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| **Patient**  **Trauma M&M Case Review** |  | | | **Teams Involved** |  | | |
| **MRN** |  | **DOB**  **(Age)** |  | **Date Admitted** |  | **Date Died** |  |

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| **Pre Hospital Care** | | | | | | | | | | |
| **Nature of Incident** | |  | | | **Location of Incident** | |  | | | |
| **999 Time** |  | **On Scene Time** | |  | **Depart Scene Time** | |  | **Total Scene Time** | |  |
| **GCS** |  | **HR** |  | | **BP** |  | **RR** |  | **SaO2** |  |
| **Airway** |  | | | | **Injury Burden** | |  | | | |
| **Breathing** |  | | | |
| **Circulation** |  | | | |
| **Disability** |  | | | | **Interventions** | |  | | | |
| **Environment** |  | | | |

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| **Emergency Department** | | | | | | | | | | | | | | | | | | | | | | |
| **Arrival Time** |  | | | **Time to CT/ Theatre** | | | | | |  | | | | **Mins from arrival to CT/ Theatre** | | | | | | |  | |
| **GCS** |  | | **HR** | | |  | | | **BP** | | |  | | | **RR** | |  | | **SaO2** | |  | |
| **Airway** |  | | | | | | | | **ED Interventions & Clinical Plan** | | | | | | **Type of Trauma Call:** | | | | | | | |
| **Breathing** |  | | | | | | | |
| **Circulation** |  | | | | | | | |
| **Disability** |  | | | | | | | |
| **Environment** |  | | | | | | | |
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| **1st Blood Gas** | | **pH** | | |  | | **Base Excess** | | | |  | | **Lactate** | | |  | |  | | | | |
| **Blood Products** | | **Blood** | | |  | | **FFP** |  | | | **Cryo** | |  | | | **Platelets** | |  | | **TxA** | |  |

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| **Imaging Reports of Relevance** |
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| **Theatres** | | | | | | | | | | | | | | | | | | | |
| **Arrival Time** |  | | | **Surgery Completion Time** | | | | | |  | | **Time on Table** | | | |  | | | |
| **GCS** |  | | **HR** | |  | | | **BP** | |  | | **RR** | |  | | **SaO2** | |  | |
| **Surgical findings & management:** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **End Blood Gas** | | **pH** | |  | | **Base Excess** | | |  | | **Lactate** | |  | |  | | | | |
| **Blood Products** | | **Blood** | |  | | **FFP** |  | | **Cryo** | |  | | **Platelets** | |  | | **TxA** | |  |

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| **Critical Care\ Ward Care** |
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| **End of Life Care (including Transplant)** |
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| **NCEPOD Scoring** | | | |
| **A – High quality care throughout**  **B - Mostly high quality care, few areas for improvement, no effect on outcome**  **C – Moderate areas for improvement, no effect on outcome**  **D – Several areas for improvement, possible effect on outcome**  **E – Avoidable death** | | | |
|  | | | |
| Pre hospital Care |  | Critical Care |  |
| Emergency Department Care |  | Ward Care |  |
| Theatre/ Perioperative Care |  | End of Life Care |  |
| **Overall NCEPOD Score** | | |  |

|  |  |
| --- | --- |
| **M&M Minutes** | |
|  | |
| **Areas for Improvement** |  |
| **Actions** |  |
| **On-going SI / Complaint** | **Yes / No** |