

Patient Name: M.YOUSUF, HAMID YOUSUF
Facility: 10001 - SMBBTC Karachi

Trauma #: 80188
Medical Record #: 012021-1026-41389

Demographic - Record Info

Record Information

Section Complete	<input type="checkbox"/>	Record Complete	<input type="checkbox"/>
Record Created	10/30/2021 12:20	Record Created By	50508 Nooruddin
Created by Facility	10001 SMBBTC Karachi		
Initial Location	2 Emergency Department		

Identifiers

Trauma #	80188	Patient Arrival	10/26/2021 11:46
Medical Record #	012021-1026-41389	Account #	
Patient Name: Last	M.YOUSUF	First	HAMID YOUSUF MI <input type="checkbox"/>
Patient Origin	1 Scene	Inclusion Source	3 Emergency Department

Inclusion Information

<input type="checkbox"/> NTDB	<input type="checkbox"/> State
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Audit Log - General

Created	10/30/2021 12:20	By User	50508 Nooruddin
At Facility	10001 SMBBTC Karachi		
Initial Closed	/ / :	By User	
At Facility			
Closed	/ / :	By User	
At Facility			
Last Modified	11/02/2021 12:32	By User	50508 Nooruddin
At Facility	10001 SMBBTC Karachi		

Facility	10001 SMBBTC Karachi
Record Complete	No
Edit Count	27
Is Active	Yes
Form Number	37
Data Set Version Number	37

Patient

Patient Information

Name: Last	M.YOUSUF	First	HAMID YOUSUF	MI	<input type="checkbox"/>
Alias: Last		First		MI	<input type="checkbox"/>
SSN	n/a				
Date of Birth	n/a	Age	57	in	1 Years
Gender	1 Male				
Gender Identity	4 Male (The Patient Identifies as Male)				
Ethnicity	2 Not Hispanic or Latino	Race	2 Asian	2 Asian	
			2 Asian	2 Asian	
			2 Asian	2 Asian	

Patient Address Information

Zip	n/a	Postal Code	n/a	Homeless	<input type="checkbox"/>
Street 1	LANDI NO.1 KMC FIRE BRIDGE KARACHI SINDH				
Street 2					
City	KARACHI				
City FIPS					
State					
County					
Country	PK Pakistan				
Telephone	316 262-3991				
Alternate Residence					

Patient Information Custom Elements

CNIC	42201-6938767-9
District	KARACHI
Malir	
Province	SINDH

Relative/Guardian

Relative/Guardian Information

Relationship to Patient	2	Child	Guardian	N		
Name: Last	HAMID YOUSUF		First	NOMAN	MI	
Address:	Y					Same as Patient
Zip	n/a		Postal Code	n/a		
Street 1	LANDI NO.1 KMC FIRE BRIDGE KARACHI SINDH					
Street 2						
City	KARACHI					
State						
County						
Country	PK Pakistan					
Telephone	314 221-4860					

Relative/Guardian Custom Elements

CNIC_No 42201-4342793-5

Injury Information

Section Complete		
Injury	10/25/2021	19:30
Place of Injury/E849		
ICD10 Location Code	Y92.410	Unspecified street and highway

Injury Address

ZIP	n/a	Postal Code	n/a
Street 1	MALIR 15 KARACHI SINDH		
Street 2			
City	KARACHI		
City FIPS			
State			
County			
Country	PK Pakistan		

Protective Devices

Restraints	n/a	Not Applicable
Airbags	n/a	Not Applicable
Equipment	n/a	Not Applicable

Work Related	N
Occupation	
Occupational Industry	

Domestic Violence	N
Report of Physical Abuse	N
Investigation of Physical Abuse	

Injury - Mechanism of Injury

E-Codes

Primary ICD10 Mechanism	V22.4XXA	Motorcycle driver injured in collision with two- or three-wheeled motor vehicle in traffic accident, initial encounter
Secondary ICD10 Mechanism	n/a	Not Applicable
Tertiary ICD10 Mechanism		

Cause Of Injury

H/O RTA BIKE SLIPPED

Injury Type 1 Blunt

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Activity Code - ICD10	n/a	Not Applicable
Specify		
External Cause Status - ICD10	n/a	Not Applicable
Alcohol Involvement - ICD10	n/a	Not Applicable

