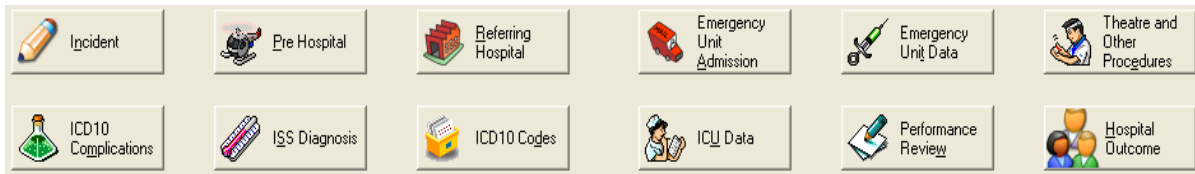





Using TraumaBank





TraumaBank is designed not only to create accessible usable info on the cases you treat, but is also a guide for the standardised management of trauma cases. The data collection forms which come with the program are intended to be used as your resuscitation documentation and to guide you through the assessment of your patient according to accepted principles.

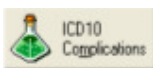
As the patient comes through the doors of your unit pertinent info from the prehospital crew can be

quickly obtained by asking them to fill in the  and  sections of the data collection form during or after their handover.


 While the patient is being assessed the scribe can record the patient's arrival time, resuscitation activation time as well as who is involved in the case, when they were called and when they arrived. Later after the patient leaves the Emergency Unit and the leaving time is entered into the program, the software calculates the time spent in the Unit.

The Emergency Unit Data  section guides you through the initial assessment and management of the patient (recording of: initial vitals i.e. Airway status, Breathing status, Circulatory status & Disability status; relevant history; comorbidity factors and the secondary survey: head-to-toe assessment). Adjuncts are recorded in the *Emergency Unit Procedures* section (urinary catheter, nasogastric tube and any other procedures performed). Highest level of Airway management as well as IV access obtained are recorded. A record is kept of IV fluids and drugs administered as well as any blood or FFP ordered and given during the Emergency Unit stay. A record is kept of the *Diagnostic Investigations* performed with their findings (the data collection form lists the routine and most commonly used ones). The back page of this initial data collection / resus form is where ongoing observations of vital signs, air entry, vent settings, pupils, GCS, drugs, fluids, output, etc are recorded.


 The data collection form set contains a theatre form for surgical notes. These should be completed by the surgeon as the procedure is done and handed to the data capturer. Multiple procedures may be logged per patient, each one recording the date, time, surgeon, blood administered as well as specific procedures performed. Any doctor requiring a log of procedures he/she has performed can obtain this report at the click of a button.


Any complications occurring  (Pre-hospital, Emergency Unit, Theatre, ICU, Radiology or Ward) are tracked by the program. These should be entered on a daily basis as they occur. Complication reports in TraumaBank allow you to either look at all complications occurring within the date range you enter, or can allow you to search the entire data base or a specified time period for specific complications, so for example you could identify all the ARDS cases.


Injury Severity and New Injury Severity scores as well as probability of survival scores are

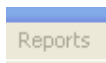
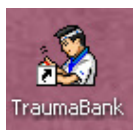
calculated in the  section of the program. This section contains a list of injuries with AIS90 scores from which multiple injuries can be selected from the list and brought onto your patient's record. Once you have selected the injuries your patient sustained the software calculates the Probability of Survival scores based on both the ISS and NISS at the scene and on arrival in the Emergency Unit giving you various scores to compare. These scores can later be analysed to give you an accurate assessment of the severity of the cases treated in your unit.

The section on ICD10 coding  contains a list from which relevant options can be selected related to *Incident* and *Diagnosis*.

The ICU section  of TraumaBank is a comprehensive module which can be used for any patient requiring ICU admission. The worst scores during the patient's first 24hrs in ICU are recorded on the ICU Admission sheet, and when entered into TraumaBank the software calculates the SAPSII, KES and APACHEII scores. SOFA scores can also be calculated on Day 1 and on subsequent days. Info such as ventilation, nutrition, inotropic support, dialysis, serum magnesium, etc can be entered on a daily basis. This can then be used to give you a summary of how many days the patient was ventilated for, had inotropic support, was dialysed for, etc. Unit trends and comparisons can be created from this info. Records are kept of MC&S samples, what was identified, what it was treated with, over which time period and whether or not the therapy was successful.

Any death in your unit, deviation from protocol, etc can be discussed at management meetings and recorded in the  section of TraumaBank. During these meetings the database can be used to reference any aspect of the patient's assessment and management.

The Hospital Outcome  section summarises the patient's stay and gives an indication of the patient's condition on discharge.



The most important aspect of any data collection program is what you can get out of it in terms of **REPORTS**. **TraumaBank** is very powerful in terms of output and can produce reports on any aspects entered into the system. Over 30 comprehensive advanced reports are currently written into the program, and a facility to easily create your own custom reports is available. Commonly used reports which become an integral part of running your unit include: a comprehensive *Individual Patient Report* (which can be used as a referral note), *Death Report*, *Complication Reports*, *Incident Reports*, specific *Diagnosis Reports* and reports on the cases a specific doctor has been involved with.

TraumaBank compares very favourably to other international data base programs and is unique in that it incorporates both ISS and NISS scoring. Probability of Survival scores are calculated using both these scores at the Prehospital and Emergency Unit arrival stages. In the ICU section 4 ICU scores are automatically calculated (SAPSII, KES, APACHEII and SOFA) from data entered.