



NATIONAL INJURY SURVEILLANCE CENTER TRAUMA (RML HOSPITAL)
NEW DELHI-110001



DATA CAPTURE FORMAT

1.	Name of the Hospital:-	Dr.RML Hospital , New Delhi (110001)																	
2.	OP Casualty No.																		
3.	OPD No.																		
4.	IP No.																		
5.	Brought by: -	1. Family members	2. Known Persons	3. Police	4. Self	5. CATS	99. Unknown												
6.	Date of Occurrence (DD/MM/YYYY)																		
7.	Date of Registration (DD/MM/YYYY)																		
8.	Time of Registration(Hrs:Min) (24 hrs clock)			:															
9.	Date of Discharge / Death (DD/MM/YYYY)																		
10.	Time of Discharge / Death (Hrs: Min) (24 hrs clock)			:															
11.	Place of incident (address of the place of injury) :-																	
12.	Name of the injured :-																	
13.	Age (in completed years) of the injured:-			Year															
14.	Mobile Number																		
15.	Adhaar Number																		
PERSONAL DETAILS OF THE INJURED																			
16.	Gender of the injured:-	1. Male	2. Female	3. Transgender															
17.	Education:	1.Illiterate 2.Literate (Without Education level) 3.Below Primary 4.Primary 5.Middle/Lower Secondary		6.Matriculation / Junior School Certificate / Secondary 7.Higher Secondary / intermediate /Pre-University /Senior Secondary 8.Non- Technical Diploma /Certificate not equal to Degree 9.Not Know															
18.	Occupation:-	1.Student 2.Unemployed 3.Unskilled labourer 4.Skilled labourer 5.Clerical		6.Business 7.Executive 8.Home maker 9.Retired 10.Not Applicable		77.Others (sp): 99.Un Known													
19.	Marital status:-	1.Never married	2.Currently married	3. Widow/Widower	4.Divorced	5.Separated													
20.	Address for correspondence / Ph no :-																	
21.	Area of Residence:-	1. Urban	2. Rural	3. Urban slam	99.Unknown														
ACTIVITY AT THE TIME INJURY																			
22.	Place of Injury:-																		
		1.Road 2.Home 3.Work place	4.School/Institution/Education Area 5.Railway line 6.Farm/Place of Primary Production	7.Sports/Athletic Area 8.River/Lake/Sea 77.Others (Specify)	99.Unknow														
23.	How are you injured :-																		
		1.Road Traffic injury 2.Fall 3.Assault/quarrel 4.Stab/cut 5.Firearm	6.Burns 7.Poisoning 8.Drowning 9.Hanging 10.Choking	11.Sport 12.Animal bites 13.Fall of object 77.Others (specify) 99.Notknown															

