|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Injury Surveillance Data Record Form** ................................. ............................... ..................................... ........... Province....................................... **PHER plus version:** 11 March 2024 | | | | |
| **ID card number** ­........................................................................................................... | | HN ………………………............................………...  AN ………………………………....................... | | |
| Prefix ............ Name ................................. Surname .................................................................................Gender  🞎 🞎 Male Female Date of Birth ...... /...... /...... Age ...... years ....... months ......Nationality .............. | | **Current Address** Province ............... District .............. Subdistrict ......................  🞎 Foreign (Specified)................... Be a tourist 🞅 1 Yes 🞅 0 No 🞅 N Unknown  🞎 N Current address unknown | | |
| Career 🞎 00 No occupation 🞎 01 Civil servant 🞎 02 Police/military 🞎 03 State enterprise employee 🞎 04 ................................................ company employee 🞎 05 ................................. worker 🞎 06 Trade 🞎 07 Agriculture  🞎 08 Students ............................................................... 🞎 20 Rider 🞎 21 Other 🞎 Motorcycles Specified ..................................................................... | | | | |
| **Cause of Injury** 🞎 1 Transport Accident 🞎 2 Accident or other injury .....................................................🞅 Mass Casualty **Date** of Accident ..... /...... /....... ....... Arrive  at the hospital .......... /.................... /............. at ...................... The **scene of the incident is** Province ............................. District ...................... Sub-district ..................... ........ ................................ Village. | | | | |
| **The scene of the incident** □ **is 1** house/area of 11 houses🞅, 12 houses 🞅of the injured party, party □ N is unknown.  🞅17 other homes specified .......... ..................  □ **2** dormitories, prisons, and childcare facilities. 3 Military Barracks □ / Hospitals / Temples Name ............................................ ............  □ **4** public stadiums, □ **5** roads, specify the names of roads/intersections/alleys..........................................  □ **6** places to sell goods and services ......................................□ **7** construction sites Specify the name ...... ............... .......... ......  □ **8** rai garden □ **9** others specified. ...................................................................... | | | | **Injuries caused by**  □ 1 Accident □ 2 Self-harm  □ 3 Others Hurt □ 4 Legal Operations/Warfare  □ N Unknown |
| **Injuries caused by working in a profession** □ 1 yes □ 0 no □ n unknown | | Sorting Level (Urgent) □ 1 □ 2 □ 3 □ 4 □ 5 | | |
| **The injured were** 🞎 1 pedestrian and 🞎 2 drivers.  🞎 3 Passenger 🞎 N Unknown  **Vehicle of the injured vehicle registration** ...........................................................  □01 Bicycle/Tricycle □ 011 Electric Bicycle □ , 03 Tricycle Machine  □02 Motorcycle □ 021 Big Bike □ 022 Electric Motorcycle □ 023 Side Trailer Motorcycle  □04 Sedan/SUV □ 041 Electric Sedan/SUV  □05 Pickup 🞅 1 Front 🞅 2 Rear  □06 Heavy Truck □ 07 Trailer □ 08 Double-Row Bus □09 Bus  □18 Van Identify other □ ............................ ..... .................................... ........ | | **Trauma mechanism**  □ 20 Fall from a vehicle □ 21 Vehicle falls, overturns, falls, sinks.  □ Hit or collided with ............................ □ 99 Others ........................................  **Events and Activities at the Incident** □ 0 Sporting Activities □ 1 Leisure Activities   □ 2 While Working for Income □ 3 While Working for Other Purposes4  □ Rest/Activities in Personal Hygiene   □ Life8 While Performing Other Activities □ 9 While Engaging in Other Activities Not Specified | | |
