



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.



World Health
Organization

Trauma Care Checklist

Immediately after primary & secondary surveys:

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

Before team leaves patient:

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

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