

TARN Friendly Reporting

Crib sheet for radiology

Key Points

- Location, size, description of all injuries
- Mention trauma/ traumatic/ consistent with trauma if you're sure

Head

- Size, depth, laterality of injuries, any midline shift. Extracranial injury e.g. subgaleal haematoma can also be coded.
- Tiny, small, medium, large all score differently so measurements are best.
- 'Collection' is rejected – please say haemorrhage/ haematoma/ hygroma and confirm if Acute (v chronic).
- Brain swelling/oedema: mild, moderate or severe score differently. Effacement of sulci, ventricle or cisterns affect severity

Spine

- Vertebral body fractures:
 - minor compression, less than 20% loss of anterior height = AIS 2
 - major compression, more than 20% loss of anterior height = AIS 3
- Fragility fractures/ osteoporotic fractures – ideally state if Acute or Chronic. Did trauma contribute? Please confirm if a fracture is stable or unstable.

Ribs/ Chest

- Number of ribs, R/L and the location of the rib fractures, comminuted and flail can change score from AIS 1-5
- Haemothorax: Not further specified = AIS 3, major = AIS 4
- Pneumothorax: Not further specified = AIS 2, major = AIS 4, tension = AIS 5

Organs

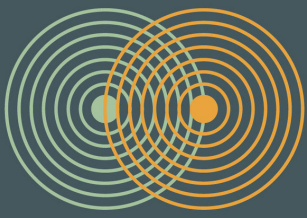
- Please grade injury according to AAST grading | - Contusion, perforation, transection, laceration (length/ depth)

Vascular

- Useful descriptors:
 - (i) Type of injury: Intimal tear / pseudoaneurysm / rupture/ transection
 - (ii) Severity: minor, superficial, major
 - (iii) Level of injury / anatomical site
- Vascular damage associated with Pelvic Fractures

Limbs

- Proximal/ Shaft/ Distal | Articular involvement? | - Periprosthetic fracture: which part of bone affected?



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TARN INCLUSION CRITERIA



ALL TRAUMA PATIENTS, IRRESPECTIVE OF AGE, WHO FULFIL ONE OF THE FOLLOWING LENGTH OF STAY CRITERIA

DIRECT ADMISSIONS	PATIENTS TRANSFERRED IN
Trauma admissions whose length of stay is 3 days or more OR Trauma patients admitted to ICU or HDU regardless of length of stay OR Deaths of trauma patients occurring in the hospital including ED (even if the cause of death is medical) OR Trauma patients transferred to other hospital for on-going trauma care	Trauma patients transferred into your hospital whose combined hospital stay at both sites is 3 days or more OR Trauma admissions to an ICU/HDU area regardless of length of stay OR Trauma patients who die from their injuries (even if the cause of death is medical)

AND WHOSE INJURIES MEET THE FOLLOWING CRITERIA:

Internal and skeletal injuries included



Include: pubic rami alone (single ramus excluded) or #NOF with other injury. Subtrochanteric #s ARE included



Included if they need an operation



Single limb fracture(s) need to be
a) open or
b) in conjunction with another area



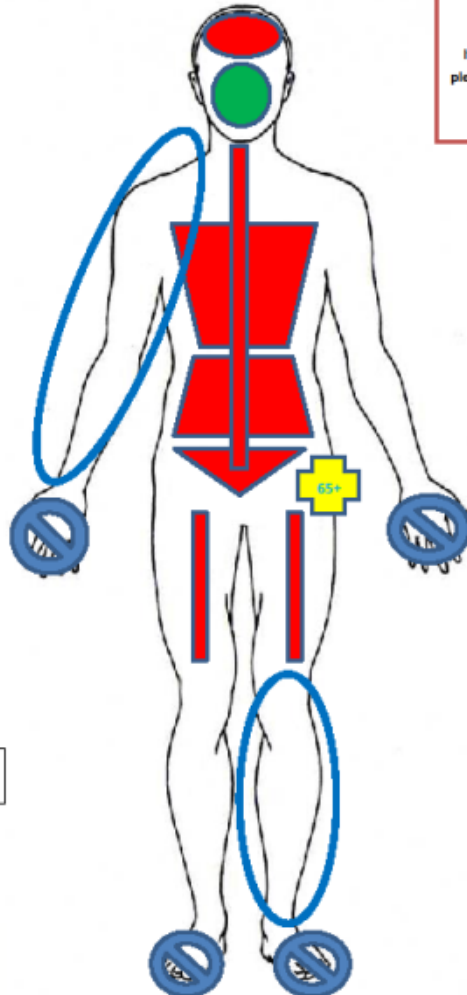
Fingers and toes don't count.
Hands and feet only included if amputated or mangled.



Electrocution is always included



Refer to Trauma co-ordinator



Contacts

If you think a patient is TARN qualifying, please alert the trauma team leader or your TARN data coordinator



Kit Short, Peninsula Trauma Centre 2018

With thanks to: Kit Short, TARN Coordinator MTC, Universities Hospital Plymouth NHS Trust | Lara Drake, TARN Coordinator & Admin Royal Devon & Exeter Hospital | Dr Paul Jenkins, Radiology SPR, Peninsula Radiology Academy | Dr Phil Coates FRCR, Consultant Radiologist, Peninsula Radiology Academy | Dr Tony Hudson FRCM, EM Physician Royal Devon & Exeter, Peninsula Trauma Network Clinical Director | Michele Ahearne, Peninsula Trauma Manager | For all their hard work in putting this together and allowing us to share with the wider TARN Community.



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