



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D C 20301-1200

DEC 22 2004

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DIRECTOR, JOINT STAFF

SUBJECT: Coordination of Policy to Establish a Joint Theater Trauma Registry

Collection and aggregation of combat casualty care epidemiology, treatment and outcome is essential to understanding the challenges, successes and failures the military medical corps faces in providing effective and timely care for combat casualties. Scientifically valid analysis of aggregated data can provide important information for prevention and mitigation of wounds, effective and timely deployment of medical resources and rapid identification of needed improvements. It can also provide a foundation for training, planning and medical resourcing. An accurate medical record is essential for developing such a database. The absence of such impedes the effective delivery of care and makes adequate quality management of the process of medical care evacuation and logistics supply incomplete and inaccurate. Therefore, it is essential to establish a Joint Theater Trauma Registry (JTTR) to ensure documentation and archiving of combat casualty epidemiology, treatment, and outcome.

The first step in establishing a JTTR is for the Services to collaborate on and implement an effective custodial chain of medical records from Level 1 through Level 5 care. This particularly refers to adequate transfer of records from Level 2 to Level 3, and Level 3 to Level 4 facilities through the evacuation chain. This will at a minimum be the Theater Trauma Record, Narrative Summary, and all Operations Reports. These records are an essential part of any Service member's medical history, and will be integrated into the clinical data repository (CDR). Each service maintaining a trauma registry will work with the point of contact for the CDR to develop a plan for this integration.

Army, Navy/Marine, and Air Force medical personnel will collaborate on and implement a Theater Trauma Record. This document will provide uniform descriptions of the epidemiology, nature and severity of injuries, the time of and nature of care provided and patient outcome. The Army Trauma Record is attached as an example.

Army, Navy/Marine, Air Force and the Armed Forces Institute of Pathology will collaborate and implement a JTTR using data from the Theater Trauma Record no later than April 2005. Each Service should record and accurately enter its Theater Trauma Record data into a service/institution specific database, which will then be pooled as de-identified data at the USA Institute of Surgical Research for detailed analyses.

HA POLICY: 04-031

Compatibility of service/ institution specific registries must be ensured. Based on the POM cycle we estimate that by Calendar Year 2008 this information will be captured in CHCS II and CHCS IIT (theater).

During times of active conflict, information reporting of de-identified data from the databases will be provided to the Assistant Secretary of Defense for Health Affairs and the Surgeons Generals of the Army, Navy, and Air Force on a monthly and year-to-date aggregate quarterly basis.

My POC for this action is Salvatore Cirone, Program Director for Health Science Policy. He can be contacted at (703) 575-2670 or at Salvatore.Cirone@ha.osd.mil.


William Winkenwerder, Jr., MD

Attachment
As stated

cc:
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Commander, USAMRMC

Trauma Record

For use of this form, see DoD Memo Subject :Trauma Record, dtd 1 APR 04; the proponent agency is OTSG

AUTHORITY: AR 40-66
PURPOSE: To provide a standard means of documenting all trauma care at echelons 1-3
ROUTINE USES: The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.
DISCLOSURE: This is protected health information. HIPAA laws apply

MTF DESIGNATION: Number	CASUALTY NAME: FIRST LAST	CASUALTY SSN: - - - - -
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Arrive Date-Time Group (DTG):	Rank	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Unit
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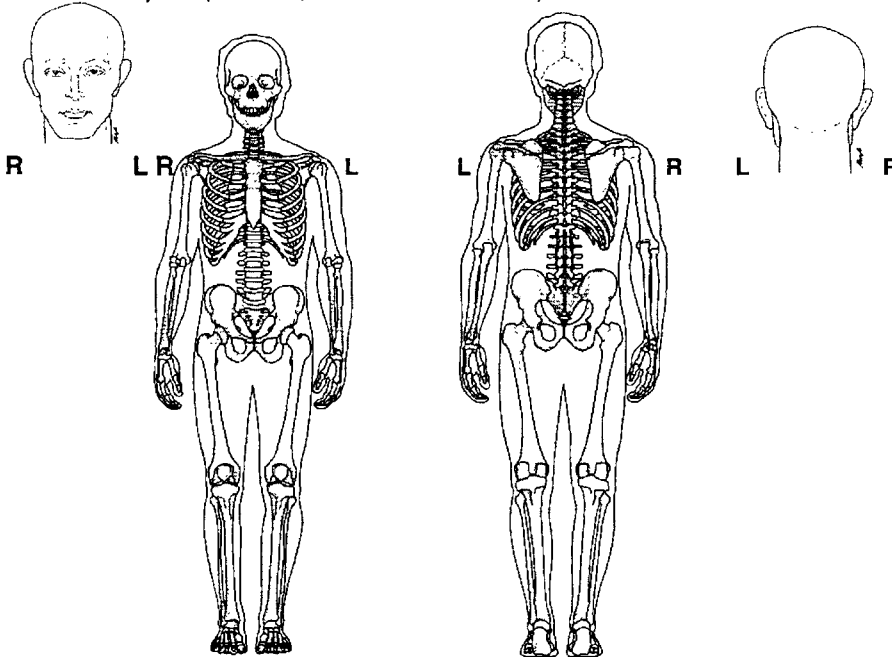
ARRIVAL METHOD: <input type="checkbox"/> WALKED <input type="checkbox"/> CARRIED <input type="checkbox"/> Non-MED AIR <input type="checkbox"/> OTHER _____	<input type="checkbox"/> Non-MED GND <input type="checkbox"/> SHIP EVAC <input type="checkbox"/> GND AMB <input type="checkbox"/> AIR AMB	Nation <input type="checkbox"/> US <input type="checkbox"/> Host Nation <input type="checkbox"/> Enemy() <input type="checkbox"/> Coalition()	Service <input type="checkbox"/> Civilian <input type="checkbox"/> Combatant <input type="checkbox"/> Contractor	<input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USAF	<input type="checkbox"/> SOF <input type="checkbox"/> NGO () <input type="checkbox"/> Other
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Wound DTG:	PROTECTION: <input type="checkbox"/> UNK	Not Worn	Worn	Struck	Penetrate	TRIAGE CATEGORY: <input type="checkbox"/> IMMEDIATE <input type="checkbox"/> DELAYED <input type="checkbox"/> MINIMAL <input type="checkbox"/> EXPECTANT
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WOUNDED BY: <input type="checkbox"/> US/COALITION(Nation _____) <input type="checkbox"/> ENEMY <input type="checkbox"/> CIVILIAN (Nation _____) <input type="checkbox"/> NonENEMY <input type="checkbox"/> TRAINING <input type="checkbox"/> SELF ACCIDENT <input type="checkbox"/> SELF NON-ACCIDENT <input type="checkbox"/> SPORTS-RECREATION <input type="checkbox"/> OTHER:	HELMET					GLASCOW COMA SCALE (circle one) 3 8 12 15 ←----- ----- ----- -----→ UNC STUPOR LETHARGY ALERT
	FLAK VEST					
	CERAMIC PLATE					
	EYE PROTECTION					
	OTHER:					

