





National Trauma Database

January 2008 to December 2008 Third Report



National Trauma Database



Ministry of Health Malaysia

NATIONAL TRAUMA DATABASE JANUARY 2008 TO DECEMBER 2008 THIRD REPORT

Edited by

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- 2. The Clinical Research Centre for its technical support, especially Dr Lim Teck Onn, Dr Goh Pin Pik and Dr Jamaiyah Haniff, for their continuous support and guidance.
- 3. The Ministry of Health, Malaysia for the research grants to set up the registry.

INTRODUCTION

The purpose of this report is to provide a descriptive analysis of patients hospitalised with major trauma in participating Ministry of Health (MOH) hospitals in Malaysia for 2008. The data source for this report is the National Trauma Database (NTrD). Major trauma cases were selected based on the following criteria:

- i. Patients who died from injuries after admission.
- ii. Patients with Injury Severity Score (ISS) of >(more than) 15.
- iii. Patients admitted to Intensive Care Units (ICUs) or High Dependency Wards (HDWs) for >(more than) 24 hours and who were mechanically ventilated.
- iv. Urgent surgery within 24 hours for intra-cranial, intra-thoracic, intraabdominal, or fixation for pelvic or spinal injuries.
- v. All severe head injury patients rated 3-8 on the Glasgow Coma Scale (GCS)

The National Trauma Database 2008 – Third Report provides information about the profile of persons with major trauma who were admitted to participating hospitals throughout Malaysia.

The report is presented in Five Chapters:

Chapter 1 provides an overview on the demographics of the patients, including gender, age group, race, admission time, admission day and admission type.

Chapter 2 discusses the injury details of the patients, such as injury mechanisms, injury intent, injury causes, injury places, medical reviewers, disposition, ICU admission, and systolic BP. The patients were also rated on the Glasgow Coma Scale (GCS), Revised Trauma Score (RTS), Abbreviated Injury Scale (AIS) and Injury Severity Score (ISS).

Chapter 3 describes the operative management carried out on patients, including the management of operations and procedures.

Chapter 4 provides information on the outcome of the patients, which is then categorised according to age groups, injury mechanisms, injury causes, injury places, the mechanisms, causes and places of injury, admission types, systolic BP, GCS, RTS, AIS, ISS, and ICU admission. The probability of survival is also measured using the Trauma Revised Injury Severity Score (TRISS) methodology which includes the RTS, ISS, mechanisms of injury and patient's age.

Chapter 5 includes the total length of stay in hospital and ICU.

The limitations of the study are:

i. Under reporting - The reported data came from less than the actual number of cases.

ii. Missing data - Missing values not included in the analysis makes the sample size for some of the time periods shorter than others.

Hopefully the information in this report will be used to implement strategies to strengthen and improve trauma care in the country.

About NTrD

The National Trauma Database (NTrD) is a service initiated and supported by the Ministry of Health (MOH) to collect information about trauma incidences in Malaysia, and to evaluate its risk factors and treatment in the country. Such information will be of use to the MOH, Non-Governmental Organisations, private healthcare providers and other interested parties in programme planning and evaluation, leading to trauma prevention and control.

The NTrD is co-sponsored by the following organisations of the Ministry of Health Malaysia:

- i. Emergency Medical and Trauma Services
- ii. Neurosurgery Services
- iii. Surgery Services
- iv. Clinical Research Centre

The objectives of the NTrD are to:

1. Determine the frequency, mechanisms of injury and distribution of major trauma in Malaysia. The statistics and data will be of importance in determining precisely the private and public resources utilised in its management.

2. Determine the outcome and probability of survival of trauma patients.

3. Evaluate major trauma management practices in the participating hospitals and to come up with guidelines for improved trauma care.

4. Determine the effectiveness and impact of the introduction of improved practices.

5. Stimulate and facilitate research on major trauma and its management.

The key data sources identified for this database are:

• All Emergency Physicians and Neurosurgeons in Malaysia beginning with those currently working in the MOH, and later extending to those beyond MOH (private organisation, universities (private and university hospitals) and the Armed Forces), for data on Major Trauma and Head Injury patients in the country.

METHOD OF DATA COLLECTION

Coverage

In 2008 there were eight participating MOH hospitals. The number of these centres has increased as with the previous two reports involving the May 2006 to April 2007 cases and January 2007 to December 2007 cases.

Registration method

One Notification Form, called the Case Report Form (CRF), is employed in data collection (Refer to Appendix A). The CRF gathers information on patient demography, admission, injury details, clinical details, diagnostic and operative procedures, in-hospital outcome and Injury Severity Scores. The CRFs are used as part of the clinical record. The completed forms are sent to NTrD where the data is analysed, interpreted and presented in regular reports and disseminated to the users. The participation of Source Data Providers (SDPs) is entirely voluntary.

The data transferred to NTrD is kept strictly confidential with access only to authorised individuals working in the NTrD.

Statistical analysis

This report is a descriptive analysis. All data is described in terms of percentages except continuous data like length of stay (LOS). Missing data was ignored and the analysis confined to available data. The TRISS methodology is used for the probability of survival which incorporates ISS, RTS, mechanisms of injury and the patient's age.

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ABBREVIATIONS

AIS	Abbreviated Injury Scale
BP	Blood Pressure
CRC	Clinical Research Centre
CRF	Case Report Form
GCS	Glasgow Coma Score
HDW	High Dependency Ward
ICU	Intensive Care Unit
ISS	Injury Severity Score
MOH	Ministry of Health
NTrD	National Trauma Database
OP	Operation Procedure
RTS	Revised Trauma Score
SDP	Source Data Provider
TRISS	Trauma Revised Injury Severity Score

GLOSSARY

Disease Register	The on-going systemic collection, analysis and interpretation of specific disease data essential to the planning, implementation and evaluation of clinical and public health practices, closely integrated with dissemination of these data to those who need to know. The final link in the chain is the application of these data to the management, prevention and control of the disease. A registration system includes a functional capacity for data collection, analysis and dissemination, linked to clinical and public health programmes.		
Site	The location of a SDP reporting data on registrable patients to the registry.		
Source Data Providers	The individuals or institutions that report the required data to the registry.		
Sponsors	The individuals or institutions that own the registry.		
Expert Panel	Individuals who are subject matter experts i.e. Emergency Physicians and Neurosurgeons. The expert group will keep abreast of the latest development in this area. They should be convened to decide on the initial data collection process, develop the Performa and data content, as well as a guide for future development. They ensure that the database has a sound technical as well as scientific basis.		

