

**Disability**

1. GCS checked ☐ Yes  
☐ No  
(Source: Observation)
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2. Pupils checked ☐ Yes  
☐ No  
(Source: Observation)

**Exposure**

1. Patients exposed for assessment ☐ Yes  
☐ No
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2. Temperature measured ☐ Yes  
☐ No  
(Source: Observation)
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3. Interventions and adjuncts performed according to ATLS

**Airway interventions**

1. Which airway interventions were performed? ☐ None  
☐ Manual airway procedure such as chin lift or jaw thrust  
☐ Nasopharyngeal or Oropharyngeal airway inserted  
☐ Supraglottic airway device  
☐ Tracheal intubation  
☐ Surgical airway  
☐ Other  
☐ Not known  
(Source: Observation)
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2. If other airway Interventions given, specify \_\_\_\_\_
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3. Were airway interventions performed while minimising c-spine movement? ☐ Yes  
☐ No  
☐ Not known  
(Source: Observation)

**Breathing interventions**

1. Which breathing interventions were performed? ☐ None  
☐ Oxygen applied  
☐ Intracostal drain placement  
☐ Other  
☐ Not done  
☐ Not known  
(Source: Observation)
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2. If other breathing Interventions done, specify \_\_\_\_\_