

INJURY SURVEILLANCE DATA CAPTURE FORM

NAME OF HOSPITAL		HOSP NO	
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GENDER	M	F	RACE	A	B	C	W	HOME LANGUAGE		AGE	
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DATE & TIME OF INJURY	D	D	M	M	Y	Y	Y	Y	H	H	DATE & TIME OF TREATMENT	D	D	M	M	Y	Y	Y	Y	H	H
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CITY / TOWN WHERE INJURY TOOK PLACE	SUBURB WHERE INJURY TOOK PLACE
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SCENE OF INJURY (Please tick the one that applies)				ACTIVITY AT THE TIME OF INJURY (please tick the one that applies)			
1	Private House & Yard (incl pool)	10	Medical Service Area	1	Paid work	6	Education
2	Informal settlement/squatter camp	11	Farm	2	Unpaid work	7	Sleeping/eating/resting etc
3	Residential Institute	12	Sea, Lake, River, Dam	3	Travelling	8	Nothing in particular
4	Bar, Shebeen, N'Club, Disco	13	Open Land, countryside	4	Playing sport	89	Other
5	Road/street/highway	14	Prison/h Custody	5	Leisure/playing	99	Unknown
6	Public transport & area surrounding	15	Sports & athletics area	WAS ALCOHOL USED BY PATIENT PRIOR TO INJURY?			
7	Industrial & construction area	16	Recreational area	Yes/suspected No Unknown			
8	Commercial area	89	Other	WERE DRUGS USED BY PATIENT PRIOR TO INJURY ?			
9	School/Educational area	99	Place Unknown	Yes/suspected No Unknown			

CAUSE OF INJURY (Place a tick in appropriate box)	Transport	Other Accident	Attempted suicide	Violence
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Please complete the section appropriate for the cause of injury

TRANSPORT			OTHER ACCIDENT / UNINTENTIONAL INJURY			ATTEMPTED SUICIDE / SELF INFLICTED		
Vehicle Involved		Traffic User	Specific cause			Specific method used		
1	Car/bakkie	1 Driver/rider/cyclist	1	Sharp object	11 Struck against/caught between	1	Sharp object	8 Hot liquid burn
2	Minibus taxi	2 Passenger	2	Blunt object	12 Near drowning	2	Blunt object	9 Chemical burn
3	Bus	3 Pedestrian	3	Firearm	13 Hanging	3	Firearm	10 Electrical burn
4	Truck	89 Other	4	Hot liquid burn	14 Paraffin poisoning	4	Hanging	11 Fire burn
5	Motorcycle	99 Unknown	5	Chemical burn	15 Other poisoning	5	Jump	
6	Bicycle	Safety belt/ chair/helmet used	6	Electrical burn	16 Dog bite	6	Near drowning	89 Other
7	Train		7	Fire burn	17 Other bite/sting	7	Poisoning	99 Unknown
8	Aircraft	1 Yes	8	Fall on level	18 Machinery	If attempted suicide by overdose or poisoning, please state substance(s) taken		
89	Other	2 No	9	Fall on stairs	89 Other	-----		
99	Unknown	99 Unknown	10	Fall from height	99 Unknown			

VIOLENCE										
Specific cause			Type of violence				Perpetrator - Victim Relationship			
1	Sharp object	7 Choking/strangulation	1	Interpersonal	5	War/civil	1	Spouse/partner	6	Friend
2	Blunt object	8 Fire burn	2	Rape/sexual	6	Gangs/syndicate	2	Biological parent	7	Police/legal
3	Firearm	9 Other burn	3	Child abuse	89	Other	3	Step parent	8	Stranger
4	Explosion	10 Poisoning	4	Legal intervention	99	Unknown	4	Other relative	89	Other
5	Push/kick/fist	89 Other	How many perpetrators were involved?				5	Unrelated caregiver	99	Unknown
6	Human bite	99 Unknown	1	2	3	4 or more	Unknown	Gender of main perpetrator M F U		

SEVERITY OF INJURES	PLACEMENT AFTER INITIAL ASSESSMENT	FORM COMPLETED BY
1 Minor	1 Discharged 4 Died	
2 Moderate	2 Admitted to ward 5 Absconded	
3 Severe	3 Admitted to ICU 6 Transferred	

DOCTORS NOTES

HISTORY

Blood Pressure	
Pulse	
Respiration	
Temperature	
GCS	
Urine : SG	
Blood	
Protein	
PH	
Tetanus Toxoid	

CLINICAL ASSESSMENT

MANAGEMENT