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REPORT SUMMARY

CHAPTER 1: DEMOGRAPHICS

In 2008, a total of 147,607 trauma patients were admitted to the Emergency Department of the eight participating centres. Out of these, 0.8 % were major trauma patients. Majority of these cases (59.6 %) were direct admissions. The highest admission of major trauma patients was from Centre B with a total of 41,617 patients (22.3 %).However, most of these cases from this centre were referral cases in which most of the referrals were from other hospitals with specialists. Centre H had the highest number of direct admission cases (100 %).

Majority of the major trauma patients were male (87.7 %), within the age groups of 15-24 (32.4 %) and 25-34 (23 %). The Malays was the highest group (48.0%) and 14.7 % of the total admissions were foreigners.

Friday was the busiest day with 15.6 % admissions, followed by Thursday (15.2 %). Most of the admissions occurred in the evening between 1801h and 2400h (30.1 %).

CHAPTER 2: INJURY DETAILS

About ninety three percent (93.2 %) of major trauma cases were recorded as blunt injury with about eighty eight percent (88.4 %) of the cases being unintentional. Road traffic accidents contributed to 74.3 % of cases as compared to other causes of injury. The most common road traffic accidents, 62 %, involved motorcycle riders. Most of these cases were initially reviewed by the emergency and surgical medical officers or trainees, 92.2 % and 79.8 % respectively. About twenty nine percent (28.7 %) of major trauma cases were admitted to the general wards after management in emergency departments. A total of 40.4 % cases were admitted to ICUs.

About sixty two percent (61.8 %) of major trauma cases had systolic BP greater than 120mmHg, while only 6.5 % of cases had systolic BP less than 90mmHg. Most of the major trauma cases had Glasgow Coma Scale (GCS) of 3 to 8 (51.7%). Most of the intra-cranial injuries recorded were due to traumatic subdural haemorrhage (43.7 %).

About thirty percent (29.6 %) of patients had low Revised Trauma Score (RTS) of between 0 to <5. The body region most commonly injured was the head and neck (65.2 %). Twenty six percent (26 %) of the injuries had an Abbreviated Injury Score (AIS) of 3. The Injury Severity Score (ISS) was mainly between 16-25 (64.6%), while 13.5 % of cases had an ISS of <(less than) 10.

CHAPTER 3: OPERATIVE MANAGEMENT

Endotracheal intubation was performed on 61.7% of patients with 53.1% of the cases intubated at the referring hospitals, prior to transfer. CT Scan was done on 65.3% of patients. CT Brain amounted to 92.7% of the CTs performed on the major trauma patients, while only 11.8% was for abdominal CTs. Ultrasound/FAST was carried out in 24.4% of the cases.

About forty seven percent (46.9%) of the major trauma patients underwent surgery; the commonest being for intra-cranial injuries (54.5%). Evacuation of haematoma was the commonest intra-cranial operative procedure done (30.4%), followed by decompressive craniotomy (28.8%) and insertion of external ventricular drain (14.5%). Intra-abdominal injuries made up 14.9% of the operations performed.

CHAPTER 4: OUTCOME

For the year 2008, the survival rate for major trauma cases was 68.8 %. This ranged from 46.4 % to 81.3 %, the highest percentage was from Centre H. Centre E had the highest mortality rate at 53.6 %.

Of those that survived, the majority, 70.1 %, were discharged home. Others were either transferred back to the referring hospital (15.4 %), transferred to other hospitals (10.5 %) and a small percentage discharged against medical advice (4 %).

The survival rate was higher (ranging between 67.4 % and 84.5 %) among the younger age group, that is less than 55 years old. The elderly, aged more than 85 years old had a survival rate of only 25 %.

The majority of injuries were caused by road traffic accidents (74.4 %). This was followed by falls from more than 2 meter height (7.4 %), falls from less than 2 meter height (4.8 %) and other assaults (4.8 %). Other causes were industrial accidents, sports injuries, burns, stabbing, gunshot wounds, unknown and others.

The highest number of survivors was motorcycle pillion riders (76.4 %). The highest percentage of death (38.6 %) was reported among pedestrians, followed by cyclists (37.5 %), drivers of vehicles (36.5 %), motorcycle riders (30.4 %), back seat passengers (29.4 %), front seat passengers (27.3 %) and motorcycle pillion riders (23.6 %).

Of those that were admitted directly 66.3 % survived, and of those that were transferred or referred, 72.7 % survived.

Patients who had a systolic blood pressure (BP) of more than 89mmHg on arrival had a higher survival rate compared to those that were presented with systolic BP of less than 76mmHg. The survival rate was higher in those with GCS of 13-15 (87.2 %) and 9-12 (82.1 %). The survival rate for patients with GCS 3-8 was only 53.8 %.

Patients who had a Revised Trauma Score (RTS) of more than 5 had a much better outcome, with a survival rate of more than 65 %. Similarly, for those who had an Abbreviated Injury Scale (AIS) of more than or equal to 3, survival rate was 66.9 %. Out of the patients who had an Injury Severity Score (ISS) of more than 15, 25.4 % of them did not survive. With regards to Intensive Care Unit (ICU) admission, the mortality rate was 30.2 % for those that were admitted to ICU and 31.9 % for those that were not admitted to ICU.

Trauma Revised Injury Severity Score (TRISS) determines the probability of survival (Ps) of a patient and is calculated based on RTS, ISS, age and type of injury either blunt or penetrating. About eighty one percent (80.9 %) of major trauma patients were expected to survive (Ps \geq 0.5) compared to the actual observed survival rate of 68.8 %. Out of the major trauma patients who were expected to survive, 26.3% of them actually died. About forty eight percent (47.8%) of major trauma patients survived even though they were expected to die based on TRISS calculation.

CHAPTER 5: LENGTH OF STAY

The average length of hospital stay (ALOS) for all 8 centres was between 7 and 15 days. The shortest average length of stay was 7 days (Centre G) and longest was 15 days (Centre F).

Patients that survived had a longer ALOS as compared to those that died, the longest being 20 days. The majority of ICU patients with major trauma were

admitted for 5 to 6 days, with 10 days being the longest (Centre F). The average lengths of ICU stay for survivors were also 5 to 10 days. However, the average length of ICU stay for those that did not survive had a wider range, between 1 to 12 days.

In terms of type of admission, those who were admitted directly to the hospitals had an ALOS of 11 days compared to referral cases at 9 days.

