. ______________________________

Severity Score

Head	1	2	3	4	5	6
Face	1	2	3	4	5	6
Chest	1	2	3	4	5	6
Abdomen	1	2	3	4	5	6
Extremity	1	2	3	4	5	6
External	1	2	3	4	5	6

Note: ISS, RTS, GCS, KTS, TRISS scores will be automatically calculated

ED Management and Diagnosis

Patient disposition	Disposition date dd/mm/aaaa Disposition time ____:____
________________________________ ______________	

In-patient Management

Discharge date dd/mm/aaaa Discharge time ____:____	Patient disposition	
	☐ Clinic ☐ Home ☐ Died in Emergency Dpt. ☐ Operating room ☐ Ward	☐ Referred to other hospital ☐ Transferred to another hospital ☐ ICU ☐ Dead/Morgue ☐ Other ___________________________

Final diagnosis: ____

____

Outgoing Referrals

Receiving Hospital	Referring physician	Referral date dd/mm/aaaa	Referral reason
________________________ ________________________ ________________________	________________________ ________________________ ________________________		________________________ ________________________ ________________________

*US (Unspecified) NA (No available)