To evaluate the factors as per the Three Delay Model affecting the outcome of patients admitted with injuries in the department of General Surgery at AIIMS Jodhpur.

Thesis Submitted to

All India Institute of Medical Sciences, Jodhpur

In partial fulfillment of the requirement for the degree of

MASTER OF SURGERY (MS)

GENERAL SURGERY

JULY 2020 **DR. SAURABH SINGH**

AIIMS, JODHPUR

All India Institute of Medical Sciences, Jodhpur

DECLARATION

I hereby declare that this thesis titled "**To evaluate the factors as per three delay model, affecting the outcome of patients admitted with injuries in Department of General Surgery at AIIMS Jodhpur**" is a bonafide and original research work carried out in partial fulfillment of the requirements for the degree of Masters of Surgery in General Surgery under supervision and guidance, in the Department of General Surgery, All India Institute of Medical Sciences, Jodhpur.

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Department of General Surgery
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CERTIFICATE BY GUIDE

This is to certify that the thesis titled "**To evaluate the factors as per three delay model, affecting the outcome of patients admitted with injuries in Department of General Surgery at AIIMS Jodhpur**" is the bonafide work of **Dr. Saurabh Singh** carried out under our guidance and supervision, in the Department of General Surgery, All India Institute of Medical Sciences, Jodhpur

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Dr. Ashok Puranik
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"Let Noble thoughts come to us from every side."

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ABBREVIATIONS

LMIC	Low- and Middle-Income Countries
FAST	Focused Assessment with Sonography for Trauma
CT	Computed Tomography
BTA	Blunt Trauma Abdomen
RTA	Road Traffic Accidents
HR	Heart Rate
SBP	Systolic Blood Pressure
ED	Emergency Department
OR	Operating Room
ISS	Injury Severity Score
DCS	Damage Control Surgery
NOM	Non-Operative Management
ICU	Intensive Care Unit
LOS	Length Of Hospital Stay
ICU LOS	Length of ICU Stay
NTDB	National Trauma Data Bank
DALY	Disability Adjusted Life Years
VA	Verbal Autopsy

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INTRODUCTION

Injuries–resulting from traffic collisions, drowning, poisoning, falls, or burns - and violence - from assault, self-inflicted violence, or acts of war–kill more than five million people worldwide annually and cause harm to millions more. They are accountable for 9% of global mortality, nearly 1.7 times the fatality that results from HIV, tuberculosis, and malaria when combined. (1).

According to the Global Status Report on Road Safety 2018, 1.35 million people died in traffic-related incidents yearly in 2016. Road traffic accidents are currently the number one cause of death for those aged 5 to 29. (2)

Accidental injury is one of India's leading causes of death and morbidity. Road injuries are one of the top four primary causes of death and health loss among people between the ages of 15 and 49, according to the Ministry of Road Transport and Highways. According to the MoRTH statistics from 2018, there were 4,67,044 road accidents nationwide, resulting in 4,69,418 injuries and 1,51,417 fatalities. This would result in an average of 53 accidents and 17 deaths per hour (1)

In many LMICs, there need to be more emergency medical services (EMS) and definitive hospital care for the injured. These need to be improved by limited geographical coverage, resources, and trained staff. Mortality in serious (ISS > 16) injuries is six times worse in a developing country such as India compared to a developed country(3). This calls for assessing the severity of the problem involved and the availability of feasible solutions to that problem.

Experience and solutions can be drawn from The global effort to reduce maternal mortality, which has benefited from such advocacy, as demonstrated by the progress made towards the achievement of Millennium Development Goal 5 – i.e., towards a 75% reduction of maternal mortality, from its 1990 level, by 2015. (4) The method taken by the international community to reduce maternal mortality may be used to address other significant public health problems, such as the provision of all emergency services. (5)

Medical and surgical emergencies cause far more significant morbidity and mortality than maternal sickness. However, improvements to global emergency response systems have drawn less attention than improvements to maternal health. The vertical delivery of health services, such as treating trauma or reactions to obstetric emergencies, has traditionally been the focus of efforts to enhance the management of emergencies in low- and middle-income countries. (6)The adaptability and flexibility of emergency systems built on vertical delivery models have come under scrutiny. For instance, it is not apparent if such systems enable a sufficient response to the new and changing demands of the communities to be served. (7) In recent years, limited horizontal approaches have been used to develop and improve emergency services in low- and middle-income nations. (8,9)

Numerous initiatives have centered on improving the care delivered by ambulance services or other out-of-hospital care, formalizing training for healthcare professionals, enhancing the infrastructure and equipment for transportation, or fortifying public policy. (8,10) Despite these advancements in the development of horizontal emergency systems, more research needs to be done on efficient integrated emergency service packages or community involvement to improve emergency care.

There needs to be more dialogue on designing a practical framework to identify, understand and improve areas of weakness in the general emergency systems of low- and middle-income countries. Multiple international treaties and national constitutions have endorsed the right to health. (5) In most low- and middle-income countries, access to good emergency services during a patient's most fantastic time of need remains a frequently overlooked but essential element of that right.

There needs to be more discussion about creating a framework to help low- and middle-income countries identify, comprehend, and strengthen their general emergency systems. Numerous international treaties and national constitutions support the right to health. (5) In most low- and middle-income nations, having access to quality emergency care when a patient is most in need is still a frequently disregarded but crucial component of that right.

The key obstacles to developing efficient emergency services can be addressed using lessons learned from the efforts to achieve Millennium Development Goal 5 in low-

and middle-income countries. (11) The unifying conceptual framework needed to obtain a comprehensive knowledge of the significant morbidity and mortality costs brought on by emergencies of all kinds, including infectious disease, noncommunicable disease, and trauma, is included in these lectures.

A framework of this kind is essential for evaluating the effects and the course of any suggested interventions. We employed standardized terminology to discuss a prospective framework for emergency systems, services, and care (6) (12).Maternal mortality has recently decreased due to interprofessional initiatives that employed various strategies to expand access to care and lower financial obstacles. (5) An early model offered an invaluable foundation for comprehending the industries that may have the most significant trial impact and the variables causing the mortality resulting from an obstetric emergency. (13)A later model concentrated on the three key variables that impacted how an emergency presentation during pregnancy turned out. The lengths of the delays in I the choice to access care, (ii) the discovery of - and transportation to - a medical facility, and (iii) the receiving of necessary and suitable treatment were defined as these factors chronologically. (4) Accessibility to facilities, quality of care, and socioeconomic and cultural factors may each have a separate impact on these three delays' lengths.

This so-called "three-delay model" demonstrated that maternal mortality resulted from various interrelated variables rather than primarily attributable to a lack of financial and human resources. If any of these variables lead to an unjustified delay, the patient's outcome will likely be poor. Additionally, in various cultures, women’s status can affect both the ability of women to decide to seek care and their subsequent ability to reach care. (14)

Modality of the model for transfer Obstetric crises, as envisaged in the three-delay model, can easily be included in the recognized definition of general emergency services, which is all efforts to deliver assistance, in time-sensitive settings, to patients and communities under extreme risk. Public emergency services must also take prompt action and are not just limited to providing medical interventions. (6)

The three-delay model's contributors to delays can be applied to emergencies in general rather than just pregnancy-related emergencies. All emergency services must consider

obstacles caused by transportation access, distance to care, and gender-specific cultural status inequalities. (15)Similarly, programs to improve the delivery of emergency services frequently focus on the obstacles caused by distance from a health facility and the perception of the quality of services, both of which have been found to lengthen the time it takes a sick, pregnant mother to receive care. (17)

As evidenced by its use in obstetric emergencies, sepsis management, neonatal care, and hip fractures, the three delays framework (delays in seeking, reaching, and obtaining help) is recognized as a classic conceptualization of delayed care in emergency settings. . To the best of our knowledge, the three delays model has not yet been analytically applied to trauma in a prospective study; however, given the similarities between trauma and other time-critical conditions for which it has been used, it is a suitable model for looking into the health system's gaps that are causing avoidable trauma deaths. (17)

REVIEW OF LITERATURE

Trauma is still a major cause of emergency visits. Every year around 5 million people die from injuries worldwide(18). According to the World Health Organization (WHO), road traffic injuries accounted for 1.35 million deaths in 2016. Trauma is the leading cause of death among younger age groups in developed countries like the United States, accounting for 10 percent of deaths among men and women(19). Low and middle-income countries like India, Zimbabwe, Brazil, and some other South-Asian countries Disproportionately contribute to more than 90% of the mortality worldwide. India is going through a significant transition in technology and socio-demographics. There was rapid urbanization and motorization noted in the past two decades. This led to a major shift in the disease patterns. The mortality due to non-communicable diseases (NCD) and injuries are gradually increasing. There was also an increase in Disability Adjusted Life Years (DALY) due to these NCDs and injuries (Figure 1&2). DALY is a summarised objective measure of health burden among various conditions. Injuries are becoming a major public health problem now(20). It is estimated that by 2030 mortality due to injuries will increase by 30% in India(21). According to the National Crime Records Bureau (NCRB), deaths due to road traffic injuries have increased by 2.6% between 2017 and 2018. The majority of this include the productive age group between 18-45 years. In 2016 road. Traffic injuries contributed to around 65% more DALYs than that in 1990.

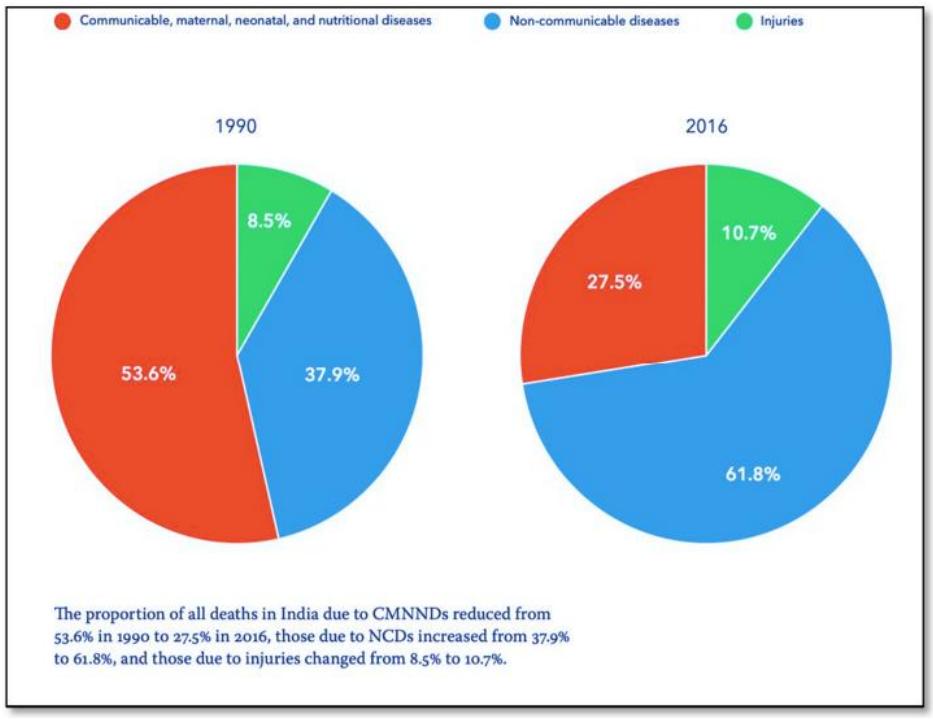


Figure 1:Comparison of the contribution of major disease groups total mortality in India