Patients with injuries related to road traffic accidents (RTAs) had the longest total LOS, but in terms of ALOS it was only the fourth longest (10 days). ALOS was recorded longest for industrial accidents, at 24 days.

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Chapter 1: DEMOGRAPHIC



Figure 1.1. Total Trauma Emergency Department Admissions by Centre



Figure 1.1a. Total Trauma Emergency Department Admissions by Centre

 Table 1.1. Total Trauma Emergency Department Admissions by Centre

Centre	No	%
A	16289	11.04
В	41617	28.19
С	6852	4.64
D	18235	12.35
E	18621	12.62
F	6572	4.45
G	28921	19.59
Н	10500	7.11
TOTAL	147607	100



Figure 1.2. Major Trauma Cases by Centre

Table 1.2. Major Trauma Cases by Centre

Centre	No.	%
A	67	5.49
В	272	22.3
С	160	13.11
D	161	13.2
E	97	7.95
F	118	9.67
G	254	20.82
Н	91	7.46
TOTAL	1220	100

*Total number of patients=1618; 2 patients with two different notifications were recorded, ,PatientID 2233 & 1927



Figure 1.3. Major Trauma Cases by Gender

Table 1.3. Major Trauma Cases by Gender

Gender	No.	%
Male	1070	87.7
Female	150	12.3
TOTAL	1220	100



Figure 1.4. Major Trauma Cases by Age Group

Table 1.4. Major Trauma Cases by Age Group

Age group	No.	%
>0-4	24	1.97
5-14	58	4.75
15-24	395	32.38
25-34	280	22.95
35-44	143	11.72
45-54	130	10.66
55-64	77	6.31
65-74	78	6.39
75-84	27	2.21
≥85	8	0.66
TOTAL	1220	100



Figure 1.5. Major Trauma Cases by Race

Ta	ble	1.5.	Ma	jor	Trauma	Cases	by	Race
							•/	

Race	No.	%
Malay	586	48.03
Chinese	255	20.9
Indian	184	15.08
Orang Asli	0	0
Bumiputra Sabah	4	0.33
Bumiputra Sarawak	5	0.41
Other Malaysian	6	0.49
Foreigner	179	14.67
Not Available	1	0.08
TOTAL	1220	100



Figure 1.6. Time of Admission for Major Trauma Cases

Table 1.6. Time of Admission for Major Trauma Cases

Time of Admission (Hours)	No.	%
0001-0600	283	23.22
0601-1200	264	21.66
1201-1800	305	25.02
1801-2400	367	30.11
TOTAL	1219	100



Figure 1.7. Day of Admission for Major Trauma Cases

Table 1.7. Day of Admission for Major Trauma Cases

Admission (Days)	No.	%
Sunday	168	13.77
Monday	168	13.77
Tuesday	164	13.44
Wednesday	161	13.2
Thursday	185	15.16
Friday	190	15.57
Saturday	184	15.08
TOTAL	1220	100



Figure 1.8. Type of Admission for Major Trauma Cases

Table 1.8. Type of Admission for Major Trauma Cases

Admission Type	No.	%
Direct	725	59.62
Transferred / Referral	491	40.38
TOTAL	1216	100
*4 cases has no information on "Admission Type"	•	•



Figure 1.8a. Type of Admission for Major Trauma Cases by Centre

 Table 1.8a. Type of Admission for Major Trauma Cases by Centre

Centre	Diı	rect	Transferre Fr	Total	
	No.	%	No.	%	
Α	63	94.03	4	5.97	67
В	78	28.89	192	71.11	270
С	112	70	48	30	160
D	82	50.93	79	49.07	161
Е	45	47.37	50	52.63	95
F	81	68.64	37	31.36	118
G	173	68.11	81	31.89	254
Н	91	100	0	0	91
TOTAL	725	59.62	491	40.38	1216



Figure 1.9. Type of Admission Referred From for Major Trauma Cases

 Table 1.9. Type of Admission Referred From for Major Trauma Cases

Source of Referral	No.	%
Hospital with Specialist	212	43.18
Hospital without Specialist	207	42.16
Health Clinics	28	5.7
Private Hospital	32	6.52
Private Clinics	10	2.04
TOTAL	491	100

Chapter 2: INJURY DETAILS



Figure 2.1. Mechanism of Injury for Major Trauma Cases

Table 2.1. I	Mechanism	of Iniurv	for Maior	Trauma	Cases
1 4010 2010 1		or injury	IOI MININGOI	1100011100	Cases

Mechanism of Injury	No.	%
Blunt	1136	93.19
Penetrating	72	5.91
Burns	11	0.9
TOTAL	1219	100

* 1 case has no information on "Mechanism of Injury"



Figure 2.2. Major Trauma Cases by Injury Intent

Table	22	Maior	Trauma	Cases	hv	Iniurv	Intent
I abic	2.2.	wiajui	1 i auma	Cases	Dy	mjury	Intent

Injury Intent	No.	%
Unintentional	1079	88.44
Intentional Self Harm	9	0.74
Domestic Violence	0	0
Intent Cannot be Determined	73	5.98
Child Neglect / Maltreatment	0	0
Intentional Assault	66	5.41
TOTAL	1220	100


Figure 2.3. Major Trauma Cases by Cause of Injury

	1	
Cause of Injury	No.	%
Road Traffic Accident	900	74.32
Industrial Accident	20	1.65
Fall over 2 meter	89	7.35
Fall under 2 meter (about one door's height)	59	4.87
Sports injury	1	0.08
Burns	10	0.83
Stabbing	28	2.31
Gunshot Wound	8	0.66
Other Assault	58	4.79
Others	18	1.49
Unknown	20	1.65
TOTAL	1211	100

Table 2.3. Major Trauma Cases by Cause of Injury

* 9 cases have no information on "Cause of Injury"



Figure 2.3a. Major Trauma Cases by Type of Road Traffic Accident

Table 2.3a. Major Trauma Cases by Type of Road Traffic Accident

Type of Road Traffic Accident	No.	%
Motorcycle Rider	557	62.03
Motorcycle Pillion	55	6.12
Driver	52	5.79
Front Seat Passenger	11	1.22
Back Seat Passenger	18	2
Bicyclist	24	2.67
Pedestrian	70	7.8
Not Available	111	12.36
TOTAL	898	100

*2 cases have no information on "Type of Road Traffic Accident"