| **The arrival of the injured**  □ person 1 died at the scene of the accident / The autopsy □ was sent from the scene of the accident.  🞅 **There is a sender,** 🞅 **no sender/come yourself.**  ∆ 1 Police /Military  ∆ 3 Emergency Medical Services Units  Level 🞅 1 ALS 🞅 4 ILS 🞅 2 BLS 🞅 3 FR 🞅 0 Not Specified  Name of Agency/Foundation ..............................................................................∆  4 Other Organizations Not Registered for EMS ∆ 9 Relatives/Witnesses/Others Specified ................................... ∆ N Unknown  □ 3 Referral from another medical facility (Refer)  Name of medical facility ............................................................. Province ...........................................  □ came by 🞅 ambulance with a caregiver indicating .............. ............................................... 🞅 1 There was no caregiver.  🞅 0 ไม่ใช่ ambulance  There is a referral letter indicating symptoms and/or referral treatment 🞅 . 🞅 | | **First Aid/Care During Delivery**  **Take care of breathing.**  □ 1 Yes-Appropriate □ 2 Yes-Inappropriate....................................................□ 3 Not Necessary □ 0 None  **Hemostasis**  □ 1 Yes-Appropriate □ 2 Yes-Not Appropriate....................................................□ 3 Not Necessary □ 0 None  **immobilize C-Spine**  □ 1 Yes-Appropriate □ 2 Yes-Not Appropriate....................................................□ 3 Not Necessary □ 0 None  **Splint/Slap อื่นๆ**  □ 1 Yes-Appropriate □ 2 Yes-Not Appropriate....................................................□ 3 Not Necessary □ 0 None  **IV Fluid**  □ 1 Yes-Appropriate □ 2 Yes-Not Appropriate....................................................□ 3 Not Necessary □ 0 None | | |
| **Alcohol injured** □ 1 use □ 0 do not use □ N Unknown  **Alcohol test** □ 1 No test □ sent 2 Injured □ 0 Unknown  □ 3 Only non-injured drivers are sent for examination.  □ 4 Examine both the injured and non-injured drivers.  Alcohol content found ..................................(mg%) | | **Psychotropic drug/substance** □ 1 used ............................................................ specified □ 0 Not used □ N Unknown  **Marijuana** □ 1 use □ 0 not use □ N unknown **Kratom** □ 1 use □ 0 do not use □N unknown  **Seat belt** □ 1 use □ 2 use car seat □ 0 use n □ unknown  **Helmet** □ 1 Use □ 0 Use N □ Unknown **Phone** □ 1 Use □ 0 Not Use □ N Unknown  **other** Identify ................................................................. | | |
| **ลักษณะการบาดเจ็บ** □ 1 Blunt □ 2 Penetrating  □ 3 Blunt ร่วมกับ Penetrating □ 9 อื่นๆ | **History of coma since the incident**  □1 No anesis □ 2 Anesthesia ...... hours ...... minutes □ 3 Unknown | | **Vital signs แรกรับที่ ER**  BP.............../............... (mmHg) PR...............(times/min)  RR ....... (times/min) GCS : E ....... V ....... M ........ | |
| **Export from ER** □ 1 Consult.................................. □ 2 Observe □ 3 OR □ 5 Post / Mortuary Date of Death (in case of death) ............... /................ /................. Time................... North.  **Treatment results from ER** □ 1 DBA □ 2 Sold □3 Referred □4 Refused treatment □5 Escaped 6 □ Died □7 Admitted for treatment ........ .............. **left ER** on ..... /..... /.... North. | | | | |
| **In case of referral to another hospital (**□ **Refer Out** □ **Refer Back) Medical** facility code .......................... Province .............................. ............................................................................ Medical Facilities | | | | |
| **DIAGNOSIS 1 – 6 (In case of admission, do not need to fill in the ER)**  **- 1** ....................................... **BR**...............**AIS** ...................... **- 2** ....................................... **BR**...............**AIS** ...................... **- 3** ....................................... **BR**...............**AIS** ..................  **- 4** ....................................... **BR**...............**AIS** ...................... **- 5** ....................................... **BR**...............**AIS** ...................... **- 6** ....................................... **BR**.............. .**AIS**................... | | | | |
| Sold from the ward On .......................................................... day, 1 □ relieved □ 2.Forwarded □ 3 refused treatment □ 4 escaped 5 □ died □ 6 Not yet sold | | | | |
| **Other details** | | | | |
| **Name of the Recorder**: 1. ...................................................................................................................... 2. ...................................................................................................................................................  **note See the Injury Surveillance Record Manual for details (this series of reports is for injury surveillance purposes and cannot be relied upon as a legal reference).** | | | | |