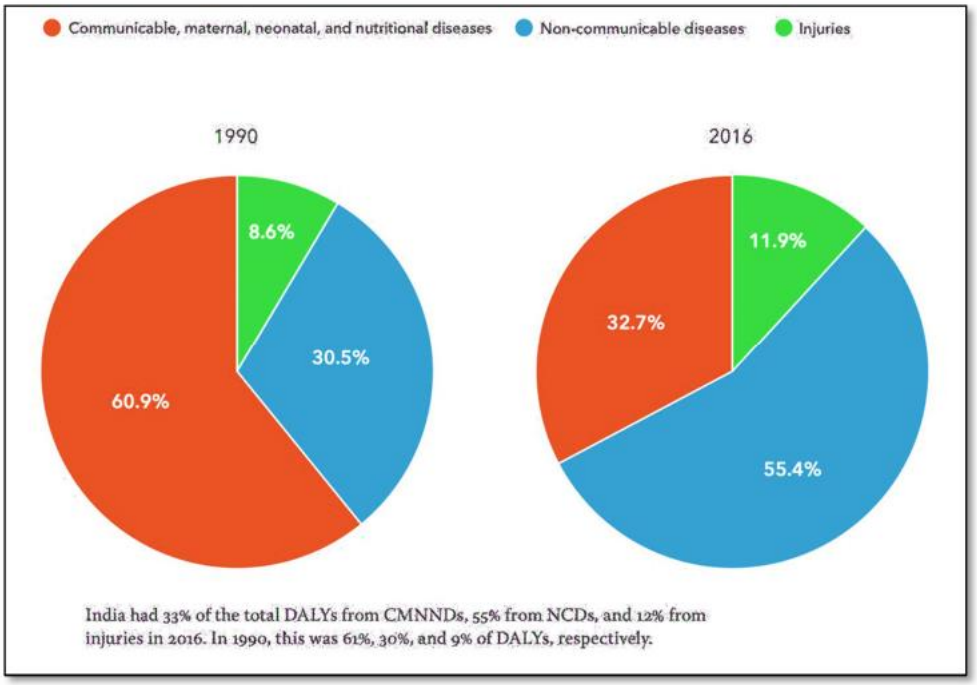


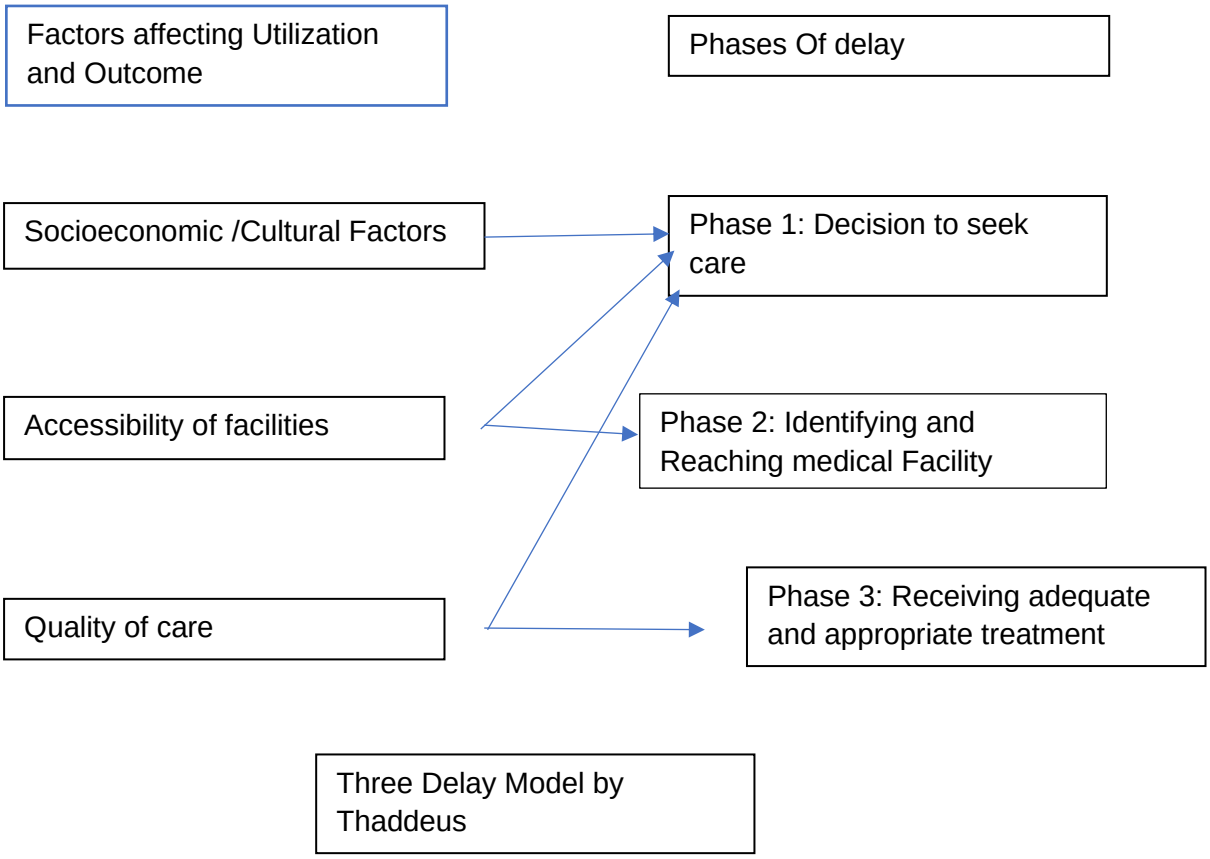
Figure 2:Comparison of the contribution of major disease groups' total DALY's in India

Maternal mortality has significantly decreased globally due to the international community's increasing focus on maternal health during the past few decades. Medical and surgical crises cause substantially more morbidity and mortality than maternal illnesses, but there has been less emphasis on global attempts to strengthen comprehensive emergency services. The methodical and targeted use of ideas to reduce maternal mortality could greatly enhance international emergency health services. The three-delay model developed for maternal mortality can be adapted to emergency service delivery. Adapting evaluation frameworks to include emergency sentinel conditions could allow effective monitoring of emergency facilities and further policy development. (4) Future global emergency health efforts may benefit from incorporating strategies for planning and evaluating high-impact interventions

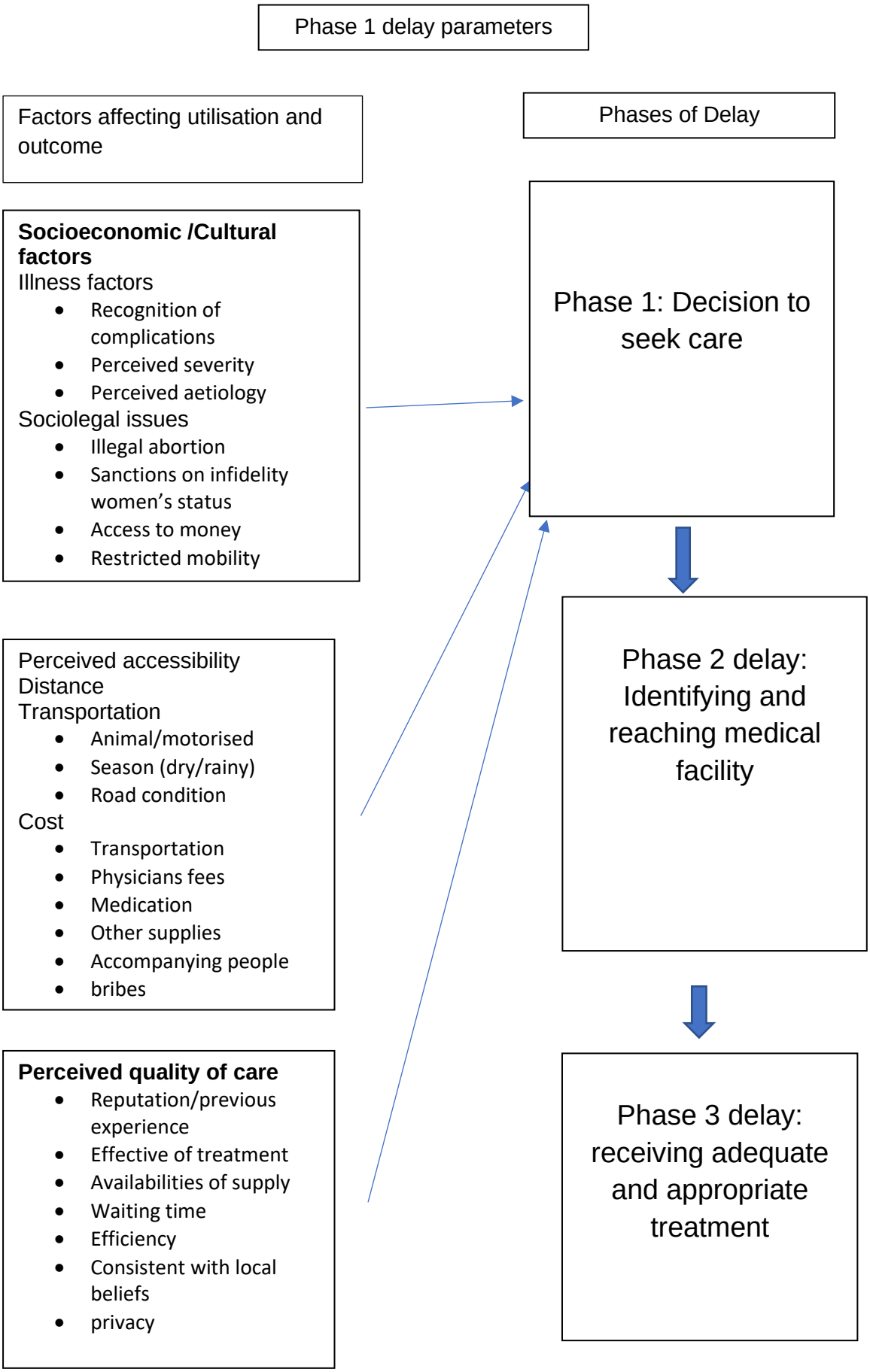
The recent decrease in maternal mortality is a product of interdisciplinary efforts that used multiple approaches to increase service availability and remove financial barriers to care. (22) While prevention remains critical, treatment – within the context of a patient-centered supportive system – will be needed if we achieve sustained reductions in death and disability resulting from emergency presentations. As with maternal health, emergency care requires that the patient or caregiver recognizes that a life-threatening or life-changing condition is occurring, that there is a need to seek care, and that timely access to adequate care is available. Given the unpredictable nature of health emergencies, there are few quick fixes. However, robust emergency systems can prevent delays at critical time points. Such systems do not require massive resource allocation but rather a cost-effective, informed approach that emphasizes the proven life-saving interventions appropriate to the context—improving access to emergency care by minimizing the three main types of delay in delivering such care can reduce mortality in every field, system, and population (22).

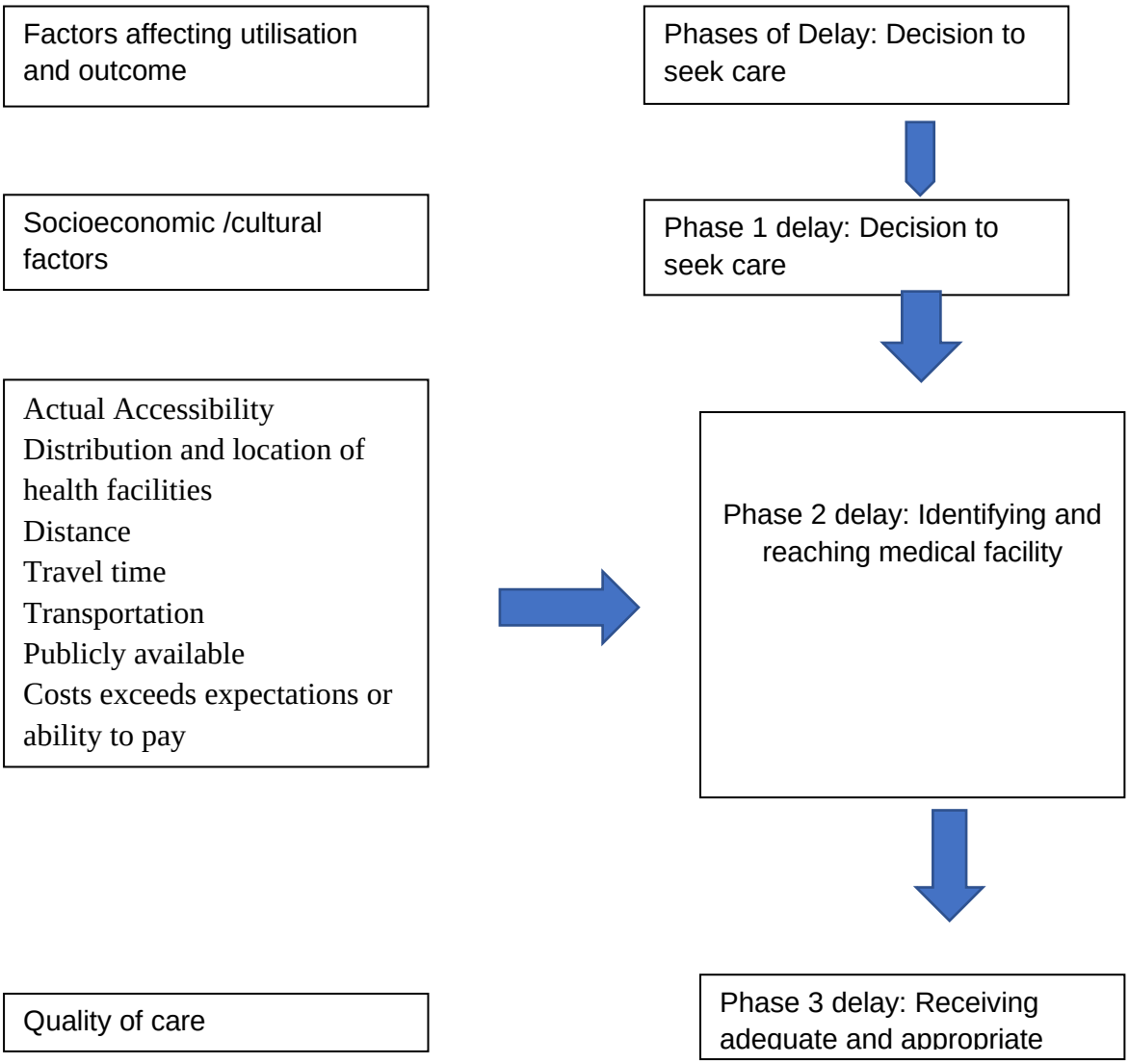
Three delay model outlines the method to analyse the delay that occurs from the onset of injury to definitive management/ outcome. Delay 1: deciding to seek care, Delay 2: identifying and reaching a health facility, and Delay 3: receiving adequate and appropriate treatment. This model helps identify the loops in the delivery of emergency services, and intervention may be planned based on the findings.

