Inclusion and Exclusion criteria

All the injury cases (except green) coming to Trauma Care Facility, Emergency and Casualty of the hospitals will be included.

Standard Operating Procedure (SOP) of Injury Surveillance Data Capture Format

1. Class: Name of the Hospital
   Definition: Name of Hospital reporting injury.
   Obligation: Mandatory
   Code Type: Text

2. Class: Hospital Registration No.
   Definition: Registration Number of casualty/emergency (ER)/ UHID
   Obligation: Mandatory
   Code Type: Multiple (Numeric/Character)

3. Class: IP No.
   Definition: Registration Number of In-Patient department
   Obligation: Optional
   Code Type: Multiple (Numeric/Character)

4. Class: Brought by
   Definition: who brought patient in Hospital
   Obligation: Mandatory
   Code Type: Numeric
   Code choices:
   1. Family Member
   2. Known Person
   3. Police
   4. Self
   5. Ambulance
   77. Others (sp.)
   99. Unknown

5. Class: Date of Occurrence
   Definition: Date of Injury/Accident in DD/MM/YYYY
   Obligation: Mandatory
   Code Type: Numeric

6. Class: Time of Occurrence
   Definition: Time of Injury/Accident in 24 Hrs (HH: Min: Sec)
   Obligation: Optional
   Code Type: Numeric

7. Class: Date of Registration
   Definition: Date of Registration in DD/MM/YYYY
   Obligation: Mandatory
   Code Type: Numeric

8. Class: Time of Registration
   Definition: Time of Registration in 24 Hrs (HH: Min: Sec)
   Obligation: Mandatory
   Code Type: Numeric

9. Class: Date of Discharge
   Definition: Date of Discharge from hospital in DD/MM/YYYY
   Obligation: Optional
   Code Type: Numeric

10. Class: Time of Discharge
    Definition: Time of Discharge in 24 Hrs (HH: Min: Sec)
    Obligation: Optional
    Code Type: Numeric

11. Class: Place of Incident
    Definition: Complete address of the site of incident/injury including Landmark (Write NA if information is not available)
    Obligation: Mandatory
    Field Type: Text

12. Class: Name of Injured
    Definition: Name of the person injured (Write unknown if information is not available)
    Obligation: Mandatory
    Field Type: Text

13. Class: Age of Injured
    Definition: The Injured person age at the time of injury, in years, as of last birthday. (If age of injured is <1 year then indicate the age in completed months).
    e.g: if age is 10 month, indicate as 0 0 1 0
    Obligation: Mandatory
14. Class: Mobile number

Definition: Mobile number of injured/attendant
Obligation: Optional
Code type: Numeric

15. Class: Aadhar number

Definition: Aadhar number of injured
Obligation: Optional
Code type: Numeric

16. Class: Sex of Injured

Obligation: Mandatory
Code type: Numeric
Code choices:
1. Male
2. Female
3. Transgender

17. Class: Education

Definition: Education level of injured
Obligation: Mandatory
Code type: Numeric
Code choices:
1. Illiterate: (Who cannot read and write in any language up to age of 7 year or more)
2. Literate: (Without Education level: Who can read and write with understanding in any language at age 7 year or above and not attended the school)
3. Below Primary: (Early education for young children from Nursery to Kindergarten, Anganwadi, Balwadi centres, Play school)
4. Primary: (Education from first class to fifth class)
5. Middle/Lower Secondary: (Education from sixth class to eighth class)
6. Matriculation / Junior School Certificate / Secondary: (Education from class ninth to tenth class)
7. Higher Secondary / intermediate /Pre-University /Senior Secondary: (Education from eleventh class to twelfth class)
8. Non- Technical Diploma /Certificate not equal to Degree
9. Graduate & PG (Education having graduate and above)
10. Not Applicable (children <7 year who has not attended the school)

77. Others (specify)
99. Not Known

18. Class: Occupation

Definition: Occupation of injured
Obligation: Mandatory
Code type: Numeric
Code choices:
1. Professional: Person having prolonged training and a formal education. e.g. Doctor, Advocate, Engineer
2. Semi Professional: People who are semi-professional are paid for an activity but not relying entirely on it. e.g.: social work, journalism, librarian, teacher, musician.
3. Clerical/Shop owner/Farmer:
4. Skilled worker: Person with specialized training or a learned skill-set to perform the work. e.g.: tailor, carpenter, teacher, customer service representative
5. Semi-skilled worker: Person having or needing some, but not extensive training. e.g.: retail sales person, security guard, driver, and waiter.
6. Unskilled worker: who does not require having special training or skills. Hotel maids, general cleaners, sweepers, construction labourer
7. Unemployed: Person who is not employed.
8. Not Applicable
77. Others (specify)
99. Unknown

19. Class: Marital Status

Definition: Marital status of injured
Obligation: Mandatory
Code type: Numeric
Code choices:
1. Never married: Any person who is not married.
2. Currently married: Any person who has been married.
3. Widow/Widower: Any person whose husband/wife has expired.
4. Divorced: Legally divorced /dissolves one marriage.
5. Separated: Any person living separately but remaining legally married.
6. Not applicable
99. Unknown

