*Completion of Major Trauma Mortality Review Form should take place at the earliest opportunity and be sent via a secure NHS/GOV email or encrypted email to CMMTN QI Lead:* *Calum.edge@nhs.net*

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| **Section 1**  |
| **Hospital** |  | **NMTR Number** |  |
| **NHS Number** |  | **Age**  |  |
| **Admission Date** | Click or tap to enter a date. | **Date of Death**  | Click or tap to enter a date. |

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| **Section 2**  |
| **Summary of Case** |
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| **Section 3**  |
| **Comorbidities** | **Medications**  |
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| **Section 4**  |
| **Medical Examiner Review Findings** | **Cause of Death**  |
|  | I (a)  |  |
| (b) |  |
| (c) |  |
| **Post Mortem Findings** *(if available)* | (d) |  |
|  |
| (e) *(neonatal)* |  |
| II |  |

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| **Section 5** |
| **Categorisation of Death**  | **‘x’** |
| **1** | Head Injury – discussed with neurosurgical centre, not for surgical intervention |  |
| **2** | Head Injury – discussed with neurosurgical centre, transferred for neurosurgery |  |
| **3** | HAP – Following admission for trauma |  |
| **4** | Other medical cause of death following admission for trauma |  |
| **5** | Medical illness contributing to trauma |  |
| **6** | Catastrophic penetrating injury |  |
| **7** | Catastrophic blunt injury |  |
| **8** | Chronic SDH |  |
| **9** | Death from asphyxia |  |

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| **Section 6** |
| **Complete all parts and provide rationale/evidence** |
| **Problem in healthcare identified? \*** |  |
| Patient Safety Incident reported? \*\* |  |
| Major Trauma Death: Rapid Review completed? |  |
| Opportunity for shared learning? \*\*\* |  |
| Discussion at CMMTN Mortality Meeting Required?  |  |
| ***\*****If yes, and not already completed,* ***this must be reported via local governance processes for appropriate internal review to take place******\*\*****If yes, inform CMMTN Clinical Lead & QI Lead* ***\*\*\*****If yes, case will automatically be put forward for discussion in CMMTN Governance Meeting* |

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| **Form Completed By** |  | **Date Completed**  | Click or tap to enter a date. |

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| **SSCN Use Only**  |
| **Date Received**  |  Click or tap to enter a date. |
| Discussion at CMMTN Governance Meeting Required?  |  |
| Date of meeting  | Click or tap to enter a date. |
| Outcome of meeting and/or further information:  |
|  |
| Summary of Actions: |
|  |
| **ISS** (ISS Band if score not available) |  | **Ps** (If available) |  |
| Date Closed  |  |
| Completed by |  |