Thaddeus gave this model, and Maine outlined three common delays in accessing quality maternal care: 1) delay in recognizing illness and deciding to seek care; 2) delay in reaching an appropriate source of care; and 3) delay in receiving adequate care. (4)

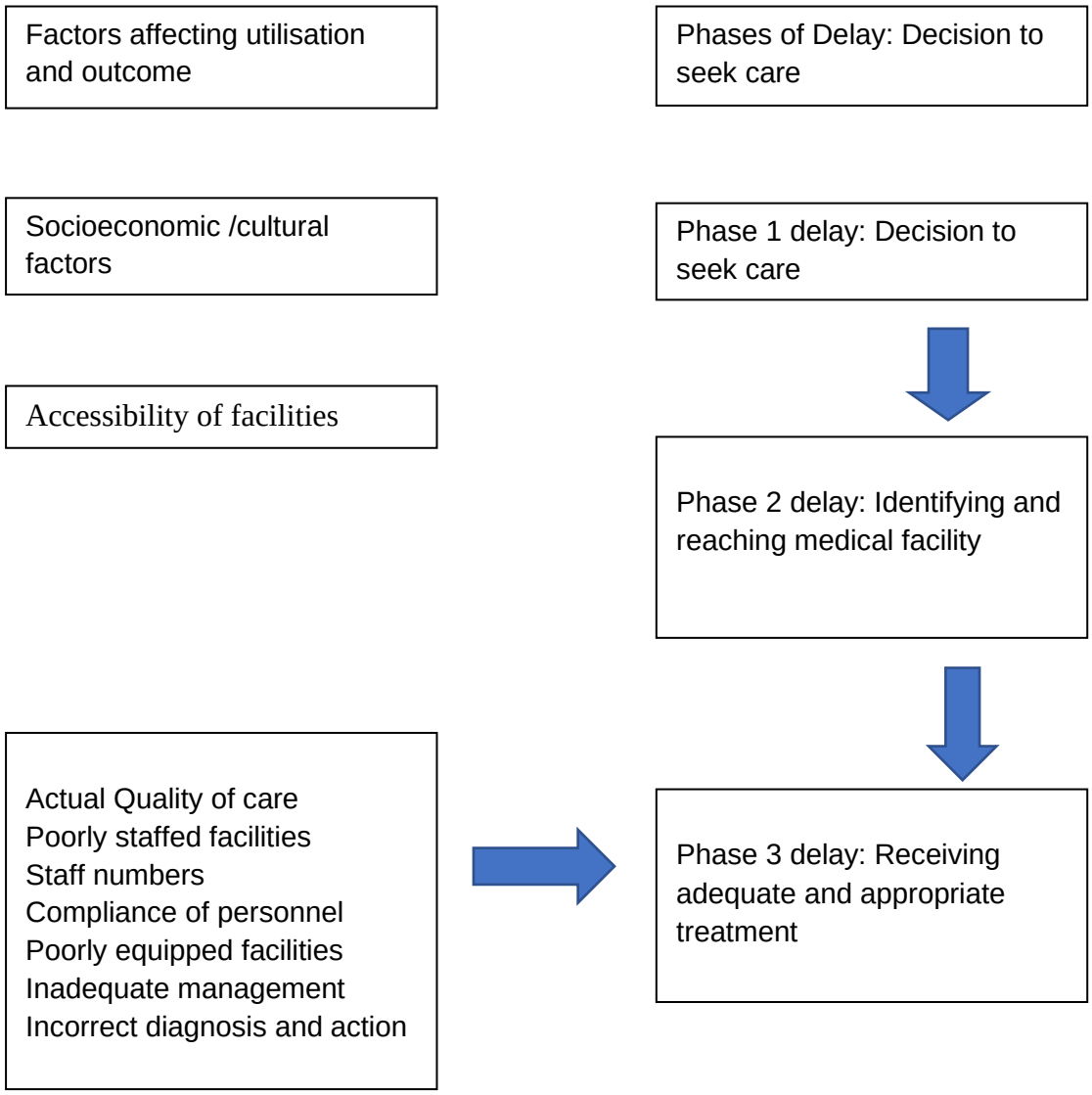


Three Delay Model by Thaddeus


Phase 1 delay parameters
Factors affecting utilisation and outcome
Phases of Delay
Socioeconomic /Cultural factors
Illness factors
Recognition of complications
Perceived severity
Perceived aetiology
Sociolegal issues
Illegal abortion
Sanctions on infidelity women's status
Access to money
Restricted mobility
Phase 1: Decision to seek care
Perceived accessibility
Distance
Transportation
Animal/motorised
Season (dry/rainy)
Road condition
Cost
Transportation
Physicians fees
Medication
Other supplies
Accompanying people
bribes
Phase 2 delay: Identifying and reaching medical facility
Perceived quality of care
Reputation/previous experience
Effective of treatment
Availabilities of supply
Waiting time
Efficiency
Consistent with local beliefs
privacy
Phase 3 delay: receiving adequate and appropriate treatment



Phase 2 delay, Parameters



Phase 3 delay, parameters

She concluded in her study that there is significant gap in the literature regarding factors affecting the utilization of health services; there is a need for programs to reduce maternal deaths that are more likely to succeed if they are based on gathering data on these various components and then devising interventions that will address them.

WHO has proposed a similar policy and practice in 2015, Applying the lessons of maternal mortality reduction to global emergency health concerning three delays. (23)

WHO chose various parameters under the three heads -delay in health seeking, reaching and appropriate care, which were Date, time, and place of trauma, transit time to the hospital, when received in an emergency, perception about the severity of the trauma, a time when decided to seek care, perception about this hospital, socioeconomic status, aware regarding any helpline, perception about the cost of treatment, mode of transportation used, cost of transportation, the difficulty faced via traveling through road, primary case or referred case, price of the therapy -affordable or not, etc. (2)

Factors were defined chronologically as the lengths of the delays in (i) the decision to access care, (ii) the identification of – and transport to – a medical facility, and (iii) the receipt of adequate and appropriate treatment. Socioeconomic and cultural factors, accessibility of facilities, and quality of care may independently affect the lengths of these three delays. (3)

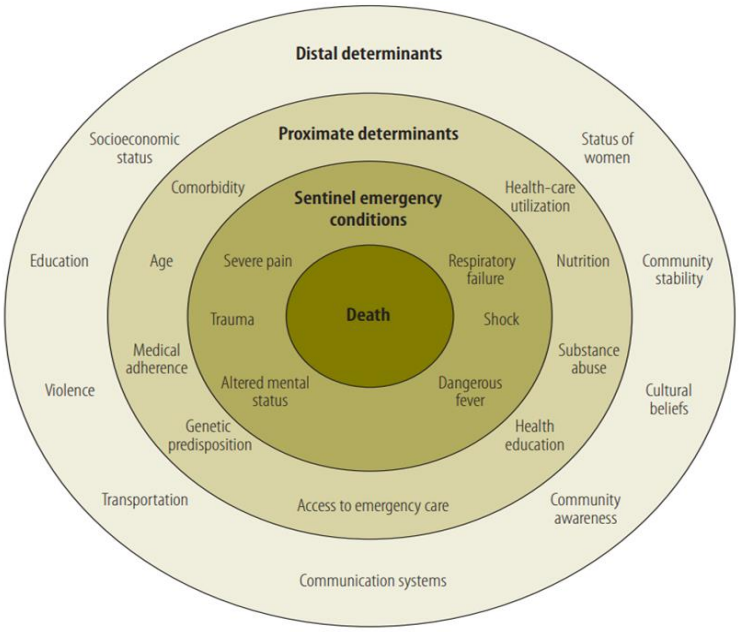
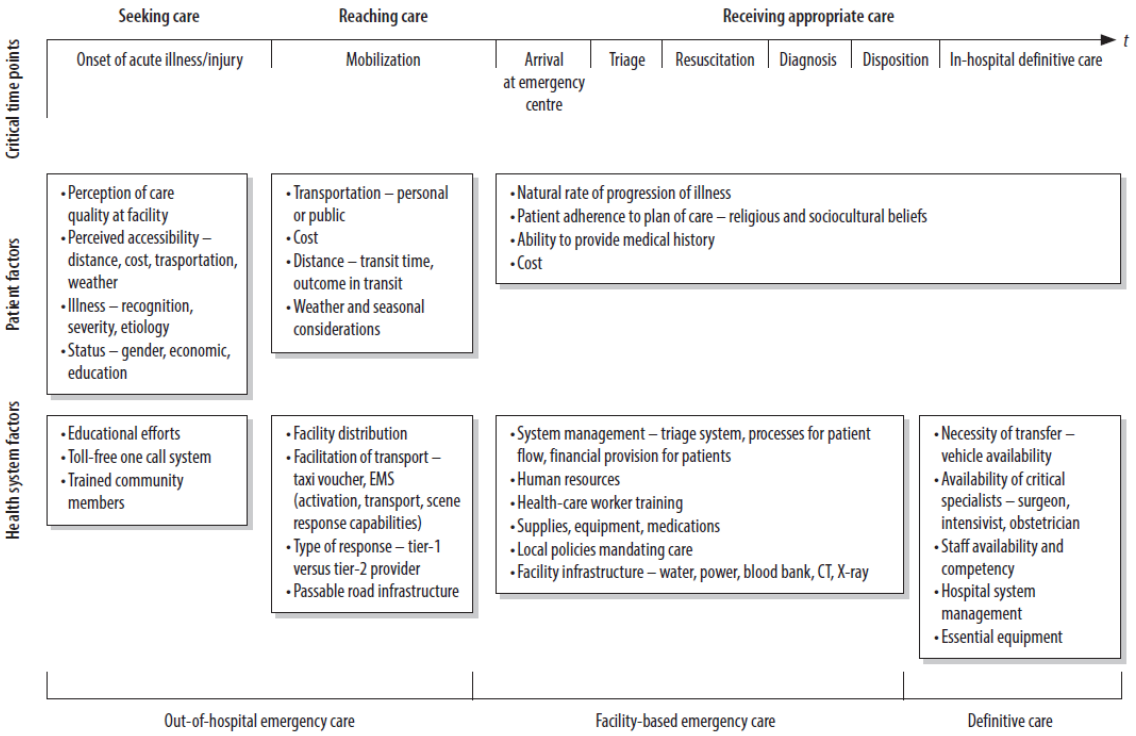


Figure 3: Emergency sentinel conditions and their determinants



CT: computed tomography; EMS; emergency medical services.
Note: Tier-1 providers are community-based voluntary or professional first responders whereas tier-2 providers are the paramedics, emergency medical technicians and ambulance technicians who provide specialized prehospital care.