Figure 2.4. Major Trauma Cases by Place of Injury

Place of Injury	No.	%
Road/Street/ Highway	950	77.87
Home	87	7.13
Industrial / Construction Area	77	6.31
School / Kindergarten / Nursery	4	0.33
Sports Recreational Area	3	0.25
Trade / Service Area	17	1.39
Residential Institution	9	0.74
Other Specified Place	16	1.31
Unspecified Place	4	0.33
Not Available	53	4.34
TOTAL	1220	100

Table 2.4. Major Trauma Cases by Place of Injury



Figure 2.5. Category of Initial Reviewing Officer in ED for Major Trauma Cases

Table 2.5. Ca	ntegory of Initial	Reviewing Officer	[•] in ED for Major	Trauma Cases
			in her in the second	

Category of Initial Reviewing Officer	Emer Phys	gency sician	Surgeon	
	No.	%	No.	%
Medical Officer/Trainee	1136	92.21	764	79.83
Specialist/Consultant	96	7.79	193	20.17
TOTAL	1232	100	957	100

* Included cases with both category of "Initial Reviewing Officer"



Figure 2.6. Disposition of Major Trauma Cases from ED

Table 2.6. Disposition of Major Trauma Cases from ED

Disposition From ED	No.	%
ICU	275	22.65
ОТ	284	23.39
General Ward	348	28.67
Mortuary	118	9.72
AOR	4	0.33
HDW	100	8.24
Other Hospital	80	6.59
Not Available	5	0.41
TOTAL	1214	100

*6 cases have no information on "Disposition from ED"



Figure 2.7. ICU Admission for Major Trauma Cases

 Table 2.7. ICU Admission for Major Trauma Cases

ICU Admission	No.	%
Yes	490	40.4
No	723	59.6
TOTAL	1213	100



Figure 2.7a. ICU Admissions for Major Trauma Cases by Centre

Table 2.7a. Total ICU Admissions for Major Trauma Cases by Centre

	ICU admissions				
Centre		Yes		No	
	No.	%	No.	%	
А	22	32.84	45	67.16	67
В	71	26.1	201	73.9	272
С	71	44.38	89	55.63	160
D	95	59.01	66	40.99	161
Е	60	61.86	37	38.14	97
F	39	33.05	79	66.95	118
G	101	40.73	147	59.27	248
Н	31	34.44	59	65.56	90
TOTAL	490	40.4	723	59.6	1213
*7 cases have no information	on "ICU Admission".				



Figure 2.8. Major Trauma Cases by Systolic BP

Table 2.8. Major Trauma Cases by Systol	ic BP
---	-------

Systolic BP	No.	%
1-49	2	0.17
50-75	36	3.02
76-89	40	3.35
90-120	378	31.66
>120	738	61.81
TOTAL	1194	100

es have no information on "Systolic BP



Figure 2.9. Major Trauma Cases by Glasgow Coma Scale (GCS)

Table 2.9. Major Trauma Cases by Glasgow Coma Scale (GCS)

Glasgow Coma Scale (GCS)	No.	%
13-15	359	29.64
9-12	226	18.66
3-8	626	51.69
TOTAL	1211	100



Figure 2.10. Traumatic Brain Injuries for Major Trauma Cases

Table 2.10	. Traumatic	Brain	Iniuries	for Maior	Trauma	Cases
10010 2010				101 11-10-		

Traumatic Brain Injury	No.	%
Open Head Wound	124	7.75
Skull and Facial Bones Fracture	324	20.24
Intracranial Injury	813	50.78
Others	340	21.24
TOTAL	1601	100

* Included cases with more than one type of "Traumatic Brain Injury".



Figure 2.11. Intracranial Injury for Major Trauma Cases

Table 2.11.	Intracranial	Injury for	· Majoi	r Trauma Cas	es

Intracranial Injury	No.	%
Concussion	174	19.27
Traumatic cerebral oedema	160	17.72
Diffuse brain injury	50	5.54
Focal brain injury	8	0.89
Epidural hemorrhage	52	5.76
Traumatic subdural hemorrhage	395	43.74
Traumatic subarachnoid hemorrhage	195	21.59
Intracranial injury with prolonged coma	25	2.77
Others	173	19.16
Intracranial injury, unspecified	14	1.55
TOTAL	1246	100
* Included cases with more than one type of "Intracranial Injury".		



Figure 2.12. Major Trauma Cases by RTS



RTS	No.	%
0-0.99	165	13.52
1-1.99	4	0.33
2-2.99	13	1.07
3-3.99	20	1.64
4-4.99	159	13.03
5-5.99	320	26.23
6-6.99	208	17.05
7-7.84	331	27.13
TOTAL	1220	100



Figure 2.13. Injuries According to Body Region for Major Trauma Cases

 Table 2.13. Injuries According to Body Region for Major Trauma Cases

Body Region	No.	%
Head & Neck	1060	65.15
Face	295	18.13
Thorax	245	15.06
Abdomen/Pelvic content	150	9.22
Extremitis/ Pelvic girdle	365	22.43
External	24	1.48



Figure 2.14. Abbreviated Injury Scale (AIS) for All Injuries for Major Trauma Patients

Table 2.14. Abbreviated Injury Scale (AIS) for All Injuries for Major Trauma Patients

AIS	No.	%
1	928	23.08
2	1002	24.92
3	1045	25.99
4	787	19.57
5	256	6.37
6	3	0.07
TOTAL	4021	100

* Included cases with more than one record on "AIS"

Figure 2.14a. Abbreviated Injury Scale (AIS) Distribution According to Body Region for Major Trauma Cases



Figure 2.14a(i). Head and Neck Region











Figure 2.14a(iii). Thorax Region



Figure 2.14a(v). Extremitis /Pelvic Girdle Region





AIS	Hea N	nd and leck	F	ace	Th	iorax	Abo P co	lomen/ elvic ntent	Extr Po g ⁱ	emitis/ elvic irdle	Ex	ternal	То	otal
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1	295	14.64	218	63.74	56	19.18	47	27.01	125	24.8	17	65.38	758	22.61
2	349	17.32	114	33.33	52	17.81	85	48.85	225	44.64	7	26.92	832	24.81
3	505	25.06	8	2.34	136	46.58	32	18.39	148	29.37	1	3.85	830	24.75
4	635	31.51	0	0	40	13.7	7	4.02	2	0.4	0	0	684	20.4
5	231	11.46	2	0.58	7	2.4	3	1.72	3	0.6	0	0	246	7.34
6	0	0	0	0	1	0.34	0	0	1	0.2	1	3.85	3	0.09
TOTAL	2015	100	342	100	292	100	174	100	504	100	26	100	3353	100