Injury Mechanism	7	Motorcycle
	n/a	Not Applicable

Motor Vehicle Crash

Position in Vehicle	1	Driver
Impact Location		

Police Report Number		
Disaster Casualty		
Casualty Event		

Prehospital - Scene/Transport

Section Complete	
POV/Walk In	N

Inclusion Source	3	Emergency Department
Extrication		

Fluid Amount	
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Was Patient Extricated?		Time Required/Minutes	
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Trauma Alert Called in by EMS	/ /	:
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Scene/Transport Providers

Prehospital Provider: 1

Mode	1	Ground Ambulance
Mode If Other		
Agency	6000	Other EMS Agency within Karachi
If Other		
Unit		
Transport Role	5	Transport from Scene to Rendezvous
Care Level	n/a	Not Applicable

Scene EMS Report	
PCR #	
PCR UUID	
Dispatch #	

Call Received	10/25/2021	n/a
Call Dispatched	10/25/2021	n/a
En Route	10/25/2021	n/a
Rendezvous Pickup Location	REFFERED INDUS HOSPITAL	

Arrived at Location	10/25/2021	n/a
Arrived at Patient	10/25/2021	n/a
Departed Location	10/25/2021	n/a
Arrived at Destination	10/25/2021	n/a
Scene Time Elapsed		
Transport Time Elapsed		

Notes

Prehospital Triage Rationale

Patient Name: M.YOUSUF, HAMID YOUSUF
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Prehospital - Treatment

Prehospital Vitals (All Providers)

Prehospital - Procedures (All Providers)

Prehospital - Medications (All Providers)

Immediate Referring Facility

Section Complete

Transfer In

Referring Facility

If Other

Referring Physician

Facility Level

Late Referrals

Transfer Rationale

By

Level of Care

Patient

Arrival
Departure
Length of Stay

10/25/2021

n/a

n/a

n/a

Referring Facility - Assessments

Immediate Referring Facility Initial Vitals

Referring Facility

Assessment Type

Recorded

Temperature/Unit/Route

At Time Vitals Taken

Paralytic Agents?

Sedated?

Eye Obstruction?

Intubated?

Respiration Assisted?

If Yes, Method

If Yes, Type

Vitals

SBP/DBP

Pulse Rate

Unassisted Resp Rate

Assisted Resp Rate

O2 Saturation

Supplemental O2

GCS: Eye

Verbal

Motor

Total

RTS

Triage RTS

GCS 40: Eye

Verbal

Motor

PTS

Weight

Airway

Skeletal

Cutaneous

CNS

Pulse Palp

PTS Total

Toxicology

Alcohol Use Indicator

Drug Use Indicators

ETOH/BAC Level mg/dl

Drug Screen

Drug Specify

Clinician Administered

Confidential

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If Other

Referring Facility - Medications (All Referring Facilities)
No Referring Facility Medication Information Recorded

Referring Facility - Procedures

Referring Facility - Procedures (All Referring Facilities)

No Referring Facility Procedure Information Recorded

Inter-Facility Transport

Inter-Facility Transport (All Referring Facilities)

Provider

Inter-Facility Vitals(All Referring Facilities)

Inter-Facility - Procedures(All Referring Facilities)

Inter-Facility - Medications(All Referring Facilities)

ED/Resus

Section Complete	<input type="checkbox"/>				
Direct Admit	<input type="checkbox"/>				
ED Arrival	10/26/2021	11:46	ED Departure Order	10/29/2021	11:30
ED Departure/Admitted	10/29/2021	11:41	Time in ED	71:55	
Mode of Arrival	1	Ground Ambulance	Signs of Life	2	Arrived with Signs of Life
Response Level	1	Full	Trauma Alert Called in by EMS	/ /	:
Revised Response Level	1	Full	Response Activation	n/a	n/a
Post ED Disposition	6	Floor	Revised Response Activation	n/a	n/a
Post ED Disposition Specify	SHIFT TO ORTHO				
Admitting Service	3	Orthopedics			
Admitting Physician	0034	Dr Aamir Haleem			
Post OR Disposition			Surgeon	1	Yes, Surgeon
Attending Physician	0052	Dr Abdul Razzaque			