Figure 4: Conceptual framework for critical time points in emergency care

Working Model for thesis - Tier-1 providers are community-based voluntary or professional first responders, whereas tier-2 providers are the paramedics, emergency medical technicians, and ambulance technicians who provide specialized prehospital care. (2)

Delay 1 – Seeking Care	Delay 2 – Reaching Care	Delay 3 – Receiving Care
COST - The financial costs associated with seeking care are too great	**COMMUNICATION** - There is a lack of accessible emergency assistance communication mechanism (e.g. emergency call centre)	**STAFF** - In regards to staffing, there is a lack of reliably available, suitably trained and motivated clinical staff
PERCEIVED PHYSICAL ACCESS - People perceive that care is too difficult to physically access	**TRANSPORT** - There is a lack of timely affordable emergency transport (formal or informal)	**SPECIALISTS** - There is a lack of reliable timely access to specialist injury care services
PERCEIVED CARE QUALITY - People perceive that available facility care is poor quality	**PRE-HOSPITAL CARE** - There is a lack of timely available pre hospital emergency care (formal or informal/bystander)	**PHYSICAL RESOURCES** - There is a lack of reliably available necessary physical resources (e.g. infrastructure, equipment and consumable material)
DELAYED DISCOVERY - There are delays in discovering injured people, including because of intoxication	**DISTANCE** - There is a large physical distance from place of injury to an appropriate healthcare facility	**PATIENT COOPERATION** - There is a lack of patient and family cooperation with care processes
TRADITIONAL HEALERS - People prefer traditional healers	**COORDINATION** - There is a lack of emergency care service coordination, including bypassing unsuitable facilities or transferring between facilities	**QUALITY PROCESSES** - There is a lack of good quality, consistent, structured, clinical priority driven injury care processes
HEALTHCARE LITERACY - People don't understand about health and available healthcare	**ROADS** - There is a lack of reliable uncongested roads with priority for emergency vehicles	**PAYMENT** - Difficulties with timely payment for care
CULTURAL NORMS - Normal cultural behaviours delay seeking care such as gender roles, family responsibilities and requiring someone else's permission to seek care		**CAPACITY** - In regards to patient demand, there is insufficient facility capacity to meet patient demand (e.g. overcrowding)

Figure 5: J Whitaker, using Delphi method - adopted consensus on the most critical barriers

A study was done by J Whitaker et al., 2019, using the Delphi method - the study aimed to establish consensus on the most critical barriers, within a Three Delays framework, to accessing injury care in LMIC that should be considered when evaluating a health system. A three-round electronic Delphi study was conducted with LMIC health systems or injury care experts. The consensus was defined for each component as ≥70% agreement or disagreement. Results were - 37 eligible responses in round 1, 30 in round 2, and 27 in round 3, with 21 countries represented in all competitions. (24) The consensus reached is depicted below-

A study done in 2019 by D'Ambruose et el.; used a Verbal autopsy based retrospective study with theme-External injuries, trauma and avoidable deaths in Agincourt, South Africa(2,3), which was a retrospective study based on three delay frameworks. Results obtained were 260 EIDs (189 trauma deaths), there were 104 (40%) avoidable EID, and 78 (30%) avoidable trauma deaths (41% of trauma deaths). Delay in receiving the care was the most significant contributor to preventable EIDs (61%) and trauma deaths (59%), followed by delay in seeking care (24% and 23%) and

in reaching care (15% and 1.8 %) .They concluded that a substantial proportion of EIDs and trauma deaths were avoidable, mainly occurring due to facility-based delays in care. Interventions, including strengthening referral networks, may substantially reduce trauma deaths.

Research by Dominic Bagguley et al.,2019 the objectives of the study were to characterize the nature and extent of delay times to essential surgical care in a developing country by measuring the actual stages of delay for patients undergoing Bellwether procedures at Timor Leste's national referral hospital using the Three Delays Framework. (25)

Data about the patient journey from the onset of symptoms to the emergency procedure was collected by interviewing patients, their treating surgeons or anesthetics, and the medical records. Timelines were then calculated against the Three Delays Framework. Fifty-six patients were entered into the study. Their mean delay from symptom onset to anaesthesia for a procedure was 32.3 hours (+/-11.6). The second delay (4.1+/-2.5 hours) was significantly less than the first (20.9+/-11.5 hours; $p<0.05$.

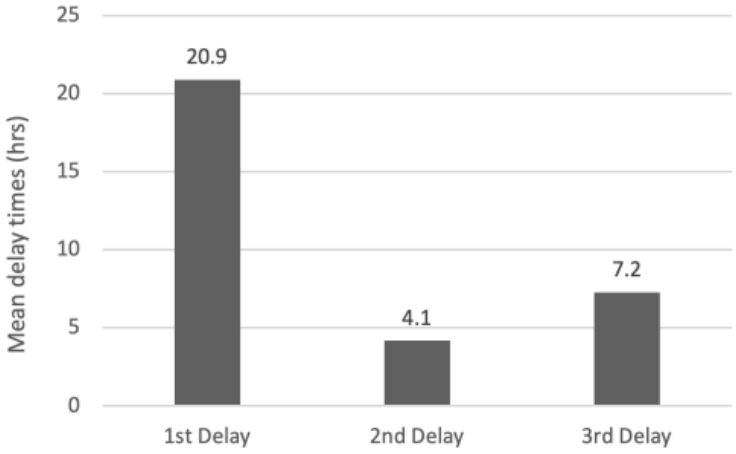


Figure 6: Mean delay time for delay stages (combined bellwether procedures)

A study published in 2019 by Nicole et al. ,where Geospatial Analysis of Trauma Burden and Surgical Care Capacity in Teso Sub-region of Eastern Uganda(26) was done. Almost all trauma incidents (n = 129, 98.4%) occurred within a 2-h ideal drive time to SRRH (Soroti Regional Referral Hospital) time totalled to approximately 9.25 h. District hospital exhibited decreased EESC capacity (personnel, infrastructure, procedures, equipment, and supplies (PIPES) score range 2.2–5.5, mean 4.2) compared to SRRH (PIPES score 8.1).

Delay	Median (h)	IQR (h)	(*n*)
Delay 1—seeking care			*n* = 110
Time from injury to decision to seek care	1.25	[0–12]	
Delay 2—reaching care			*n* = 92
Time from decision to 1st care site	1.0	[0.6–2]	
Time from decision to arrival at SRRH	6.0	[2.5–20.5]	
Delay 3—receiving care			*n* = 117
Time from arrival at SRRH to receiving trauma care	2.0	[0.8–6]	

Figure 7: Mean delay time seen by Nicole et al.)

It is important to understand that 50% of all deaths occur within minutes of the injury either at the scene or en route to the hospital. These immediate deaths are typically the result of massive hemorrhage or severe neurological injury. An additional 20–30% die primarily of neurologic dysfunction within several hours to 2 days post-injury. The remaining 10–20% die of infection or multiple organ failure many days or weeks after the injury(27) (28) This distribution demonstrates how trauma systems are ineffective in preventing about one-half of all trauma deaths. Only efforts at preventing the occurrence of injuries or reducing the severity of the injury once it occurs will be effective in reducing the large numbers of immediate deaths (29)

AIMS AND OBJECTIVES

AIM:

To evaluate the factors as per the three-delay model, affecting the outcome of patients admitted with injuries in the Department of General Surgery at AIIMS Jodhpur.

Primary Objectives:

To evaluate the factors as per three delay model, affecting the outcome of patients admitted with injuries in Department of General Surgery at AIIMS Jodhpur.

Secondary objectives:

To evaluate the delay observed in phase- 1, phase- 2 and phase- 3 in the management of patients admitted with injuries in the Department of General Surgery at AIIMS Jodhpur.

MATERIALS AND METHODS

1. **STUDY SETTING:**

   Department of General Surgery, AIIMS JODHPUR.

2. **STUDY DESIGN**: Observational study

3. **STUDY PARTICIPANTS**:

   a. **Inclusion criteria-**

   All consenting adult patients admitted with injuries in the Department of General Surgery.

   b. Exclusion criteria-

   i. Patient was primarily admitted to another department at AIIMS Jodhpur and then transferred to the Department of General Surgery.
   ii. Patients referred to AIIMS Jodhpur after definitive treatment.
   iii. Burn
   iv. Drowning

4. **SAMPLE SIZE:**

   Patients who are admitted with injuries, in the Department of General Surgery, within the study duration

5. **STUDY DURATION**:

   18 months

6. **STUDY PROCEDURE:**

   After the approval from Institutional Ethics Committee, all consenting Adult patients following our inclusion and exclusion criteria were included in our study. Patient were primarily managed in the emergency and then transferred to the ward. Once the patient was stable prior to or after definitive treatment, he (or next to kin) was interviewed for the data collection. First they were explained in detail about the format of the study with the help of a patient

information sheet after which informed consent was obtained from the patient or next to kin. Detailed interview was taken in the presence of a translator and data was collected in Prefixed Performa. The Performa was made with the help of a Surgeon, health care provider, psychologist and a social worker. Objective data was collected from the patient record file. The causes of the three delays were observed along with duration. The patients were observed till the time they were admitted. Data was analysed on SPSS V 25.

7. STATISTICAL ANALYSIS:

Data was entered and analysed using is SPSS. Descriptive data was reported for each variable. Descriptive statistics suggest mean standard deviation for continuous variables and frequency along with percentages of categorical variable were calculated. Distribution of data for skewness was evaluated using SPSS formal tests and Q – Q plot. Data was then analysed for significance using Chi square test, Fischer exact test, independent t-test, correlation, and other quantitative analysis using SPSS.

Definition:

Phase 1 delay-Duration between the onset of trauma and the decision to seek medical services.

Phase 2 delay-Duration between the decision to seek care and reach AIIMS Jodhpur

Phase 3 delay-Presenting to AIIMS Jodhpur emergency to definitive treatment

The parameter chosen for Delay in each phase of the delay

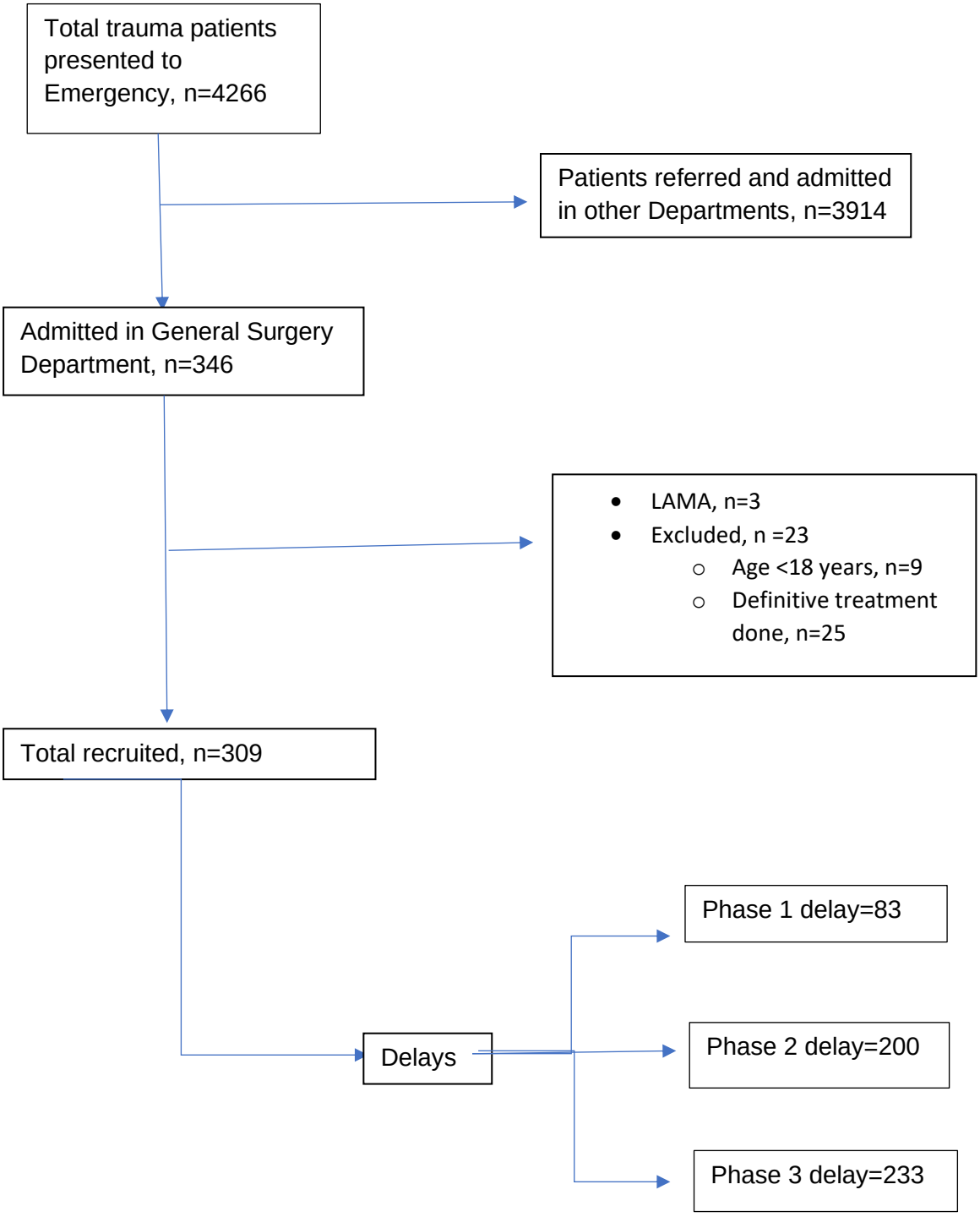
Phase 1	The decision to seek care	If the decision to seek care was not immediate , was considered a delay
Phase 2	Injury Presentation interval	After decision of seeking care , if patient took more than 60 min time to reach the first point of health care , was considered as delay
Phase 3	Post-resuscitation duration to Admission/ Operative intervention (Definitive diagnosis)	The resucitation followed by definitive care decision (conservative management / operative intervention) exceeded 60 min time ,was considered as delay

Outcomes of the patients:

1) Satisfactory: At the time of discharge, he is healthy/ needs follow up or definitive treatment at a later stage
2) Poor: At the time of discharge, either he has permanent disability or died during the course of treatment

RESULTS

In our study, 309 patients were enrolled, and all three delay phases as well as contributing factors were analysed.