MECHANISM OF INJURY: <input type="checkbox"/> GSW/BULLET <input type="checkbox"/> BLUNT TRAUMA <input type="checkbox"/> SINGLE FRAGMENT <input type="checkbox"/> MULTI FRAGMENT	<input type="checkbox"/> KNIFE / EDGE <input type="checkbox"/> BLAST <input type="checkbox"/> CRASH(a/c, veh, pe <input type="checkbox"/> Chem/Rad/Nucl	<input type="checkbox"/> BURN (thermal, flash) <input type="checkbox"/> CRUSH <input type="checkbox"/> FALL <input type="checkbox"/> SMOKE Inhalation	<input type="checkbox"/> HEAT <input type="checkbox"/> COLD <input type="checkbox"/> BITE / STING <input type="checkbox"/> OTHER _____	TIME	
				Pulse	
				Temp	
				B/P	
				Resp	
				SpO ₂	

INJURY Description (Location, nature and size in cm)



AM Amputation	BL Bleeding	D Deformity	H Hematoma
AV Avulsion	B Burn	F Foreign Body	L Laceration
P Puncture	X Fracture	S Stab Wnd	G Gunsh Wnd

OR Start	Vent On	ICU in	
Stop	Off	Out	

PROVIDER:	SPECIALTY:
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TX & PROCEDURES:	
SEDATED	
CHEM PARALYZED	
INTUBATED	
CRIC	
NEEDLE DECOMP	
Chest Tube	L R air/blood
IO line	
COLLOID	ml
CRYSTALLOID	LR/NS/HTS ml
TOURNIQUET	Time on Time off
Collar / C-spine Back board	
HEMOSTATIC DEVICE	
OXYGEN	Liters/min.
RBC	Units
FFP	Units
CRYO	Units
Plts	Packs
Fresh Whole Bid	Units
rFVIIa	mcg/kg
EXT Fix /splnt	Extremity

Trauma Record DISCHARGE SUMMARY

MEDICATIONS:	LABS:	XRAYS:	PMH: Allergies:
REGION	DIAGNOSIS, PROCEDURES and 24 hr Follow-up Recommendations		
Face			
Head & Neck (incl C-spine)			
Chest (incl T-spine)			
Abdomen (incl L-spine)			
Pelvis			
UPPER /LOWER Extremities			
Skin			
DISPOSTION DTG:	<input type="checkbox"/> EVAC to _____ <input type="checkbox"/> RTD <input type="checkbox"/> DECEASED (see below)	Evacuation Priority <input type="checkbox"/> ROUTINE <input type="checkbox"/> PRIORITY <input type="checkbox"/> URGENT	
Damage Control Procedures? Y / N Hypothermic (< 34°C)? Y / N Coagulopathy? Y / N			
Cause of Death at _____.			
ANATOMIC: <input type="checkbox"/> Airway <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Extremity (Upper/Lower) <input type="checkbox"/> Other			
PHYSIOLOGIC: <input type="checkbox"/> Breathing <input type="checkbox"/> CNS <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Total Body Disruption <input type="checkbox"/> Sepsis <input type="checkbox"/> Multi-organ failure			
COMMENTS:		SURGEON: _____ <div style="text-align: right;">(printedName)</div>	