ED Questions

ED/Resus - Initial Assessments

Recorded	10/26/2021	11:46	Assessment Type	1	Initial
Temperature/Unit/Route	98.000	F	4	Axillary	
	36.667	C			
Weight/Units	n/a				-
Height/Units	n/a				-
BMI					

Timely ☐
Timely ☐

At Time Vitals Taken

Paralytic Agents?	N	Intubated?	N	If Yes, Method	
Sedated?	N	Respiration Assisted?	N	If Yes, Type	
Eye Obstruction?	N				

Vitals

SBP/DBP	114 / 90	GCS: Eye	4	Opens Eyes Spontaneously
Pulse Rate	89	Verbal	5	Oriented (Pediatric (<= 2yrs): Smiles, Oriented to Sounds, Follows Objects, Interacts)

Confidential

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PTS

Toxicology

Drug Screen		Drug Specify		Clinician Administered
15	Not Tested			

ED/Resus Assessment: 2

At Time Vitals Taken

Vitals

PTS

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Medication

Medication	72	Ketorolac (Toradol)	Date	/ /	:
Medication	181	Inj: Omeprazole 40mg (Risek)	Date	/ /	:
Medication	157	Inj: Tramadol 100mg	Date	/ /	:
Medication	178	Inj: Enoxaparin 40mg/0.4ml (Clexane)	Date	/ /	:
Medication	184	Inj: Paracetamol(Acetaminophen) 1g/100ml (Provas)	Date	/ /	:
Medication	88	Metoclopramide (Reglan)	Date	/ /	:

Warming Measures

Mass Blood Protocol Date / / :

Mass Blood Protocol Administered / / :

Labs

ABGs

ABGs Drawn N

pH

PaO2

PaCO2

Base Deficit/Excess

Labs

Hematocrit 41.300

INR n/a

Patient Tracking-Location/Service

Section Complete

Location Tracking

Location Tracking: 1

Location Code	2	Emergency Department
Arrival	10/26/2021	11:46
Departure	10/29/2021	12:45
Elapsed Time	3 Days	0:59
Detail	SHIFT TO ORTHO	

Location Tracking: 2

Location Code	6	Floor
Arrival	10/29/2021	01:00
Departure	/ /	:
Elapsed Time		
Detail		

ICU Days Stepdown/IMC Days

Service Tracking

Service Tracking: 1

Service Code	3	Orthopedics
Start	10/29/2021	11:41
Stop	/ /	:
Elapsed Time		
Detail		

Patient Tracking-Ventilator/Blood

Ventilator Tracking

Total Ventilator Days

Blood Tracking

Confidential

Providers - Resus Team

Section Complete ☐

Type	1	Trauma
Provider	0052	Dr Abdul Razzaque
Called	//	:
Timeliness	1	Timely
Responded	10/26/2021	:
Elapsed Time		
Arrived	10/26/2021	:

Notes

Type	8	Emergency Medicine
Provider		
Called	//	:
Timeliness		
Responded	//	:
Elapsed Time		
Arrived	//	:

Notes

Type	10	Anesthesiology
Provider		
Called	//	:
Timeliness		
Responded	//	:
Elapsed Time		
Arrived	//	:

Notes

Type	2	Neurosurgery
Provider		
Called	//	:
Timeliness		
Responded	//	:
Elapsed Time		
Arrived	//	:

Notes

Type	3	Orthopedics
Provider	0034	Dr Aamir Haleem
Called	10/26/2021	:
Timeliness	1	Timely
Responded	10/26/2021	:
Elapsed Time		
Arrived	10/26/2021	:

Notes

Type	46	Radiology
Provider	0035	Dr Uroosa
Called	10/26/2021	:
Timeliness	1	Timely
Responded	10/26/2021	:
Elapsed Time		
Arrived	10/26/2021	:

Notes

Providers - Inhouse Consults

Type	3	Orthopedics
Provider	0034	Dr Aamir Haleem
Called	10/26/2021	:
Arrived	10/26/2021	:
Timeliness	1	Timely

Notes

Procedures

Section Complete ☐

Procedure: 1	
Procedure Code (ICD10)	BW03ZZZ Plain Radiography of Chest
Location	2 Emergency Department
Operation #	
Start Date	10/26/2021 11:46
Stop Date	10/26/2021 12:15
Diagnostic Result	
Service	1 Trauma
Physician	0052 Dr Abdul Razzaque