 Table 2.14a. Distribution According to Body Region for Major Trauma Cases



Figure 2.15. Body Region with Abbreviated Injury Scale (AIS) ≥ 3 for Major Trauma Cases

Table 2.15. Body Region with Abbreviated Injury Scale (AIS) ≥ 3 for Major Trauma Cases

Body Region	No.	%
Head & Neck	1628	77.86
Face	11	0.53
Thorax	206	9.85
Abdomen/Pelvic content	47	2.25
Extremitis/Pelvic girdle	196	9.37
External	3	0.14
TOTAL	2091	100



Figure 2.16. Injury Severity Score (ISS) for Major Trauma Cases

Table 2.16. Injury Severity Score (ISS) for Major Trauma Cases

ISS	No.	%
<10	165	13.52
10-15	91	7.46
16-25	788	64.59
25-40	160	13.11
>40	16	1.31
TOTAL	1220	100

Chapter 3: PROCEDURES AND OPERATIVE MANAGEMENT



Figure 3.1. Procedure Done in ED for Major Trauma Cases

Table 3.1. Procedure Done in ED for Major Trauma Cases

Procedure Done in ED	No.	%
Endotracheal Intubation	753	61.72
 Intubated at Referral Hospital 	400	53.12
 Intubated at Current Hospital 	339	45.02
Not Available	14	1.86
Needles Thoracocentesis	11	0.9
Pelvic Clamp/Binding/ext. Fixator	4	0.33
CT Scan	796	65.25
• Brain	738	92.71
Cervical Spine	429	53.89
• Abdomen	94	11.81
• Pelvis	18	2.26
• Thorax	28	3.52
• Others, specify	7	0.88
Mechanical Ventilation	144	11.8
Chest Tube Insertation	87	7.13
Ultrasound/FAST	298	24.43



Figure 3.2. Operative Management for Major Trauma Cases

 Table 3.2. Operative Management for Major Trauma Cases

Onevetive Management	Total				
Operative Management	No.	%			
Yes	564	46.88			
No	639	53.12			
TOTAL	1203	100			
* 17 cases have no information on "Operative Management"	•				



Figure 3.3. Operative Procedure for Major Trauma Cases

 Table 3.3. Operative Procedure for Major Trauma Cases

Operative Procedure	No.	%
Intracranial	334	54.49
Intrathoracic	4	0.65
Intra-abdominal	91	14.85
Spinal Surgery	5	0.82
Pelvic Fixation	10	1.63
Others	168	27.41
TOTAL	613	100



Figure 3.4. Types of Intracranial Procedure for Major Trauma Cases

Intracranial Procedure	No.	%
Evacuation of Hematoma	183	30.45
Decompressive Craniectomy	173	28.79
External Ventricular Drain	87	14.48
Intracranial Pressure(ICP) Monitoring	37	6.16
Elevation of Depressed Skull Fracture	7	1.16
Others	114	18.97
TOTAL	601	100

Table 3.4. Types of Intracranial Procedure for Major Trauma Cases

Chapter 4: OUTCOME



Figure 4.1. Total Outcome for Major Trauma Cases

Table 4.1. Total Outcome for Major Trauma Ca	ises
--	------

Outcome	No.	%
Survivors	836	68.81
Deaths	379	31.19
TOTAL	1215	100
*5 cases have no information in "Outcome".		



Figure 4.1a. Outcome for Major Trauma Cases by Centre

Table 4.1a. Outcome for Major Trauma Cases by Centre

Centre	Survivors		De	T - 4 - 1	
	No.	%	No.	%	Iotai
Α	46	68.66	21	31.34	67
В	210	78.36	58	21.64	268
С	101	63.13	59	36.88	160
D	113	70.19	48	29.81	161
Е	45	46.39	52	53.61	97
F	69	58.97	48	41.03	117
G	178	70.08	76	29.92	254
Н	74	81.32	17	18.68	91
TOTAL	836	68.81	379	31.19	1215



Figure 4.2. Disposition of Survivors at Discharge for Major Trauma Cases

Table 4.2. Dis	position of S	Survivors at	Discharge 1	for Majo	r Trauma Cases

Disposition of Survivors		Survivors		
		%		
Discharge Home	579	70.1		
Transfer to Referring Hospital	127	15.38		
Transfer to Other Hospital	87	10.53		
Discharge Against Medical Advice	33	4		
TOTAL	826	100		

*10 cases from total number of "Survivors" have no information on discharge.



Figure 4.3. Outcome for Major Trauma Cases by Age Group

Table 4.3. Outcome for Major Trauma Cases by Age Group

Age	Survivors]	Death	Total		
Group (years)	No.	%	No.	%	No.	%	
0-4	16	69.57	7	30.43	23	1.89	
5-14	49	84.48	9	15.52	58	4.77	
15-24	288	73.1	106	26.9	394	32.43	
25-34	205	73.21	75	26.79	280	23.05	
35-44	102	71.83	40	28.17	142	11.69	
45-54	87	67.44	42	32.56	129	10.62	
55-64	37	48.68	39	51.32	76	6.26	
65-74	36	46.15	42	53.85	78	6.42	
75-84	14	51.85	13	48.15	27	2.22	
≥85	2	25	6	75	8	0.66	
TOTAL	836	68.81	379	31.19	1215	100	



Figure 4.4. Mechanism of Injury by Outcome for Total Major Trauma Cases

Table 4.4. Outcome for Major Trauma Cases by Mechanism of Injury

Maahanism of Injum	Survivors		I	Death	Total		
wiechanism of injury	No.	%	No.	%	No.	%	
Blunt	774	68.44	357	31.56	1131	93.16	
Penetrating	57	79.17	15	20.83	72	5.93	
Burns	5	45.45	6	54.55	11	0.91	
TOTAL	836	68.86	378 31.14		1214	100	
* 1 case has no information on both "Mechanism	of Injury"						



Figure 4.5. Injury Cause for Major Trauma Cases by Outcome

Table 4.5.	Cause	of Iniurv	for Maior	· Trauma	Cases by	Outcome
	Cause	or injury	IOI Majoi	IIauma	Cases by	outcome