Flow diagram of the recruitment

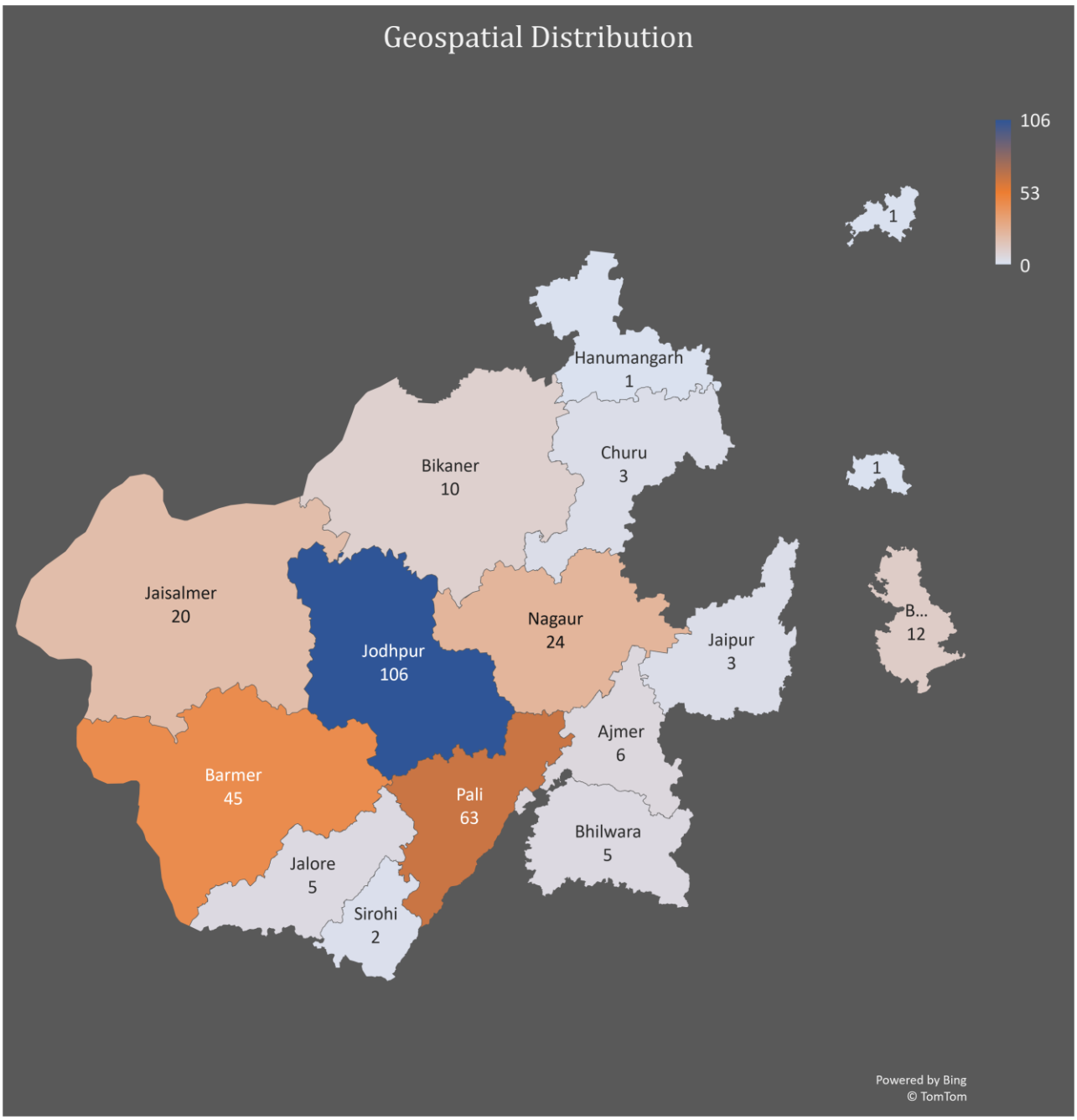


Figure 8 : Geospatial distribution of patients reaching to our tertiary centre

Out of recruited 309 patients, only 18 patients had no delay in any of the phases seen. Remaining patients had delay in one or the other phases -

Table 1: Result of the various delays seen in total population

	Phases Of Delay (N=309)			
	Phase 1	Phase 2	Phase 3	No Delay
Number of patients	83	200	233	18
Percentage	26.86	64.72	75.04	5.8

Out of 309 patients, phase 1 delays were seen in 83 patients.

Various factors contributing to the delay are:

Table 2: Factors contributing to phase 1 delay and patients' distribution

Factors contributing to phase 1 delay and patients' distribution (N=83)		
		Number of patients
Socioeconomic status	Upper middle class and above	28(33.7%)
	Below upper middle class	55 (66.2%)
Alcohol consumption	Yes	27 (32.5%)
	No	56 (67.4%)
Perception of injury severity	Severe	62 (74.6%)
	Non-severe	21 (25.3%)
Perception of quality	Average	10 (12.0%)
	Good	34 (40.9%)
	No Idea	39 (46.9%)
Perception of the cost of treatment	No idea	21 (25.3)
	Affordable	46 (55.4)
	Non-affordable	14 (16.8)
Aware of any helpline 108	Yes	29 (34.9)
	No	54 (65.0)

- According to the Modified Kuppuswamy and BG Prasad scales, 56 (67.3%) of the 83 patients with phase 1 delay were classified as being in the lower to lower middle class.

- Alcohol use: Of the patients, 27, or 32.5%, were drunk. This may have contributed to the trauma's onset, but it also obscured their need for medical attention, which lengthened the phase 1 delay.

- Perception of injury severity: Although 62 (74.6%) patients believed their illness to be severe, it still took them longer than an hour to decide whether or not to seek treatment.

- Quality perception: Fifty-nine (59%) of patients don't know what to expect from the medical system where they will be treated.

- Treatment cost perception: 41.86 percent of patients don't know how much their care will cost them or are unable to pay for the options available to them.

- Aware of any helpline 108- 54 (65%) patients are not aware of Government provided toll-free number 108, which directs and provides early transportation to nearby health care centres.

Phase 2 delay: observed in 200 patients out of 309 patients. Various factors contributing to delay are :

Table 3: Factors contributing to Phase 2 delay factors and patients' distribution

		Number of patients
Mode of Initial transport	Govt ambulance	60 (30%)
	Private ambulance	40 (20%)
	Personal Vehicle	29 (14.5%)
	Private Vehicle	71 (35.5%)
The arrival of transportation	<1 hour	140 (70%)
	>1 hour	60 (30%)
Cost of Transportation	Average-	34 (17 %)
	Cheap	54 (27 %)
	Expensive	65 (32.5%)
	Nil	47 (23.5%)
Transition time to contact first health care(min)	<1hour	182 (91%)
	>1 hour	18 (9%)
Evaluated in number of hospitals before reaching the tertiary center	Zero	46 (23%)
	One	70 (35%)
	Two or more	84 (42%)
Quality of road, a factor in the delay	No	83 (41.5%)
	Yes	117 (48.5%)

- Mode of Initial transport: - It is a well-known fact that the lack of proper transportation facilities contributes to morbidity and mortality. 50 percent of the patients who suffered a phase 2 delay couldn't or didn't avail themselves of ambulance facilities. Private vehicles such as cars, taxis, autos, or jeeps were the most common mode of transportation, through which 35.5 percent of the patients reached the hospital

- Arrival of transportation: 30% of trauma patients wasted their valuable time by waiting more than an hour for transportation, losing their "golden hour."

- Cost of Transportation: According to 32.5% of patients, their transportation costs were higher than they had anticipated; this contributed to a longer phase 1 delay.

- Transition time to first health care contact (min): 18% of the patients took longer than an hour to get to care, indicating a dearth of trauma care facilities nearby.

- Evaluated in several hospitals before being transported to the tertiary centre: only 23% of patients received tertiary care that included a trauma centre, and 44% of patients had to be assessed in two or more hospitals before being transported to a trauma centre, resulting in a significant phase 2 delay.

- Road quality is a factor in the delay; according to 58.5 percent of patients, bad roads and heavy traffic made it take them longer to get to the hospital.

Phase 3 delay: observed in 233 patients out of 309 patients. Various factors contributing to delay are :

Table 4: Factors contributing to Phase 3 delay factors and patients' distribution

	No of patients
Patient Nonadherence to plan of care – religious and sociocultural beliefs	0 (0%)
Inability to provide medical history	29 (12.4%)
Cost/ financial burden on the patients	0 (0%)
Delay in the triage system	19 (8.1%)
Delay in processes for patient flow/bed availability	56 (24%)
Human resources/Manpower scarcity	68 (29.1%)
Supplies, equipment, medications scarcity	53 (22.7%)
Local policies delaying care	63 (27%)
Lack of Facility infrastructure – water, power, blood bank, CT, X-ray Receiving	47 (20.0%)

- Lack of ability to give a medical history: 12.4% of patients were unable to give a medical history because of language barriers, altered mental states, alcoholism, or the absence of a next of kin.

- There was a delay in the triage system for 8.1% of the patients, primarily due to the insufficient stretchers and the numerous trauma cases that needed to be treated.

- Human resources/Manpower Shortage: 29.1% of patients experience delays in patient flow as a result of a lack of staff to accompany them to various imaging stations.
- Lack of supplies, equipment, and medications: Despite the fact that a trauma centre should have a plentiful supply of resources, 22.7 percent of patients said they had to bring in cervical collars, pelvic binders, splints, and SPS trocars from outside the hospital.
- Local policies are delaying care: the cost of the treatment is entirely free at our centre in emergencies, yet patients have to get billings prior to any investigation, paying zero money. They occasionally have to wait in lengthy lines to do this.

After taking into account the various delays, the results of the patients in each delay group are analysed, and they are as follows-

Table 5 :Phases of delay and their influence on the outcome

Outcome	Phase 1		Phase 2		Phase 3	
	No	%	No	%	No	%
Healthy	19	22.8	79	39.5	112	48.0
Follow Up treatment required	7	8.3	40	20	47	20.17
Definitive treatment at a later stage	12	14.4	34	17	33	14.1
permanent disability	30	36	32	16	37	15.8
Death	15	18	15	7.5	24	10.3
Total	83		200		233	

<u>Analysis of effect of various delays on the patient's outcome</u>

Table 6: Analysis of the effect of various delays on the patient's outcome

Variable		Outcome N(%)		Odds Ratio (95% CI)	P Value
		Satisfactory	Poor		
Phase 1 Delay	Yes	37	45	0.11(0.06-0.2)	<0.001
Phase 2 Delay	Yes	161	47	0.6(0.32-1.13)	0.045
Phase 3 Delay	Yes	169	61	0.64(0.34-0.12)	0.086

Patients' Phase 1 and Phase 2 delays are significantly associated with poor outcomes, with a p value of less than 0.05.