20. Class: Area of residence

Definition: Type of area of residence of injured.
Obligation: Mandatory
Code type: Numeric
Code choices:

Comment: Staff should estimate the age where they cannot get exact information.
1. Urban: Any area with human settlement with high population density and infrastructure of built environment. For E.g. City, town, etc.
2. Rural: Any area with low density population also known as village, located outside town and city.
3. Urban slum: A heavily populated urban informal settlement area by substandard housing.
4. Unknown

21. Class: Address for correspondence / Ph. No
Definition: Complete address of injured for correspondence with Landmark, Pin code, Phone No.
Obligation: Mandatory
Field type: Text and Numeric

22. Class: Place of Injury
Definition: Type of place where injury event occurred.
Obligation: Mandatory
Code type: Numeric
Code choices:
1. Road
2. Home
3. Work Place
4. School/Institution/Education Area
5. Railway line
6. Farm/Place of Primary Production
7. Sports/Athletic Area
8. River/Lake/Sea/Water body
77. Others (Specify)
99. Unknown

23. Class: How are you injured
Definition: How the injury was inflicted, i.e. how the person was hurt. If more than one mechanism, record the one that precipitated the injury.
Obligation: Mandatory
Code type: Numeric
Code choices:
1. Road Traffic injury
2. Fall
3. Assault/quarrel
4. Stab/cut
5. Firearm
6. Burns
7. Poisoning
8. Drowning
9. Hanging
10. Choking
11. Sport
12. Animal bites
13. Fall of objects
77. Others (Specify)
99. Unknown

24. Class: Activity at the Time of injury
Definition: What was the injured person doing at the time of injury?
Obligation: Mandatory
Code type: Numeric
Code choices:
1. Travelling
2. Walking
3. Standing on roadside
4. Working at office
5. Going/Coming from school
6. Working at home
7. Playing
77. Others (Specify)
99. Unknown

25. Class: Object used
Definition: object that inflicted the injury.
Obligation: Mandatory
Code type: Numeric
Code choices:
1. Knife /cutting tool
2. Firearm /Gun
3. Fire
4. Stick / blunt object
5. None
77. Others (Specify)
99. Unknown

26. Class: Intent
Definition: Role of human intent in the occurrence of injury incident.
Obligation: Mandatory
Code type: Numeric
Code choices:
1. Unintentional (accidental)
2. Self-Harm (suicide, attempted suicide)
3. Intentional /assault (interpersonal violence)
77. Others (Specify)
99. Unknown

27. Class: Alcohol Consumption by (By History or by physician’s assessment)
Definition: Suspicion or evidence of alcohol use before the injury event, by the injured person or others directly involved in the incident.
Obligation: Mandatory only for the driver of the vehicle
28. Class: Alleged Psychoactive Substance Use/Abuse

**Definition:** Suspicion or evidence of use of a psychoactive substance, legal or illegal (e.g. Marijuana, heroin, cocaine, benzo-diazepam) before the injury event, by the injured person or others directly involved in the incident

**Obligation:** Mandatory

29. Class: Place of occurrence

**Definition:** Type of place where the injury event occurred.

**Obligation:** Optional

30. Class: Road User Category

**Definition:** Role of the injured person or vehicle involved in the accident on the road.

**Obligation:** Optional

32. Class: If two-wheeler rider/Pillion, use of helmet

**Obligation:** Optional

33. Class: If car driver/car occupant/Other Four wheeler driver, use of seat belt
34. Class: First Aid given before reaching the hospital

**Obligation:** Mandatory
**Code type:** Numeric
**Code choices:**
1. Yes
2. No
99. Unknown

a. Class: If 34 is Yes, than where was first Aid given

**Obligation:** Optional
**Code type:** Numeric
**Code choices:**
1. At incident site
2. Nearby govt. Hospital
3. Nearby pvt. Hospital /clinic
4. Ambulance
5. Not Applicable
77. Others, specify
99. Unknown

b. Class: If 34 is Yes, who gave the first Aid

**Obligation:** Optional
**Code type:** Numeric
**Code choices:**
1. Health worker
2. Doctor
3. Nurse
4. Police
5. Public
6. Family member
77. Others, specify
99. Unknown

35. Class: Any other hospital / Health facilities visited before attending the registering hospital

**Obligation:** Mandatory
**Code type:** Numeric
If yes for Question No. 35 than answer

35a. Class: Number of other hospital / Health facilities visited

**Obligation:** Optional

35b. Class: If yes, what was the time in reaching the first health facility (Hrs:Min) (24 hrs clock)

**Obligation:** Optional
**Code type:** Numeric

36. Class: Source of Referral

**Obligation:** Mandatory
**Code type:** Numeric
**Code choices:**
1. General practitioner
2. PHC
3. Dist. Hospital
4. Other Govt. Hospital
5. Pvt. Hospital / nursing home
6. On their own (Came from any health facility without any referral)
77. Others (specify)
99. Unknown

37. Class: Mode of Transportation

**Definition:** Vehicle used to transport the patient

**Obligation:** Mandatory
**Code type:** Numeric
**Code choices:**
1. Pvt. Ambulance
2. 108
3. 102
4. CATS
5. Other Govt. Ambulance
6. Police van / Govt. Vehicle
7. Private vehicle or Taxi
8. Auto rickshaw (3 wheeler)
9. Good Samaritan
77. Other, specify
99. Unknown

38. Class: Status of the injured at the time of first assessment

**Obligation:** Mandatory
**Code type:** Numeric
**Code choices:**
1. Unconscious: insensible; incapable of responding to sensory stimuli and of having subjective experiences. Not oriented to time, place and person.
2. Altered sensorium: Not completely oriented to time, place and person.
3. Conscious: a state of alertness or awareness characterized by response to external stimuli. Oriented to time, place and person.
4. Brought dead
99. Unknown

39. **Class: Severity of injury (according to WHO classification)**

**Definition:** assessment of the degree of severity.

**Obligation:** Mandatory

**Code type:** Numeric

**Code choices:**
1. Minor or superficial (e.g. bruises, minor cuts)
2. Moderate, requiring some skilled treatment (e.g. fracture, sutures)
3. Severe, requiring intensive medical/surgical management (e.g. internal haemorrhage, punctured organs, severed vessels)

99. Unknown

40. **Class: If head injury than GCS (Glasgow Coma Scale)**

<table>
<thead>
<tr>
<th><strong>A. Eye Opening Response</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Spontaneous--open with blinking at baseline</td>
</tr>
<tr>
<td>2. To verbal stimuli, command, speech</td>
</tr>
<tr>
<td>3. To pain only (not applied to face)</td>
</tr>
<tr>
<td>4. No response</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>B. Verbal Response</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Oriented</td>
</tr>
<tr>
<td>2. Confused conversation, but able to answer questions</td>
</tr>
<tr>
<td>3. Inappropriate words</td>
</tr>
<tr>
<td>4. Incomprehensible speech</td>
</tr>
<tr>
<td>5. No response</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>C. Motor Response</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Obey commands for movement</td>
</tr>
<tr>
<td>2. Purposeful movement to painful stimulus</td>
</tr>
<tr>
<td>3. Withdraws in response to pain</td>
</tr>
<tr>
<td>4. Flexion in response to pain (decorticate posturing)</td>
</tr>
<tr>
<td>5. Extension response in response to pain (decerebrate posturing)</td>
</tr>
<tr>
<td>6. No response</td>
</tr>
</tbody>
</table>

Total GCS = A+B+C

**Obligation:** Optional

**Code type:** Numeric

41. **Class: Part of body injured**

**Obligation:** Mandatory

**Code type:** Numeric

**Code choices:**
1. Head
2. Face
3. Eyes

4. ENT
5. Neck
6. Chest
7. Abdomen including Pelvis
8. Perineum and Genitalia
9. Upper limbs
10. Lower limbs
11. Spine
12. Shoulder

77. Other (specify)

42. **Class: Nature of injury**

**Definition:** The physical nature of injury, real or suspected, which brought the person to agency.

**Obligation:** Mandatory

**Code type:** Numeric

**Code choices:**
1. Fracture
2. Soft tissue injury
3. Traumatic Amputation
4. Sprain
5. Cut or open wound
6. Sharp / penetrating cut
7. Haematomas
8. Burn (% Burn)
9. Organ system injury

77. Other (specify)

99. Unknown

43. **Class: Treatment**

**Definition:** action taken

**Obligation:** Optional

**Code type:** Numeric

**Code choices:**
1. Treated in emergency room and sent home
2. Treated in emergency room and referred to another hospital
3. Admitted for definitive care
4. Under observation

77. Others (specify)

44. **Class: Investigation**

**Definition:** Type of investigation done

**Obligation:** Optional

**Code type:** Numeric

**Code choices:**
1. Radiograph (X-ray)
2. USG
3. CT
4. MRI
5. Haematological
6. ECG
7. Urine
8. Blood Glucose
77. Others (specify)

45. Class: Final Diagnosis

**Obligation:** Mandatory  
**Field type:** Character

46. Class: ICD 10 classification

**Obligation:** Conditional  
**Condition:** wherever ICD-10 coding is routinely performed, please fill the details.  
**Code type:** Character

47. Class: Outcome at the time of discharge

**Obligation:** Mandatory  
**Code type:** Numeric  
**Code choices:**
1. Recovered  
2. Improving  
3. Residual disability  
4. Referred to another facility  
5. Leave Against Medical Advice (LAMA)  
6. Dead  
77. Others (Specify)

48. Class: Important Findings / Remarks if any

**Obligation:** Optional  
**Field type:** Text and Numeric