Cauga of Inium	Sur	Survivors		Death		Total	
Cause of Injury	No.	%	No.	%	No.	%	
Road Traffic Accident	626	69.79	271	30.21	897	74.38	
Industrial Accident	15	75	5	25	20	1.66	
Fall over 2 meter	51	57.3	38	42.7	89	7.38	
Fall under 2 meter(about 1 door's height)	40	68.97	18	31.03	58	4.81	
Sports injury	1	100	0	0	1	0.08	
Burns	5	50	5	50	10	0.83	
Stabbing	24	85.71	4	14.29	28	2.32	
Gunshot Wound	5	62.5	3	37.5	8	0.66	
Others Assault	44	75.86	14	24.14	58	4.81	
Other	11	61.11	7	38.89	18	1.49	
Unknown	12	63.16	7	36.84	19	1.58	
TOTAL	834	69.15	372	30.85	1206	100	



Figure 4.6. Outcome by Type of Road Traffic Accident for Major Trauma Cases

Type of Doad Traffie Assidant	Survivors		Death		Total	
Type of Road Traffic Accident	No.	%	No.	%	No.	%
Motorcycle Rider	387	69.6	169	30.4	556	62.12
Motorcycle Pillion	42	76.36	13	23.64	55	6.15
Driver	33	63.46	19	36.54	52	5.81
Front Seat Passenger	8	72.73	3	27.27	11	1.23
Back Seat Passenger	12	70.59	5	29.41	17	1.9
Bicyclist	15	62.5	9	37.5	24	2.68
Pedestrian	43	61.43	27	38.57	70	7.82
Not Available	84	76.36	26	23.64	110	12.29
TOTAL	624	69.72	271	30.28	895	100

Dia an of Incine	Survivors		Death		Total	
Place of Injury	No.	%	No.	%	No.	%
Road/ Street/ Highway	660	69.69	287	30.31	947	77.94
Home	53	60.92	34	39.08	87	7.16
Industrial / Construction Area	49	63.64	28	36.36	77	6.34
School / Kindergarten /						
Nursery	3	75	1	25	4	0.33
Sports Recreational Area	3	100	0	0	3	0.25
Trade / Service Area	12	70.59	5	29.41	17	1.4
Residential Institution	7	77.78	2	22.22	9	0.74
Other Specified Place	13	81.25	3	18.75	16	1.32
Unspecified Place	4	100	0	0	4	0.33
Not Available	32	62.75	19	37.25	51	4.2
TOTAL	836	68.81	379	31.19	1215	100

Table 4.7. Place of Injury for Major Trauma Cases by Outcome



Figure 4.8. Type of Admission for Major Trauma Cases by Outcome

Table 4.8. Type of Admission for Major Trauma Cases by Outcome

Type of Admission	Su	rvivors	Ι	Death	Total	
Type of Admission	No.	%	No.	%	No.	%
Direct	480	66.3	244	33.7	724	59.79
Transfer / Referred from	354	72.69	133	27.31	487	40.21
TOTAL	834	68.87	377	31.13	1211	100

*4 cases have no information in "Type of Admission"



Figure 4.9. Systolic BP for Major Trauma Cases by Outcome

 Table 4.9. Systolic BP for Major Trauma Cases by Outcome

Systolic BP	Survivors]	Death	Total		
	No.	%	No.	%	No.	%	
1-49	0	0	2	100	2	0.16	
50-75	9	25	27	75	36	2.97	
76-89	17	43.59	22	56.41	39	3.22	
90-120	284	75.13	94	24.87	378	31.16	
>120	526	69.39	232	30.61	758	62.49	
TOTAL	836	68.92	377	31.08	1213	100	

*2 cases have no information in "Systolic BP".



Figure 4.10. Glasgow Coma Score (GCS) for Major Trauma Cases by Outcome

Table 4.10. Glasgow	Coma Score	(GCS) for Ma	jor Trauma Case	es by Outcome

Classow Come Saora (CCS)	Survivors		Death		Total		
Glasgow Collia Score (GCS)	No.	%	No.	%	No.	%	
13-15	312	87.15	46	12.85	358	29.66	
9-12	183	82.06	40	17.94	223	18.48	
3-8	337	53.83	289	46.17	626	51.86	
TOTAL	832	68.93	375	31.07	1207	100	
*8 cases have no information in "GCS".							



Figure 4.11. Revised Trauma Score (RTS) for Major Trauma Cases by Outcome

Table 4.11. Revised Trauma Score (RTS) for Major Trauma Cases by Outcome

RTS	Survivors		De	ath	Total		
	No.	%	No.	%	No.	%	
0-0.99	94	58.02	68	41.98	162	13.33	
1-1.99	0	0	4	100	4	0.33	
2-2.99	0	0	13	100	13	1.07	
3-3.99	4	20	16	80	20	1.65	
4-4.99	70	44.03	89	55.97	159	13.09	
5-5.99	208	65	112	35	320	26.34	
6-6.99	172	83.09	35	16.91	207	17.04	
7-7.84	288	87.27	42	12.73	330	27.16	
TOTAL	836	68.81	379	31.19	1215	100	


Figure 4.12. Outcome with AIS \geq 3 for Major Trauma Cases

Table 4.12. Outcome with AIS ≥3 for Major Trauma Cases

Outcome	No.	%
Survivors	261	66.92
Death	129	33.08
TOTAL	390	100



Figure 4.13. ISS for Major Trauma Cases by Outcome

Table 4.13. ISS for Major Trauma Cases by Outcome

ISS	Survivors]	Death	Total		
	No.	%	No.	%	No.	%	
<10	115	70.12	49	29.88	164	10.15	
10-15	70	76.92	21	23.08	91	5.63	
16-25	552	70.41	232	29.59	784	48.51	
25-40	90	56.25	70	43.75	160	9.9	
>40	9	56.25	7	43.75	16	0.99	
TOTAL	836	68.81	379	31.19	1215	75.19	



Figure 4.14. ICU Admissions for Major Trauma Cases by Outcome

Table 4.14. ICU Admissions for Major Trauma Cases by Outcome

ICU	Su	rvivors	Death		Total	
Admissions	No.	%	No.	%	No.	%
Yes	346	69.76	150	30.24	496	40.82
No	490	68.15	229	31.85	719	59.18
TOTAL	836	68.81	379	31.19	1215	100



Figure 4.15. TRISS for Major Trauma Cases

Table 4.15.	TRISS	Distribution	for Majo	r Trauma	Cases
-------------	-------	--------------	----------	----------	-------