- (Univariate Analysis with Hosmer and Lemeshow Chi Square test was applied, which showed nonsignificant value and therefore regression model is fit for this study
- Nagelkerke R Square value was calculated -0.7)

Analysis of patients presenting with mild to moderate trauma severity (ISS less or equal to 15)

Table 7: The outcome in patients with ISS score ≤ 15

Variable		Outcome N (%)		Odds Ratio (95% CI)	P Value
		Satisfactory	Poor		
Phase 1 Delay	Yes	34	25	0.08(0.0343-0.1867)	0.0001
	No	153	9	1 (ref)	
Phase 2 Delay	Yes	118	27	0.43(0.1784-1.0408)	0.056
	No	71	7	1 (ref)	
Phase 3 Delay	Yes	143	26	0.95(0.4051-2.2587)	0.91
	No	46	8	1 (ref)	

Table 8: Correlation of length of ICU stay in ISS score ≤ 15

Variable		Length of ICU stay				Pearson's correlation	P Value
		1-5	6-10	11-15	>15		
Phase 1 Delay	Yes	5	3	1	0	-0.84	0.596
	No	22	8	3	4		
Phase 2 Delay	Yes	20	9	3	4	0.151	0.23
	No	7	2	1	0		
Phase 3 Delay	Yes	21	8	2	3	0.811	0.811
	No	6	3	3	1		

Table 9: Correlation of length of hospital stay with delay in ISS score ≤ 15

Variable		Length of Hospital stay				Pearson's correlation	P Value
		1-5	6-10	11-15	>15		
Phase 1 Delay	Yes	36	16	6	2	0.56	0.376
	No	99	51	12	1		
Phase 2 Delay	Yes	84	52	6	3	0.002	0.002
	No	51	15	12	0		
Phase 3 Delay	Yes	100	52	15	2	0.047	0.794
	No	35	15	03	1		

In mild to moderate trauma patients, based on the ISS scoring system, phase 1 delay has significant poor outcome p-value of < 0.05, phase 2 also has a good correlation with poor outcome, the p-value is near significant at 0.056, phase 3 delay does not have a significant association with poor outcome. Length of hospital and ICU stay does not have a significant correlation

Analysis of patients presenting with mild to moderate trauma severity (ISS more or equal to 16)

Table 10: outcome in patients with ISS > 16

Variable		Outcome N (%)		Odds Ratio (95% CI)	P Value
		Satisfactory	Poor		
Phase 1 Delay	Yes	3	20	0.0698(0.018-0.262)	<0.0001
	No	43	20	1 (ref)	
Phase 2 Delay	Yes	23	32	0.25(0.95-0.657)	0.003
	No	23	8	1 (ref)	
Phase 3 Delay	Yes	29	35	0.195(0.059-0.649)	0.004
	No	17	4	1 (ref)	

Table 11 :Correlation of length of hospital stay in ISS score > 16

Variable		Length of Hospital stay				Pearson's correlation	P Value
		1-5	6-10	11-15	>15		
Phase 1 Delay	Yes	10	8	5	0	0.03	0.208
	No	25	30	5	3		
Phase 2 Delay	Yes	18	29	7	1	0.097	0.099
	No	17	9	3	2		
Phase 3 Delay	Yes	25	27	10	2	0.107	0.270
	No	10	11	0	1		

Table 12: Correlation of length of ICU stay in ISS score > 16

Variable		length of ICU stays				Pearson's correlation	P Value
		1-5	6-10	11-15	>15		
Phase 1 Delay	Yes	4	0	0	1	-0.58	0.519
	No	10	6	1	1		
Phase 2 Delay	Yes	5	5	1	1	-0.047	0.133
	No	9	1	0	1		
Phase 3 Delay	Yes	10	1	1	1	-0.266	0.11
	No	4	5	0	1		

In mild to moderate trauma patients, based on the ISS scoring system, All the phases of delay have significant poor outcome with p-value of < 0.05. Length of hospital and ICU stay does not have a significant correlation

DISCUSSION

In India, trauma continues to be a hidden epidemic with remarkable effects on mortality and morbidity. In our nation, the ratio of traumatic incidents and fatalities seemed to be increasing. Therefore, it is important to increase the intensity of preventive measures that can help trauma patients recover more quickly. This three-delay model of trauma enables us to comprehend the gaps at each level and consider whether they require filling in. We included 309 patients in total from the Marwar region of Rajasthan in our study, and only 18 of them had no delay. This is concerning and calls for a significant improvement in public education and the healthcare system regarding the care of trauma patients.

In 26.86% of patients, there is a phase 1 delay; factors that contribute to this include socioeconomic status, perception of the severity of the injury, perception of the cost and quality of the anticipated treatment, alcohol use, and knowledge of any helpline numbers. 74 percent of the patients perceive their injury to be severe, yet they have a phase 1 delay, which can be due to multiple factors such as illiteracy and poor economic status; 66.26 percent of the patients belong to classes below or upper middle based on the BG Prasad and Kuppuswamy scale. Perception of the quality care and cost remains a hurdle in health seeking behaviour as 59 percentage of the patients does not have good expectation from the health care system and 17 percentage of patients are helpless to afford care due to poor socioeconomic status .State government of Rajasthan has launched Integrated Ambulance Project (Jeevan Vahini) in 2008 by a toll free helpline number 108,yet after 14 years of its launch 65 percentage of the patients are unaware of it , which will aid there seeking and reaching to hospital .

Phase 2 delay is seen in 64.72 percentage of the patients , factors attributing to it are - arrival of the transportation , mode of initial transport , cost of transportation , transition, time to contact first health care ,evaluated in number of hospitals before reaching the tertiary centre and condition of roads .Even after decision to seek care 30 percentage of the patients had to wait for more than one hour before arrival of the transportation , of which 50 percentage could not avail ambulance facilities. Improper transportation significantly adds to poorer outcomes of trauma patients. 55 percentage of the patients had to opt for private mode of transportation which is expensive as

reflected by 32.5 percentage of the patients. First contact with health care is possible in less than an hour in majority of the patients (91 %). Problems associated with phase 2 delay doesn't end here ,42 percentage of the patients were evaluated in 2 or more healthcare facilities before being referred to tertiary care centre adding significantly to phase 2 delays. Although majority of the patients have reached acre in less than hour, yet 58.5 percentage of the patients feel quality of roads and traffic congestion is contributory for their phase 2 delay.

Phase 3 delay is seen in 75 percentage of the patients , factors attributing to it are - Cost/ financial burden on the patients, Delays in the triage system, patient flow/bed availability processes, human resources/manpower shortages, supply, equipment, and medication shortages, local policies that slow down care, and facility infrastructure deficiencies such as a lack of water, power, blood banks, CT, and X-rays. According to an interview with patients, a lack of manpower or human resources is the primary cause of the delays experienced by 29 percent of patients who are transported from one station to another. This slows down the flow of patients for 24% of the patients. The primary reason for the 8.1% of patients who experience delays in the triage procedure itself is a lack of stretchers for patient transportation into the hospital. Equipment shortages, which affect 22% of patients, are not uncommon and include pelvic binders, splits, SPC trocars, and cervical collars. Even though the investigation is completely free, hospital policies like the requirement to bill for it add to the wait time.

The patient's overall outcome is significantly linked to phase 1 and phase 2 delays; patients have poor outcomes such as permanent disability, deformity, or death.

Patients with mild to moderate injury severity were analysed using the Chi Square test, and the P value showed a significant correlation between Phase 1 delay and poor outcome. The p value for the phase 2 delay results was 0.056, which was almost statistically significant. Between the phases of delay and the amount of time spent in the hospital or intensive care unit, there was no statistically significant correlation unit.

Chi Square test was used to analyse patients who had suffered severe injuries. There was a significant (P value) correlation between phase 1 delay, phase 2 delay, and phase

3 delay and poor outcomes. There was no discernible relationship between phases of delay and hospital or ICU stay length.

According to the results of our research, there is a strong correlation between the phase of delay and the poor outcomes of trauma patients with higher severity indices.

CONCLUSION

With this study we conclude that the Three delay model which was time tested in maternal mortality and improving outcome, has provide a simple tool to evaluate various factors which play important role in the outcome of trauma patients. We need to explore and modify this model to make it more relevant for trauma subset of patients, so that maximum confounding factors apart from the severity index of trauma can be identified. Taking phases of delay in the picture will give additional dimension in saving lives, as single life saved is huge achievement.

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Annexure-1

अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर
All India Institute of Medical Sciences, Jodhpur
संस्थागत नैतिकता समिति
Institutional Ethics Committee

No. AIIMS/IEC/2021/ 3507 **Date: 12/03/2021**

ETHICAL CLEARANCE CERTIFICATE

Certificate Reference Number: **AIIMS/IEC/2021/3342**

Project title: **"To evaluate the factors as per three delay model, affecting the outcome of patients admitted with injuries in Department of General Surgery at AIIMS Jodhpur"**

Nature of Project:	**Research Project Submitted for Expedited Review**
Submitted as:	**M.S. Dissertation**
Student Name:	**Dr. Saurabh Singh**
Guide:	**Dr. Mayank Badkur**
Co-Guide:	**Dr. Ashok Puranik, Dr. Naveen Sharma & Dr. Pushpinder Khera**

Institutional Ethics Committee after thorough consideration accorded its approval on above project.

The investigator may therefore commence the research from the date of this certificate, using the reference number indicated above.

Please note that the AIIMS IEC must be informed immediately of:

- Any material change in the conditions or undertakings mentioned in the document.
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research.

The Principal Investigator must report to the AIIMS IEC in the prescribed format, where applicable, bi-annually, and at the end of the project, in respect of ethical compliance.

AIIMS IEC retains the right to withdraw or amend this if:

- Any unethical principle or practices are revealed or suspected
- Relevant information has been withheld or misrepresented

AIIMS IEC shall have an access to any information or data at any time during the course or after completion of the project.

Please Note that this approval will be rectified whenever it is possible to hold a meeting in person of the Institutional Ethics Committee. It is possible that the PI may be asked to give more clarifications or the Institutional Ethics Committee may withhold the project. The Institutional Ethics Committee is adopting this procedure due to COVID-19 (Corona Virus) situation.

If the Institutional Ethics Committee does not get back to you, this means your project has been cleared by the IEC.

On behalf of Ethics Committee, I wish you success in your research.

Dr. Praveen Sharma
Member Secretary

Member secretary
Institutional Ethics Committee
AIIMS,Jodhpur

Basni Phase-2, Jodhpur, Rajasthan-342005; **Website:** www.aiimsjodhpur.edu.in; **Phone:** 0291-2740741 Extn. 3109
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Annexure-II

PATIENT PROFORMA

Name				
Age				
Id				
Sex				
Address				
Alcohol intake at time of trauma	Yes		No	
Socioeconomic status	Kuppuswamy (Urban)		B G Prasad (rural)	
Phase 1				
Interview regarding the phase 1 delay • How do you feel the facility compared to what you were expecting in terms of care quality? • How do you perceive the accessibility of transportation and the distance you have to travel to reach a health care centre? • Was the trauma severe or non-severe, and how did you perceive it?				
Onset of complain/ trauma	Date		Time	
Informant	Self	Relative	By stander	
Perception of disease severity at onset of symptoms	Mild	Moderate	severe	
Decision to seek care	Date		Time	
Is AIIMS Jodhpur first institute of contact	Yes		No	
If yes				
Reason to choose the place	Near by	Have been here before	Positive reviews from public	Randomly
Perception of quality you will receive	Average	Good	Very good	No idea
Perception of cost of treatment	Nil/minimal	Average	Expensive	No idea
If no				
Name and type of institute	Name-	primary	secondary	Tertiary
Reason to choose the place	Near by	Have been here before	Positive reviews from public	Randomly
Perception of quality you will receive	Average	Good	Very good	No idea
Perception of cost of treatment	Nil/minimal	Average	Expensive	No idea
Treatment received	Immediate incomplete	Complete primary/acute treatment	Complete definitive	
Reason for contacting AIIMS jodhpur now	Referred by the 1st institute for primary/acute care	Referred by the 1st institute for definitive care	Referred by the 1st institute for management of complication	
Aware of any help line / 108	Yes		No	
Phase 2				

Interview regarding the phase 2 delay

- How long did it take for your transportation to arrive?
- What kind of transportation did you use?
- Was the cost of transportation affordable or prohibitive?
- How far do you have to travel to get to the hospital?
- How many medical facilities did you check out before arriving at AIIMS hospital?