Narrative

Confidential

Procedure: 2

Procedure Code (ICD10)	BP0JZZZ	Plain Radiography of Right Forearm
Location	2	Emergency Department
Operation #		
Start Date	10/26/2021	11:46
Stop Date	10/26/2021	12:15
Diagnostic Result		
Service	1	Trauma
Physician	0052	Dr Abdul Razzaque

Narrative

Procedure: 3

Procedure Code (ICD10)	BP0NZZZ	Plain Radiography of Right Hand
Location	2	Emergency Department
Operation #		
Start Date	10/26/2021	11:46
Stop Date	10/26/2021	12:15
Diagnostic Result		
Service	1	Trauma
Physician	0052	Dr Abdul Razzaque

Narrative

Procedure: 4

Procedure Code (ICD10)	BQ0DZZZ	Plain Radiography of Right Lower Leg
Location	2	Emergency Department
Operation #		
Start Date	10/26/2021	11:46
Stop Date	10/26/2021	12:15
Diagnostic Result		
Service	1	Trauma
Physician	0052	Dr Abdul Razzaque

Narrative

Procedure: 5

Procedure Code (ICD10)	BQ03ZZZ	Plain Radiography of Right Femur
Location	2	Emergency Department
Operation #		
Start Date	10/26/2021	11:46
Stop Date	10/26/2021	12:15
Diagnostic Result		
Service	1	Trauma
Physician	0052	Dr Abdul Razzaque

Narrative

Procedures Custom Elements

Procedures U/S E FAST

Diagnoses - Injury Coding

Section Complete ☐

AIS Version 5 AIS 2005 ISS 9 NISS 13 TRISS 0.968

Injury Narrative

RIGHT INTERTROCHANTERIC FRACTURE RIGHT 2ND MC FRACTURE

Diagnoses: 1

ICD 10	S72.141A	Displaced intertrochanteric fracture of right femur, initial encounter for closed fracture
PreDot	853151	intertrochanteric; trochanteric femur fx
Severity	3	ISS Body Region 5

Diagnoses: 2

ICD 10	S62.310A	Displaced fracture of base of second metacarpal bone, right hand, initial encounter for closed fracture
PreDot	752553	metacarpus fx - lateral finger - extra-articular or shaft

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Severity ISS Body Region

Diagnoses - Non Trauma Diagnoses

Diagnoses - Comorbidities

Pre-Arrival Cardiac Arrest

Explicit Negatives

Explicit Negatives Reviewed

Advanced Directive Limiting Care	<input type="text"/>
Alcohol Use Disorder	<input type="text"/>
Angina Pectoris	<input type="text"/>
Anticoagulant Therapy	<input type="text"/>
Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder	<input type="text"/>
Bleeding Disorder	<input type="text"/>
Cerebral Vascular Accident (CVA)	<input type="text"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="text"/>
Chronic Renal Failure	<input type="text"/>
Cirrhosis	<input type="text"/>
Congenital Anomalies	<input type="text"/>
Congestive Heart Failure (CHF)	<input type="text"/>
Current Smoker	<input type="text"/>
Currently Receiving Chemotherapy for Cancer	<input type="text"/>
Dementia	<input type="text"/>
Diabetes Mellitus	<input type="text"/>
Disseminated Cancer	<input type="text"/>
Functionally Dependent Health Status	<input type="text"/>
Hypertension	<input type="text"/>
Mental/Personality Disorders	<input type="text"/>
Myocardial Infarction (MI)	<input type="text"/>
Peripheral Arterial Disease (PAD)	<input type="text"/>
Prematurity (Retired 2020)	<input type="text"/>
Steroid Use	<input type="text"/>
Substance Use Disorder	<input type="text"/>
Prematurity	<input type="text"/>
Pregnancy	<input type="text"/>

Outcome - Initial Discharge

Section Complete

Discharge Status

Discharge Condition

Patient Directive Applied

Discharge/Death / :

Discharge Order / :