	7	Total		
I KISS (FS)	No.	%		
<0.25	170	13.93		
0.25≤Ps<0.5	63	5.16		
0.5≤Ps<0.75	91	7.46		
Ps≥0.75	896	73.44		
TOTAL	1220	100		



Figure 4.16. Observed and Expected Outcome for Major Trauma Cases

Table 4.16.	Observed and	Expected	Outcome	for Maio	r Trauma	Cases
	Observed and	Lapecieu	outcome	101 1/10/01		Cuses

TRISS	Survivors		Death		Total	
	No.	%	No.	%	No.	%
Ps≥0.5	726	73.71	259	26.29	985	81.07
Ps<0.5	110	47.83	120	52.17	230	18.93
TOTAL	836	68.81	379	31.19	1215	100

Chapter 5: LENGTH OF STAY



Figure 5.1. Total Length of Hospital Stay for Major Trauma Cases by Centre

Table 5.1.	Total and Average Length	of Hospital Stay f	or Major	Trauma	Cases by
		Centre			

	Total						
Centre	Na	Total	Average				
	INO.	LOS	LOS				
А	67	515	8				
В	266	2528	10				
С	159	1591	10				
D	161	1505	9				
Е	96	1077	11				
F	117	1772	15				
G	253	1867	7				
Н	91	1290	14				



Figure 5.1a. Average Length of Hospital Stay for Major Trauma Cases by Centre

Table 5.1a. Total and Average Length of Hospital Stay for Major Trauma Cases byOutcome and Centre

		Survivors		Death			
Centre	No.	Total LOS	Average LOS	No.	Total LOS	Average LOS	
А	46	424	9	21	91	4	
В	209	2275	11	57	253	4	
С	101	1395	14	58	196	3	
D	113	1365	12	48	140	3	
Е	45	777	17	51	300	6	
F	69	1410	20	48	362	8	
G	177	1665	9	76	202	3	
Н	74	1270	17	17	20	1	

	Total					
Centre	Ne	Total	Average			
	INO.	LOS	LOS			
А	21	124	6			
В	133	672	5			
С	76	399	5			
D	82	476	6			
Е	51	439	9			
F	47	488	10			
G	109	556	5			
Н	24	164	7			

Table 5.2. Total and Average Length of ICU Stay for Major Trauma Cases by Centre



Figure 5.2. Total Length of ICU Stay for Major Trauma Cases by Centre



Figure 5.2a. Average Length of ICU Stay for Major Trauma Cases by Centre

Table 5.2a. Total and Average Length of ICU Stay for Major Trauma Cases byOutcome and Centre

		Survivors		Death			
Centre	No.	Total LOS	Average LOS	No.	Total LOS	Average LOS	
А	17	111	7	4	13	3	
В	106	582	5	27	90	3	
С	52	308	6	24	91	4	
D	60	377	6	22	99	5	
Е	21	219	10	30	220	7	
F	27	240	9	20	248	12	
G	79	419	5	30	137	5	
Н	23	163	7	1	1	1	



Figure 5.3. Total and Average Length of Hospital Stay for Major Trauma Cases by Admission Type



Figure 5.3a. Total and Average Length of Hospital Stay for Major Trauma Cases by Admission Type

Table 5.3. Total and Average Length of Hospital Stay for Major Trauma Cases byAdmission Type

Admission Type	Na	LOS		
Admission Type	INO.	Total	Average	
Direct	722	7834	11	
Transferred/Referrals	484	4293	9	



Figure 5.4. Total Length of Hospital Stay in Days for Major Trauma Cases by Cause of Injury



Figure 5.4a. Average Length of Hospital Stay in Days for Major Trauma Cases by Cause of Injury

Table 5.4. Total and Average Length of Hospital Stay in Days for Major TraumaCases by Cause of Injury

Cause of Injury	No.	Total LOS	Average LOS
Road Traffic Accident	894	9215	10
Industrial Accident	20	475	24
Fall over 2 meter	89	786	9
Fall under 2 meter (about 1 door's height)	58	395	7
Sports injury	1	5	5
Burns	10	161	16
Stabbing	28	196	7
Gunshot Wound	8	121	15
Other Assault	57	526	9
Others	17	78	5
Unknown	19	125	7
Not Available	7	50	7
TOTAL	1208	12133	10