Mode of transportation	Personal vehicle	Govt ambulance	Pvt ambulance	Private vehicle
Cost of transportation	Free	cheap	Average	Expensive
Time after which service arrived				
Transit time				
Is quality of road an issue	Yes, had role in delay		No	
Any other difficulty in reaching AIIMS Jodhpur				

Phase 3

Interview regarding the phase 3 delay

- How was your entry into this facility and were there any problems entering the trauma center?
- Was there an adequate number of stretchers and medical personnel?
- Was there a delay before a doctor began the treatment, or did it begin promptly?
- Was there ever a problem in the emergency room, such as long lines at the payment counter or evaluation at different stations like the X-ray, CT, or USG?
- Was there any evidence of a shortage of supplies, medicines, medical equipment, healthcare personnel, or beds in the emergency room?

Patient vital condition	HR	RR	SPO2	BP
GCS				
Injury-presentation interval (hours)				
Received in trauma	Date		Time	
Admission	Date		Time	
First X ray	Yes	No	Date	Time
First USG	Yes	No	Date	Time
First CT Scan	Yes	No	Date	Time
Airway intervention	Yes	No	Time	
Breathing intervention	Yes	No	Time	
Transfusion needed	Yes	No	Time	
Plan of Management	Observation		Surgery	
OT list sent before the surgery	Yes	No	Date	Time
Emergency-OT time of incision				
Emergency-OT interval (hours)				

Patient shifted to ICU	Date	Duration of ventilation	Length of Stay	
Definitive diagnosis				
Date of definitive surgery/procedure			Time	
Definitive treatment/surgery/procedure				
Factors affecting phase 3 delay				
Cost of treatment	Affordable		Non affordable (FOC)	
Delay due to availability of slots in OT	Time -			
Availability of critical specialists	Yes		No	
Essential equipment	Yes		No	
Transferring to another facility	Yes		No	
Ambulance provided for the transfer	Yes		No	
Date and time of discharge/death				
Length of hospital stay (in days)				
Details of injuries/ illness				
Mode of injury	Blunt Injury Abdomen	Blunt Injury Abdomen and Thorax	Penetrating Injury to Abdomen	Perforating Injury to Abdomen
Mechanism of injury	RTA (Motorcyclist)	RTA (Passenger of Bike)	RTA (Driver of Car)	RTA (Passenger of Car)
	Pedestrian Hit by Vehicle	Assault By Blunt Object	Assault By Sharp Object	Fall From Hight
				Blast injuries
Head				
Face				
Neck				
Thorax				
Abdominal and pelvic contents				
Spine				
Upper extremity				
Lower extremity				
External and Other				
ISS				
Outcome	Healthy	death	morbidity	Permanent disability
	Follow Up treatment required.			

B.G. PARASD SCALE FOR SOCIO ECONOMIC STATUS SCALE:

OCTOBER 2020 CPI-(119.5), TAKING 2016 AS BASELINE (PERCAPITA MONTHLY INCOME)	
I	7394 and above
II	3660-7393
III	2167-3659
IV	1120-2166
V	1129 and below

KUPPUSWAMY SOCIO ECONOMIC STATUS SCALE:

TOTAL PER PERCAPITA FAMILY INCOME PER MONTH, OCTOBER 2 020,CPI-119.5	SCORE
>48314	12
24150-48313	10
18116-24149	6
12081-18115	4
7241-12080	3
2415-7240	2
<2414	1

TOTAL SCORE	SOCIO- ECONOMIC CLASS
26-29	UPPER CLASS
16-25	UPPER MIDDLE
15-9	LOWER MIDDLE
5-8	UPPER LOWER
BELOW 5	LOWER

OCUUPATION OF HEAD OF THE FAMILY	SCORE
PROFESSIONAL	10
SEMI-PROFESSIONAL	6
CLERICAL/SHOP/FARM	5
SKILLED WORKER	4
SEMI SKILLED WORKER	3
UNSKILLED WORKER	2
UNEMPLOYED	1

EDUCATION OF THE HEAD OF THE FAMILYGRADUATE	SCORE
PROFFESSIONAL DEGREE	7
GRADUATE	6
INTERMEDIATE/DIPLOMA	5
HIGH SCHOOL	4
MIDDLE SCHOOL	3
PRIMARY SCHOOL	2
ILLITERATE	1

Annexure -3

INFORMED CONSENT FORM

Title of Thesis/Dissertation :

To evaluate the factors as per three delay model, affecting the outcome of patients admitted with injuries in Department of General Surgery at AIIMS Jodhpur

Name of PG Student : Dr SAURABH SINGH (Mobile No.:7903784138)

Patient/Volunteer Identification No. :_____

I_____S/o or D/o _____

R/o_____ give my full, free, voluntary consent to be a part of the study "To evaluate the factors as per three delay model, affecting the outcome of patients admitted with injuries in Department of General Surgery at AIIMS Jodhpur."

procedure and nature of which has been explained to me in my own language to my full satisfaction. I confirm that I have had the opportunity to ask questions.

I understand that my participation is voluntary and I am aware of my right to opt out of the study at any time without giving any reason.

I understand that the information collected about me and any of my medical records can be seen by the person responsible for the regulatory authorities.

Date: _____

Place: _____ Signature/Left thumb impression

This to prove that the above consent has been received in my presence.

Date: _____

Place: _____ Signature of PG Student

1. Witness 1

   Signature_____

   Name: _____

   Address: _____

2. Witness 2

   _____

   Name: _____

   Address: _____

Annexure -4

ऑल इंडिया इंस्टीट्यूट ऑफ मेडिकल साइंसेज

जोधपुर, राजस्थान

सूचित सहमति प्रपत्र

थीसिस / निबंध का शीर्षक: "थ्री डीलेज मॉडल के अनुसार उन कारकों का मूल्यांकन करना,जो कि एम्स जोधपुर में सामान्य सर्जरी विभाग में चोटों के साथ भर्ती मरीज के उपचार के परिणाम को प्रभावित करता है

पीजी छात्र का नाम: डॉ सौरभ सिंह (7903784138)

रोगी / स्वयंसेवी पहचान संख्या: _____

मैं, _____ पुत्र/पुत्री _____

निवासी _____ इस अध्ययन का हिस्सा बनने के लिए पूरे सहमति देता/देती हूं

"जिसकी प्रक्रिया और प्रकृति मुझे मेरी भाषा में मेरी संतुष्टि तक समझा दी गई है।। मैं पुष्टि करता हूं कि मुझे प्रश्न पूछने का पूरा अवसर मिला है, जिनके जवाब से मैं संतुष्ट भी हूं ।

मैं समझता हूं कि मेरी भागीदारी स्वैच्छिक है और मुझे किसी भी कारण के बिना, किसी भी समय अध्ययन से बाहर निकलने का अधिकार है।

मैं जानता हूं कि मेरे और मेरे किसी भी मेडिकल रिकॉर्ड के बारे में एकत्र की गई जानकारी को गुप्तः रखा जायेगा I

दिनांक : _____

स्थान: _____ हस्ताक्षर / बाएं अंगूठे की छाप

यह प्रमाणित करने के लिए कि उपर्युक्त सहमति मेरी उपस्थिति में प्राप्त की गई है।

पीजी छात्र के हस्ताक्षर: _____

दिनांक:_____

स्थान:_____

साक्षी 1

हस्ताक्षर: _____

नाम : _____

पता:_____

साक्षी 2

हस्ताक्षर: _____

नाम : _____

पता:_____

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

JODHPUR, RAJASTHAN

DEPARTMENT OF GENERAL SURGERY

PATIENT INFORMATION SHEET

Title- To evaluate the factors as per three delay model, affecting the outcome of patients admitted with injuries in Department of General Surgery at AIIMS Jodhpur.

Name: **Age/Gender:**

Phone No:

Address:

AUTHORIZATION:

I feel free to accept or refuse to participate in this study.

I have been informed that this study was done by means asking particular sets of questions regarding injuries which I/ my family member has suffered, which includes - Date time and place of injury, transit time to hospital , when received in emergency , perception about the severity of injury ,time when decided to seek care, perception about this hospital, socio-economic status, awareness regarding any helpline , perception about the cost of treatment, mode of transportation used , cost of transportation, difficulty faced via travelling through road, primary case or referred case ,cost of the treatment -affordable or not, treatment outcome, etc mentioned in the Performa .There is no role of intervention in this study .

I have had a choice to ask questions and all of my questions were answered to my satisfaction

I have been assured that the information obtained from me will solely be used for the purpose of the study and shall remain confidential.

By signing this form, I give my free and informed consent to take part in this study as outlined in the information sheet and this consent form. I understand that I am free to withdraw from the study at any given time. By signing up this form I have not given up my legal rights.

Hence, I hereby give my wilful consent for my inclusion in this study which is being conducted by the Department of General Surgery, All India Institute of Medical Sciences, Jodhpur by Dr SAURABH SINGH

In any case of queries, you may contact:

Dr SAURABH SINGH

Academic Junior Resident, General Surgery

All India Institute of Medical Sciences, Jodhpur

Phone no. 7903784138

आल इंडिया इंस्टिट्यूट ऑफ़ मेडिकल साइंसेज

जोधपुर, राजस्थान

जनरल सर्जरी विभाग

रोगी की सूचना पत्र

शीर्षक: "थ्री डीलेज मॉडल के अनुसार उन कारकों का मूल्यांकन करना,जो कि एम्स जोधपुर में सामान्य सर्जरी विभाग में चोटों के साथ भर्ती मरीज के ,उपचार के परिणाम को प्रभावित करता है "

नाम:

आयु / लिंग:

फ़ोन नंबर:

पता:

प्राधिकार:

मैं इस अध्ययन में भाग अपनी मर्जी मुताबिक ले रहा हूं।

मुझे सूचित किया गया है कि यह अध्ययन ,आघात के संबंध में प्रश्नों के विशेष सेट द्वारा पूछने के माध्यम से किया जाएगा, जो आघात मैंने झेले हैं ,अथवा परिवार के सदस्य ने, इस विषय में - आघात का दिनांक समय और स्थान, अस्पताल में समय पारगमन, आपातकाल में प्राप्त होने पर, आघात की गंभीरता के बारे में धारणा , समय जब अस्पताल की तलाश करने का फैसला किया, इस अस्पताल के बारे में धारणा, सामाजिक आर्थिक स्थिति, किसी भी हेल्पलाइन के बारे में जागरूकता, उपचार की लागत के बारे में धारणा, परिवहन का तरीका, परिवहन की लागत, सड़क के माध्यम से यात्रा करने में कठिनाई, प्राथमिक मामला या संदर्भित मामला, उपचार की लागत-वहन योग्य है या नहीं। इस अध्ययन में उपचार में हस्तक्षेप की कोई भूमिका नहीं है I

मुझे अध्ययन से संबंधित प्रश्न पूछने का पूरा मौका दिया गया जिनसे मिले जवाब से मुझे पूरी संतुष्टि है।

मुझे पूरा आश्वासन दिलाया गया है की मुझसे मिली जानकारी को केवल और केवल अध्ययन के लिए इस्तेमाल किया जाएगा, और मुझसे मिली जानकारी को पूरे तरीके से गोपनीय रखा जाएगा।

मुझे यह समझाया गया है और मैं जानता हूं की मैं इस अध्ययन को अपनी इच्छा मुताबिक कभी भी छोड़ सकता हूं।

इसलिए, मैं इस अध्ययन के लिए अपनी इच्छा-सहमति प्रदान करता हूं, जो कि जनरल सर्जरी विभाग, आल इंडिया इंस्टिट्यूट ऑफ़ मेडिकल साइंसेज, जोधपुर द्वारा डॉ सौरभ सिंह द्वारा की जा रही है।

जानकारी संबंधित किसी भी सवाल के लिए संपर्क करें:

डॉ सौरभ सिंह

अकादमिक जूनियर रेजिडेंट, जनरल सर्जरी

आल इंडिया इंस्टिट्यूट ऑफ़ मेडिकल साइंसेज, जोधपुर

Phone no. 7903784138

KEY TO MASTER-CHART

Sex
Male-0
Female-1

Alcohol intake
No-0
Yes-1

Informant
Self-0
Relative -1

Disease severity
Mild-1
Moderate-2
Severe-3

Decision to seek care
immediately-0
<1 hr -1
>24 hr-2

Place of impact to AIIMS J distance
0-49=1
50-99=2
100-149=3
150-199=4
200-249=5
250-299=6
>300=7