ICU Days Ventilator Hospital

Discharge Impediments

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Ready for Discharge /

Delay Days

Discharging Physician

Discharged To

Specify

Discharge to Alternate Caregiver

If Transferred, Facility

If Other

Alternate Discharge Facility

Transfer Rationale

Transfer Rationale By

Inclusion Information

NTDB

State

Disabilities Pre-Existing

Feeding				
Locomotion				
Expression				
Total				

Disabilities Discharge

Feeding				
Locomotion				
Expression				
Total				

Rehabilitation Potential

--	--

Outcome - If Death

Death Information

Location			Manner (Suspected)		
Cause					
Withdrawal of Care					
Was autopsy performed?					
Medical Examiner #					
Autopsy #					

Autopsy Memo

Organ Procurement

Was organ donation requested? ☐ Was request granted? ☐

Organ Procured

Organ Procured 1			Organ Procured 2		
Organ Procured 3			Organ Procured 4		
Organ Procured 5			Organ Procured 6		
Organ Procured 7			Organ Procured 8		
Organ Procured 9			Organ Procured 10		
Organ Procured 11			Organ Procured 12		
Organ Procured 13			Organ Procured 14		
Organ Procured 15			Organ Procured 16		
Organ Procured 17			Organ Procured 18		
Organ Procured 19			Organ Procured 20		

If Other, Specify

--	--	--	--	--

If None, Reason

--	--	--	--	--

Donor Status

--	--	--	--	--

Organs Procured Date/Time

/	/		:	
---	---	--	---	--

Outcome - Billing

Account #

--	--

Charges Billed \$

--	--

DRG

--	--

MS-DRG

--	--

ICD-10 DRG

--	--

Payor Sources

Primary Payor

--	--

Additional Payor

Collected

\$

-
-
-
-

Date

/	/
/	/
/	/
/	/

Specify

Total Charges Collected \$

--	--

Last Date Collected

/	/	
---	---	--

Outcome - Related Admissions

Final Discharge Status

--	--

 Total Readmission Days

0

 Final Discharge Date

/	/	
---	---	--

QA Items

Section Complete ☐

Explicit Negatives
☐ Explicit Negatives Reviewed

Acute Kidney Injury (AKI)	<input type="checkbox"/>
Acute Respiratory Distress Syndrome (ARDS)	<input type="checkbox"/>
Alcohol Withdrawal Syndrome	<input type="checkbox"/>
Cardiac Arrest with CPR	<input type="checkbox"/>
Catheter-Associated Urinary Tract Infection (CAUTI)	<input type="checkbox"/>
Central Line-Associated Blood Stream Infection (CLABSI)	<input type="checkbox"/>
Deep Surgical Site Infection	<input type="checkbox"/>
Deep Vein Thrombosis	<input type="checkbox"/>
Extremity Compartment Syndrome	<input type="checkbox"/>
Myocardial Infarction (MI)	<input type="checkbox"/>
Organ/Space Surgical Site Infection	<input type="checkbox"/>
Osteomyelitis	<input type="checkbox"/>
Pulmonary Embolism (PE)	<input type="checkbox"/>
Pressure Ulcer	<input type="checkbox"/>
Severe Sepsis	<input type="checkbox"/>
Stroke/CVA	<input type="checkbox"/>
Superficial Incisional Surgical Site Infection	<input type="checkbox"/>
Unplanned Admission to ICU	<input type="checkbox"/>
Unplanned Intubation	<input type="checkbox"/>
Unplanned Return to the Operating Room (Retired 2020)	<input type="checkbox"/>
Ventilator-Associated Pneumonia (VAP)	<input type="checkbox"/>
Delirium	<input type="checkbox"/>
Unplanned Visit to the Operating Room	<input type="checkbox"/>

Demographic - Notes

Injury - Notes

Prehospital - Notes

Referring Facility - Notes

PATIENT INITIALLY MANAGE AT INDUS HOSPITAL THEN REFFERED SMBBIT OF TRAUMA FOR FURTHER MANAGEMENT BUT DOCUMENTION
RECORD IS NOT AVAILABLE....

ED/Resus - Notes

Patient Tracking - Notes

Providers - Notes

Procedures - Notes

Diagnoses - Notes

Outcome - Notes

QA - Notes

Memo - Note 1

Memo - Note 2

Memo - Note 3

Memo - Attachments

Patient Information Custom Elements

CNIC	42201-6938767-9
District	KARACHI
Malir	
Province	SINDH

Relative/Guardian Custom Elements

CNIC_No	42201-4342793-5
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Procedures Custom Elements

Procedures	U/S E FAST
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