*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*](mailto: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 | |  | |