



The WHO Trauma Care Checklist



Injury kills more people every year than HIV, TB and malaria combined, and the overwhelming majority of these deaths occur in low- and middle-income countries.



Timely emergency care saves lives: if fatality rates from severe injury were the same in low- and middle-income countries as in high-income countries, nearly 2 million lives could be saved every year.



The WHO Trauma Care Checklist is a simple tool – designed for use in emergency units – that emphasizes the key life-saving elements of initial trauma care.



A systematic approach to every injured person ensures that life-saving interventions are performed and that no life-threatening conditions are missed.



The checklist reviews key actions at two critical points:

- 1. Immediately after the 'primary' & 'secondary' surveys**
- 2. Before the team leaves the patient's bedside**



Developed and validated by a large global collaboration, the WHO Trauma Care Checklist is appropriate for use in any emergency care setting and can be easily adapted to local context.



Trauma Care Checklist

Immediately after primary & secondary surveys:

IS FURTHER AIRWAY INTERVENTION NEEDED? May be needed if: <ul style="list-style-type: none"> • GCS 8 or below • Hypoxaemia or hypercarbia • Face, neck, chest or any severe trauma 	<input type="checkbox"/> YES, DONE <input type="checkbox"/> NO
IS THERE A TENSION PNEUMO-HAEMOTHORAX?	<input type="checkbox"/> YES, CHEST DRAIN PLACED <input type="checkbox"/> NO
IS THE PULSE OXIMETER PLACED AND FUNCTIONING?	<input type="checkbox"/> YES <input type="checkbox"/> NOT AVAILABLE
LARGE-BORE IV PLACED AND FLUIDS STARTED?	<input type="checkbox"/> YES <input type="checkbox"/> NOT INDICATED <input type="checkbox"/> NOT AVAILABLE
FULL SURVEY FOR (AND CONTROL OF) EXTERNAL BLEEDING, INCLUDING:	<input type="checkbox"/> SCALP <input type="checkbox"/> PERINEUM <input type="checkbox"/> BACK
ASSESSED FOR PELVIC FRACTURE BY:	<input type="checkbox"/> EXAM <input type="checkbox"/> X-RAY <input type="checkbox"/> CT
ASSESSED FOR INTERNAL BLEEDING BY:	<input type="checkbox"/> EXAM <input type="checkbox"/> ULTRASOUND <input type="checkbox"/> CT <input type="checkbox"/> DIAGNOSTIC PERITONEAL LAVAGE
IS SPINAL IMMOBILIZATION NEEDED?	<input type="checkbox"/> YES, DONE <input type="checkbox"/> NOT INDICATED
NEUROVASCULAR STATUS OF ALL 4 LIMBS CHECKED?	<input type="checkbox"/> YES
IS THE PATIENT HYPOTHERMIC?	<input type="checkbox"/> YES, WARMING <input type="checkbox"/> NO
DOES THE PATIENT NEED (IF NO CONTRAINDICATION):	<input type="checkbox"/> URINARY CATHETER <input type="checkbox"/> NASOGASTRIC TUBE <input type="checkbox"/> CHEST DRAIN <input type="checkbox"/> NONE INDICATED

Before team leaves patient:

HAS THE PATIENT BEEN GIVEN:	<input type="checkbox"/> TETANUS VACCINE <input type="checkbox"/> ANALGESICS <input type="checkbox"/> ANTIBIOTICS <input type="checkbox"/> NONE INDICATED
HAVE ALL TESTS AND IMAGING BEEN REVIEWED?	<input type="checkbox"/> YES <input type="checkbox"/> NO, FOLLOW-UP PLAN IN PLACE
WHICH SERIAL EXAMINATIONS ARE NEEDED?	<input type="checkbox"/> NEUROLOGICAL <input type="checkbox"/> ABDOMINAL <input type="checkbox"/> VASCULAR <input type="checkbox"/> NONE
PLAN OF CARE DISCUSSED WITH:	<input type="checkbox"/> PATIENT/FAMILY <input type="checkbox"/> RECEIVING UNIT <input type="checkbox"/> PRIMARY TEAM <input type="checkbox"/> OTHER SPECIALISTS
RELEVANT TRAUMA CHART OR FORM COMPLETED?	<input type="checkbox"/> YES <input type="checkbox"/> NOT AVAILABLE