24.	Activity at the Time of injury:-				
	1.Traveling 2.Walking 3.Standing on roadside	4.Working at office 5.Going/Coming from school 6.Working at home	7.Playing 77.Others (specify) 99.Not known		<input type="checkbox"/>
25.	Object Used :-				
	1.Knife /cutting tool 2.Firearm /Gun	3.Fire 4.Stick / blunt object	5.None 77.Other (sp)	99.Unknown	<input type="checkbox"/>
26.	Intent:- 1. Unintentional 2. Self Harm 3. Intentional /assault 77. Other (sp) 99. Not known				<input type="checkbox"/>
27.	Alcohol Consumption by :- (Breath –analyser if available)/blood alcohol leave above prescribed limit (M/F) 1. Injured 2. Counterpart 3. Both 4. Not applicable 99. Not known				<input type="checkbox"/>
28.	Alleged Psychoactive Substance Use / Abuse :- 1. Injured 2. Counterpart 3. Both 4. Not applicable 99. Not known				<input type="checkbox"/>
DETAILS OF ROAD TRAFFIC INJURY					
29.	Place of Occurrence :-				
	1.City / Muncpal roads 2.Highway 3.Inner roads	4.Rural Roads 77.Others, specify 99.Not known			<input type="checkbox"/>
30.	Road User Category:-				
	1.Padestrain 2.pedal cyclist 3.Two wheeler rider 4.Two wheeler pillion	5.Three wheeler driver 6.Three wheeler occupant 7.Car driver 8.Car occupant	9.Bus/Truck driver 10.Bus/Truck occupant 11.Other 4 wheeler driver (maxi cab,tempo,etc, 12.Other 4 wheeler occupant	13.Bullock Cart 14.Tricycle 77.Others (Sp) 99.Not known	<input type="checkbox"/>
31.	Type of Collision :-				
	1.Hit pedestrain 2.Head on Collision 3.Hit from the Back (rear end collision)	4.Hit from the side (side angel collision) 5.Overturn 6.Hit a fixed object	7.Run off road 77. Other (sp) 99.not known		<input type="checkbox"/>
32.	If two-wheeler rider , use of helmet :- 1.Yes 2. No 3. Not applicable 99. Not known				<input type="checkbox"/>
33.	If car driver / occupant , use of seat belt :- 1. Yes 2. No 3. Not applicable 99. Not known				<input type="checkbox"/>
PRE HOSPITAL CARE DETAILS					
34.	First Aid given before reaching the hospital :- 1. Yes 2. No 99. Don't know				<input type="checkbox"/>
	If 34 is Yes , than where was first Aid given				
	1.At incident site 2.Nearby govt. Hospital 3.Nearby pvt. Hospital /clinic	4. Police 5. Not Applicable 77.Others, spwcify 99.Not known			<input type="checkbox"/>
	If 34 is Yes ,who gave the first Aid :-				
	1.Health worker 2.Doctor 3.Nurse 4.Police	5.Public 6.Family Member 77.Other (Sp.) 99.Not Applicable			<input type="checkbox"/>
35.	Source of Referral :-				
	1.General practitioner 2.PHC 3.Dist –Hospital 4.Other Govt. Hospital	5.Pvt. Hospital / nursing home 6.Directly on their own 77.Other , specify 99.Not known			<input type="checkbox"/>
36.	Number of hospitals / Health facilities visited before attending the registering hospital				<input type="checkbox"/>
37.	Mode of Transportation :-				
	1.Pvt. Ambulance 2.Govt. Ambulance 3.CATS 4.Police van / Govt . Vehicle,	5.Private vehicle or Taxi 6.Auto rickshaw (3 wheeler) 77.Other, Specify..... 99.Not known			<input type="checkbox"/>
INJURY MANAGEMENT AND OUTCOME					
38.	Status of the injured at the time of entry :-				
	1.Unconscious	2.Conscious	3. Brought dead	99. Not known	<input type="checkbox"/>
39.	Severty of injury :-				
	1.Simple	2. Grievous	3. Dangerous	99. Not Known	<input type="checkbox"/>
40.	If head injury than GCS :-				<input type="checkbox"/>

41.	Part of the body injury :-					
	1.Head	<input type="checkbox"/>	6.Chest	<input type="checkbox"/>	11.Spine	<input type="checkbox"/>
	2.Face	<input type="checkbox"/>	7.Abdoman	<input type="checkbox"/>	12.Upper +Lower limb	<input type="checkbox"/>
	3.Eyes	<input type="checkbox"/>	8.Perineum &Genitalia	<input type="checkbox"/>	13.Shoulder	<input type="checkbox"/>
	4.Ent	<input type="checkbox"/>	9.Upper limbs	<input type="checkbox"/>	77.Other (Sp.)	<input type="checkbox"/>
	5.Neck	<input type="checkbox"/>	10.Lower limbs	<input type="checkbox"/>	99.Unknown	<input type="checkbox"/>
42.	Nature of injury :-					
	1.fracture		5.haematomas		8. Organ system injury	<input type="checkbox"/>
	2.Sprain		6.burn		77.Others (sp.)	
	3.Cut or open wound		(% of Burns) <input type="checkbox"/> <input type="checkbox"/>		99.Not known	
	4.Sharp / Penetrating cut		7.Bruises			
43.	Treatment :-					<input type="checkbox"/>
	1.Treated in emergency room and sent home 2.treated in emergency room and referred to anothehospital 3.Admitted for definitive care			4.Dead 77.Other (sp...) 99.Not known		
44.	Investigations :-					
	1.Radiological		4.MRI		7.Urine	<input type="checkbox"/>
	2.USG		5.Haematological		8.Blood Glucose	
	3.CT		6.ECG		77.Others (sp..)	
45.	Final Diagnosis :-					
46.	ICD (10) classification :-					
47.	Outcome :- 1. Recovered & improved 2. Not recovered 3. Residual disability 4.Dead 99.Not known					<input type="checkbox"/>

48.	Important Findings / Remarks if any :-
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- ICD 10 Chapter 19. The nature of injury in each person, as result of the causes above would be recorded and coded here