Pre-alert: Yes /No

Date ..... Time.....

Age: Sex:

History:

Injuries:

Condition: HR BP SpO2

RR GCS

ETA:

HTT ☐ EDTT ☐

Addressograph: name/DOB

CUH
Ospidéal Ollscoile Chorcaí
Cork University Hospital

		Call time
ICU Reg	62251	
Surgical Reg/SHO	67639/62362	
Orthopaedic Reg/SHO	0860201619	
Blood bank	22537/ Bleep 199	

TRAUMADOC ☐

Designation	Name	Time Attended	Time stood down	Comments
Trauma Team Leader (EM Consultant/ Reg)				
Airway Dr. (EM Reg /Consultant/ Anesthetics /ICU)				
Procedure Dr. (EM Reg/SHO/Consultant)				
Primary survey/ Circulation Dr. (EM Reg/SHO/Consultant)				
Airway Nurse				
Procedures Nurse				
Circulation Nurse				
Gen Surgical Reg/SHO	.....			
Ortho Reg /SHO	.....			
Neurosurgery Reg				
Cardiothoracic Reg				
HCA				
Other specialties:				
Other specialties:				
Other specialties:				
Arrived in ED at : Hrs Injuries:		Disposition:		

Name & Signature of the scribe: