

**Serious Seatbelt Injuries Questionnaire
Australian Paediatric Surveillance Unit**

Please contact Dr Yvonne Zurynski on (02) 9845-1202 or yvonnez@chw.edu.au if you have any questions about this form

REPORTING CLINICIAN

1. APSU Dr Code/Name /.....2. Month/Year of Report /.....
3. Date questionnaire completed / /

PATIENT

4. First 2 letters of first name: . 5. First 2 letters of surname:
6. Date of Birth: / / 7. Sex: M F 8. Postal code:
9. Weight:.....Kg 10. Height:cm

If this patient is primarily cared for by another physician who you believe will report the case and could provide additional details, please write the other clinicians name in the space below, then complete the questionnaire details above this line and return to the APSU. Please keep the patient's name and details in your records. If no other report is received for this child we will contact you for further information.

Other Clinicians Name: _____ **Hospital or phone no:** _____

Instructions for questions below: please answer each question by ticking the appropriate box or writing your response in the space provided. DK = don't know, NA = not applicable

THE ACCIDENT (to get some of this information you may need to check the Ambulance record)

1. Date Of The Accident: _____
2. Accident location: Urban suburban Rural Remote
3. Type of motor vehicle in which the patient was a passenger:
Sedan or station wagon 4-wheel drive Minivan Light truck or Utility
Year of manufacture of vehicle (if known): _____ DK
Type of impact (select all appropriate)
Head-on Rear-end Side Roll-over Ejection Entrapment DK
Other (specify): _____
4. Approximate speed at time of impact: _____ km/h (if known) DK
5. Was another person injured in the same vehicle? Yes No DK
6. Did another person die as a result of this accident? Yes No DK
7. Position of injured child in vehicle (select ONE most appropriate)
Passenger Front Passenger Rear Side Passenger Rear Centre Driver DK
Other (specify): _____
8. Restraint used at time of impact. The child was restrained by: (select all appropriate)
 Approved Child Restraint Adult lap-only belt used in conjunction with a harness
 Booster seat in combination with adult lap-sash belt Others (specify): _____
 Adult lap-sash belt only DK
 Adult lap-only belt
 Booster in combination adult lap-only belt
9. Was the restraint used appropriately?* Yes No DK
***Inappropriate use of adult seatbelts with or without boosters includes (please tick, if known)**
 belts worn under arm
 behind back
 around more than one person
 on abdomen
10. Was the vehicle fitted with air bags? Yes No DK
If yes, specify: Front Side
A. Were airbags activated during the collision: Yes No DK

Injuries sustained and medical management

11. Paediatric trauma score (if available): _____ DK
12. Description of injuries (tick if injury sustained and describe briefly)
- Head and neck: Describe: _____
- Face: Describe: _____
- Thorax: Describe: _____
- Abdomen: (describe according to specific injury scale attached to this questionnaire and in the APSU protocol)
- Duodenal: Grade: _____
- Hepatic: Grade: _____
- Splenic: Grade: _____
- Renal: Grade: _____
- Intestinal (other than duodenal): _____
- Other abdominal injuries: _____
- Extremities: Describe: _____
- External: Describe (contusions, abrasions, burns or teguments):

- Spine: Describe (fractures, dislocations, subluxations, and location of injury):

- Spinal cord injury: Describe: _____

Hospitalisation

13. Admission to hospital: Yes No
- a. If yes, date of admission: _____
- b. Date of discharge: _____
14. ICU/HDU: Yes No
- a. If yes, specify length of stay in ICU/HDU: ___ days ___ weeks ___ months
- b. Still in ICU/HDU: Yes No
15. Surgical interventions

Date	Intervention

Outcome / complications

16. Outcome status one month after the accident: Survived: Deceased:
17. If deceased: Date _____
18. Main Cause of death: _____
- 18a. Contributing causes: _____
- If child is deceased, you do not need to answer any further questions**
19. Permanent neurologic deficits secondary to spinal cord injuries: Yes: No: DK
- If yes, describe deficits: _____
20. Other complications (specify): _____

Please return this questionnaire in the addressed reply-paid envelope to Dr Yvonne Zurynski , Australian Paediatric Surveillance Unit, Locked Bag 4001, Westmead, NSW 2145

Thank you for your assistance with this study, which has been approved by a Human Ethics Committee. The APSU is a Unit of the Royal Australasian College of Physicians (Division of Paediatrics and Child Health) and is funded by the NHMCR (Enabling Grant No. 40284), the Department of Health and Ageing, and the Faculty of Medicine at the University of Sydney.