National Traum	Database (NTrD) Notif	cation Form 2008	Office use:
A. Reporting Centre Name:		B. Date of	Notification: (dd/mm/yy)
SECTION 1 : PATIEN	S PARTICULARS		
*1. Name :			
*2. Identification Card	yKad / MyKid:	- Old	IC:
Number :	ther document No:	Specify type (eg.passpo	rt,
0. Detient DN -	g Birth Cert, Mother's IC)	armed force ID):	
3. Patient RN :	Imission: ED:	Neurosurgery Dept (if di	Iferent from ED):
*6 Nationality and			Male Female
Ethnic Group :	Malaysian	ese 🔵 Bumiputra Sarawak	Other M'sian, specify :
		n 🕞 Bumiputra Sabah	
	Non Malaysian Specify	ationality:	
SECTION 2 : ADMISS)N		
*7. a. Date of Admission :	(dd/mm/yy)	b. Age at Admission:	(Auto Calculated)
8. Time of ED Admission / Registration :	: AM / PM		
9. Type of Admission :) Direct (a) Hospital Nam	9:	
) Transfer / (b) Time of Admi	sion: A	ам / РМ
	C) Hospital	Hospital with Specialist 🛛 🕥 He	alth clinics
	Туре:	Hospital without Specialist 🍈 Pri	vate Hospital 🔘 Not Available
SECTION 3 : INJURY			
10. Date of Injury :	(dd/mm/yy)	11. Time of Injury :	: AM / PM
12. Mechanism of Injury :	Blunt (e.g. MVA)	(e.g. Stab, Gunshot wound)	Burns
13. Injury Intent :	Unintentional Domestic v	olence	Child neglect / Maltreatment
(Check one or more boxes)	Intentional self harm Intent cann	ot be determined	Intentional assault
14. Cause of injury :	Road Traffic Accident Motorcycle Rider A Back	eat Passenger	rts Injury
	Motorcycle Pillion	st Stat	bing
	Front Seat Passenger	ailable	ishot Wound
	Industrial Accident	Othe	er Assault
	Fall over 2 metre	Othe	ers
	Fall under 2 metre (about 1 door's heigh)	Known
15. Place of Injury :) Road, Street, Highway	School / Kindergarten / nursery Sports / Recreational Area	Residential institution
	Industrial / Construction Area	Trade / Service area	Not Available
SECTION 4 : CLINIC	DETAILS (EMERGENCY I	EPARTMENT)	
16. Pulse rate :	(Beats /	Min) 17. Respiratory rate :	(Breath / Min)
18. Blood pressure :	. Systolic : (mr	hHg) b. Diastolic :	(mmHg)
19. Temperature :		(C) 20. Pulse Oximetry :	(%)
21. Glasgow Coma Scale :	Best Eyes opening :	$ \begin{array}{c c} 1 \\ \hline 0 \\ 1 \\ \hline 1 \\ \hline 2 \\ \hline 3 \\ $	
if patient is intubated)	. Best Motor Response :	$\begin{array}{c c} 1 \\ \hline 1 \\ \hline 2 \\ \hline 3 \\ \hline \end{array}$	
	. Total GCS : (Auto Calc)		
	. Head Injury Category: (Auto Calc)	Mild (13-15) Moderat	e (9-12)
22. Procedures done in ED : (Check one or more boxes)	Endotracheal intubation	CT scan	
	Intubated at referral hospital	Brain Pelvis	
		Abdomen Others	, specify
	Needle thoracocentesis	Mechanical ventilation	
	Pelvic clamp/binding/ext. fixator	Chest tube insertion	
		Ultrasound/FAST	
23. Reviewed by :	Emergency Physician	ledical Officer / Trainee	Specialist / Consultant
(Check one or more boxes)	Surgeon	ledical Officer / Trainee	Specialist / Consultant
24. Disposition from ED to :	OT General Ward	Mortuary Other Hos	spital 🔘 AOR 🔘 HDW
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SECTION 5 : DIAG	NOS	IS A	ND	OPE	ER/	ATIVE PROCEDURE	
25. Traumatic Brain Injuries (based on ICD10):	O of	pen w head	ound	-	-	 Open wound of scalp Multiple open wounds of head 	
(Check one or more boxes)	Fracture of skull		→	 Fracture of vault of skull Fracture of base of skull 			
	 Intracranial Injury → Others, specify: 			jury -		 Concussion Traumatic subdural haemorrhage Traumatic cerebral oedema Traumatic subarachnoid haemorrhage Diffuse brain injury Intracranial injury with prolonged come Focal brain injury Other intracranial injuries Epidural haemorrhage Intracranial injury, unspecified 	e a
26. Operative Management:	_Y€	es (if Y	′es, pl	ease	fill up	below) No (If No, please proceed to Section 6 directly)	
27. Date of Operation :						(dd/mm/yy)	
28. Time of Operation :	Start	t		:		AM / PM	
29. Duration Time to Operat	tion : (1	Time c	of Adn	nissio	n to	Start of Surgery) (Auto Cal	lc)
30. Operative Procedure :	N	one					
(Check one or more boxes)	🔲 In	ntracra	nial		•	Evacuation of hematoma	
						Decompressive craniectomy	
						External ventricular drain	
						ICP (Intra cranial pressure) monitoring	
						Chers, specify:	-
	🔲 In	tratho	racic				
	In 📃 In	tra-ab	domin	al			
		pinal s olvic fi	urgery	ý			
		thers,	specif	fy:			
SECTION 6 : IN-HC	SPI	ΓAL	OU.	TCC	ME		
31. Discharge Date :						(dd/mm/yy)	
32. Length of Stay in	Hos	pital:				day (Auto calc. From date of admission to date of discharge)	
33. Admission to ICU	O Ye	es		Num	oer o	f days: day(s) O No	
34. Patient's Outcome	a. Ali	ve 🥡)				
at Discharge:		Glas	gow (Dutco	me S	Score at Discharge:	
		1 ·	Dead	1)
		2 ·	Pers	istent	Veg	etative)
		3.	Seve	ere Dis	sabil	ity 🔘	
		4 ·	Woll	erate	Disa	binty	
		Dien	ooitio	n			
			isoba		000		
			ischa	iye ii			
		Ulscharge to Referring Hospital					
				Name			·
			ischa	rge to	Oth		
	<u> </u>		ischa	rge A	gain	st Medical Advice	
	b. De	ath 🧻)				

SECTION 7 : INJURY SEVERITY SCORE

35. Injuries and	Injury Severity	Score				
BODY REGION	INJURY NO.	INJURY DESCRIPTION	AIS	Best AIS	AIS CODE	AIS ²
Head & Neck	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
Face	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
Thoray	1.					
morax	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
Abdomen /	1.					
Pelvic content	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
Extremitis /	1.					
Pelvic girdle	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
External	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
36. Total ISS :						(Auto Calc)
37. Revised Tra	uma Score :					(Auto Calc)
38. Please chec if patient has more criteria	k (√) s one or l:	 Patient who died from their injurie Patients with injury severity score Patients admitted to ICU or high of Urgent surgery (within 24hours) for injuries. 	s after admissi (ISS) of >15 dependency are or intracranial, i	on ea for >24 hours intrathoracic, int	and mechanically ventilate raabdominal or fixation for p	d pelvic or spinal

Complete this form at 3rd month, 6th month, 12th month and annually after the trauma event. Check (\/) Centre:					
ne					
		(dd/mm/yy)			
Mr/Mrs/Ms/Dr					
MyKad / MyKid:	MyKad / MyKid: Old IC:				
Other document N	lo:	Specify type (eg.passport, armed force ID):			
ED:		Neurosurgery Dept (if different from E	D):		
	onth, 6th month, 12th herwise.	onth, 6th month, 12th month an herwise.	onth, 6th month, 12th month and annually after the trauma event. Check (\) herwise. ne Mr/Mrs/Ms/Dr MyKad / MyKid: Old IC Other document No: Specify type (eg.passport, armed force ID): ED:		

National Trauma Database (NTrD) Follow Up Form

Office use:

/

PATIENT OUTCOME

1. Follow Up at:		
3 months		
6 months		
1 year		

2. Outcome

a. Alive	
b. Death	i) Date of death: (dd/mm/yy)
c. Transferred to another centre	i) Date of last follow up: (dd/mm/yy) ii) Name of centre transferred to:
d. Lost to Follow Up	i) Date of last follow up: (dd/mm/yy)

3. Glasgow Outcome Score

1 - Dead	۲
2 - Persistent Vegetative	\odot
3 - Severe Disability	\odot
4 - Moderate Disability	\odot
5 - Well	

