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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** |  |
|  |
| **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**  |