Cost Of Transportation
Nil=0
Cheap=1
Average=2
Expensive=3

Reason for Contacting AIIMS J now
Not applicable =0
Referred for primary care =1
Referred for definitive care=2

Outcome
Heathy=1
Follow up treatment required=2
Definitive treatment at later stage=3
Permanent disability=4
Death=5

Quality of road , a factor in delay
No-0
Yes-1

Blood Transfusion
No=0
PRBC=1
1+1+1=2
2 PRBC=3
2+2+2=4
3+3+3=5
4+4+4=6

Combined Socioeconomic Scale
1-Upper class, upper middle
3-lower middle,middle class,upper lower , lower

Type of institute
Primary=1
Secondary=2
Tertiary=3

Perception of the cost of treatment
No idea=0
Nil/minimal=1
Average=2
Expensive=3

Perception of quality
No idea=0
Average=1
Good=2
Very Good=3

Aware of any helpline 108
No=0
Yes=1

Mode of Initial transport
Government ambulance =1
Personal vehicle=2
Private vehicle=3
Private ambulance =4

Treatment received
Immediate/incomplete=1
Complete primary=2
Not applicable=3

Breathing intervention
No=1
R ICD=1
L ICD=2
B/L ICD=3

Airway Intervention
No=0
Intubation =1

Mode of Injury
Blunt injury to abdomen =1
Blunt injury to thorax=2
Blunt injury to thorax and abdomen =3
Limbs with neurovascular injury=4
Penetrating injury to abdomen =5
Penetrating injury to thorax =6
Penetrating injury to thorax and abdomen=7

Management
Conservative=1
Interventional radiology/angioembolisation =2
Surgical exploration =3

MASTER-CHART

SN	Age	Sex	ID	Address	Alcohol intake	Combined Socioeconomic Scale(Kuppuswamy/BG Prasad)	Informant	Disease severity	Decision to seek care	Distance Range	Type of institute	Perception of the cost of treatment	Perception of quality	Aware of any helpline 108	Time after which Service arrived , min	Arrival of tranportion in reference Golden hour of trauma	Mode of Initial transport	Cost Of Transportation	Treatment received	Transition time to contact first health care(min)	Transition time to contact first health care(min) in reference to golden hour	Reason for Contacting AIIMS J now	Total Transition Time (min)	Total transition time in reference to golden hour	Evaluated in number of hospitals before reaching tertiary centre	Quality of road , a factor in delay	Injury Presentation interval(hrs)	Injury Presentation interval(hrs) in reference to golden hour	Time to first X ray in minutes	Time to First USG	Time to first CT	Airway Intervention	Time interval(min)	Breathing intervention	time interval	Blood Transfusion	Initiation time interval	Received in trauma to Admission time	Patient Shifted to AICU	Duration of ventilation in ICU	Length of Stay	Mode of Injury	Diagnosis	Management	Length of Stay in Hospital(days)	ISS	Outcome
1	45	0	2021/03/008072	Jodhpur	0	1	1	3	0	1	3	2	2	0	10	<1	2	1	2	60	<1	2	70	>1	1	0	96	>1	25	30	45	0	NA	1	60	0	NA	6	0	NA	NA	3	Grade 4 liver injury with pseudoaneurysm in branch of right hepagtic	2	>10	17	3
2	17	0	2021/03/012201	Pali Junction	0	3	0	3	0	2	1	1	0	0	15	<1	3	3	1	20	<1	1	140	>1	2	1	72	>1	40	20	25	0	NA	1	20	0	NA	3	0	NA	NA	5	penetrating injury in right thorax	3	<5	9	1
3	55	1	2021/03/012765	pali	0	3	1	2	1	2	2	3	0	1	60	<1	3	2	2	30	<1	2	210	>1	1	1	8	>1	15	30	NA	0	NA	0	NA	1	45	2	0	NA	NA	2	scalp laceration with parechymal contusion	3	<5	9	1
4	60	0	2021/03/012766	Jodhpur	0	3	0	1	0	1	3	1	3	0	10	<1	3	2	2	20	<1	2	30	<1	0	0	1	<1	45	50	30	0	NA	0	NA	0	NA	3.5	0	NA	NA	2	right parietal lobe contusion with right ASIS hematoma	1	<5	10	2
5	40	0	2021/03/012780	Barmer	1	1	0	3	0	4	1	0	0	0	60	<1	2	1	2	30	<1	2	330	>1	3	1	96	>1	20	25	45	0	NA	0	NA	0	NA	4	0	NA	NA	1	blunt trauma abdomen with Grade 3 splenic injury	1	5_10	9	1
6	25	1	2021/03/012829	Barmer	0	3	1	3	0	5	2	1	0	1	60	<1	1	0	2	50	<1	2	480	>1	2	1	120	>1	45	30	NA	0	NA	0	NA	1	45	2	0	NA	NA	5	Stab injury in left flank region	3	<5	4	1
7	27	0	2021/03/015246	Jodhpur	0	3	1	2	0	1	3	1	3	1	300	>1	3	3	3	20	<1	0	45	<1	0	0	2	>1	90	30	NA	1	10	1	30	1	45	6	1	3	4	2	Right massive pneumothorax with hemothorax	1	5_10	16	3
8	20	0	2021/03/015630	Jaljog	1	1	0	3	0	1	2	0	0	0	300	>1	3	2	2	10	<1	2	20	<1	1	0	24	>1	28	15	30	0	NA	0	NA	0	NA	3	0	NA	NA	3	garde 3 renal injury with pelvic fracture	1	>10	14	2
9	20	0	2021/03/015770	Jodhpur	1	3	1	3	0	1	3	2	3	0	30	<1	4	3	3	20	<1	0	20	<1	0	0	1.5	>1	30	10	45	0	NA	0	NA	0	NA	2.5	0	NA	NA	2	multiple laceration in the neck and chest region	3	<5	2	1
10	60	1	2021/04/000508	Chopasni housin	0	1	0	2	1	1	3	1	3	0	20	<1	2	1	2	10	<1	2	30	<1	0	0	72	>1	30	10	15	0	NA	1	30	0	NA	3	0	NA	NA	2	injury to thorax and extremities	3	5_10	13	2
11	18	0	2021/04/005678	jodhpur	1	3	0	3	0	1	3	0	0	0	300	>1	3	1	1	20	<1	1	30	<1	0	0	1.5	>1	45	15	30	0	NA	0	NA	0	NA	1.5	0	NA	NA	2	Brachail artery injury	3	<5	4	1
12	36	0	2021/04/005927	luni , jodhpur	1	3	0	3	1	1	3	0	3	1	60	<1	3	3	3	60	<1	0	60	<1	0	1	9	>1	22	5	45	0	NA	1	60	0	NA	2	0	NA	NA	2	blunt trauma chest with multiple ribs fracture with pneumothorax	1	5_10	16	3
13	16	0	2021/04/006534	Jodhpur	0	3	1	3	0	1	3	3	0	0	60	<1	3	3	3	40	<1	0	40	<1	0	1	1	<1	45	60	25	0	NA	1	5	0	NA	3	0	NA	NA	2	right hemopneumothorax with paraplegia	1	5_10	9	1
14	35	0	2021/04/007563	Pali	1	1	0	1	2	2	1	2	3	0	10	<1	3	1	1	15	<1	1	240	>1	1	1	9	>1	30	40	20	0	NA	1	30	1	30	3	0	NA	NA	3	RTA mutiple ribs fracture with scapula fracture with grade 2 liver inju	1	5_10	13	2
15	28	0	2021/04/007856	Basni	0	3	0	3	1	1	3	1	1	0	300	>1	2	1	3	15	<1	0	15	<1	0	0	2	>1	40	30	20	0	NA	0	NA	0	NA	1.5	0	NA	NA	7	penetrating injury in the right lateral aspect of neck with no vascular	3	<5	4	1
16	27	0	2021/04/009409	Mathani	0	3	0	3	1	2	1	3	2	1	120	>1	3	2	1	30	<1	1	120	>1	1	1	20	>1	90	20	45	0	NA	1	15	0	NA	5	0	NA	NA	3	right sided multiple ribs fracture with grade 2 liver injury with AKI	1	>10	18	3
17	38	0	2021/04/011091	Beawar , Ajmer	0	1	1	3	0	4	2	2	1	1	30	<1	1	0	2	60	<1	2	240	>1	2	1	4	>1	90	120	45	0	NA	3	25	0	NA	1.5	0	NA	NA	2	B/L SAH with DAI with B/L multiple ribs fracture with hemothorax an	1	5_10	25	4
18	42	0	2021/04/012989	Phalodi	1	3	0	2	1	5	2	3	0	1	120	>1	3	3	2	45	<1	2	300	>1	2	1	1	<1	60	30	20	0	NA	2	30	0	NA	7	0	NA	NA	2	left mutiple ribs fracture with D1 transverse process fracture	1	5_10	9	1
19	25	0	2021/05/006130	Devikot, Jaisalm	0	3	1	3	0	5	2	1	1	0	300	>1	2	1	2	30	<1	2	330	>1	1	1	7.5	>1	150	90	45	0	NA	3	90	0	NA	4.5	0	NA	NA	2	Brachail artery injury	3	5_10	13	2
20	36	0	2019/12/005816	Nagaur	0	1	0	3	0	4	2	1	0	0	30	<1	2	1	1	25	<1	1	240	>1	2	1	8	>1	40	30	25	0	NA	2	20	1	45	2	1	7	9	3	B/L multiple ribs fracture with traumatic decending aorta aneurysm	2	<5	20	4
21	18	0	2021/05/007655	Jodhpur	0	1	0	3	2	1	3	2	3	0	15	<1	1	1	3	40	<1	0	45	<1	1	0	3	>1	90	60	NA	0	NA	2	30	0	NA	3	0	NA	NA	3	blunt trauma abdomen	3	5_10	12	2
22	20	0	2021/05/007771	Pali	0	3	1	3	1	2	2	0	0	0	20	<1	3	2	1	20	<1	1	180	>1	1	1	48	>1	90	20	30	0	NA	2	30	0	NA	4	0	NA	NA	3	Left lung multiple contusion with mild hemothorax with grade 2 splei	1	5_10	12	2
23	24	0	2021/05/008259	jodhpur	0	3	1	2	0	5	3	0	0	0	30	<1	4	3	2	40	<1	2	60	<1	2	1	6.5	>1	60	10	45	1	2	2	20	2	60	2	1	8	8	3	Multiple skull bone fracture with facial fracture with EDH, SDH with B	1	<5	16	3
24	30	0	2021/05/008275	Gopalgarh	1	3	1	1	0	7	1	0	0	0	20	<1	3	3	1	30	<1	1	630	>1	4	0	144	>1	150	20	NA	0	NA	2	30	1	45	3.5	1	9	9	2	Multiple hemorraghic contusion with SDH	1	5_10	8	1
25	35	0	2021/05/008854	Nagaur	0	1	1	3	2	4	2	0	0	1	120	>1	1	1	1	60	<1	1	300	>1	2	1	72	>1	120	90	NA	0	NA	3	40	1	40	3	1	1	1	2	Mutiple ribs ftracture with ARDS	1	<5	9	1
26	65	1	2021/05/009782	Jodhpur	1	3	0	3	1	1	3	1	0	0	10	<1	3	3	3	30	<1	0	30	<1	0	1	2	>1	30	35	NA	0	NA	2	20	0	NA	2	0	NA	NA	2	left rib fracture with minimal hemothorax	1	<5	9	1
27	35	0	2021/06/001754	Pal by pass	1	3	0	2	0	1	3	0	0	0	60	<1	2	1	2	60	<1	2	40	<1	0	1	5	>1	40	40	30	0	NA	2	30	0	NA	3	0	NA	NA	2	Right fracture with B/L hemopneumothorax	1	<5	20	4
28	45	0	2021/03/004513	Barmer	0	1	1	3	0	5	2	1	3	1	40	<1	3	1	2	20	<1	2	360	>1	1	0	48	>1	90	15	45	0	NA	0	NA	0	NA	2.5	0	NA	NA	2	Right ribs fracture with hemothorax	1	5_10	12	2
29	21	0	2021/06/003847	Taranagar,Chur	1	3	0	3	0	7	2	0	0	1	10	<1	3	1	3	30	<1	0	120	>1	1	0	24	>1	29	90	15	0	NA	0	NA	0	NA	2.5	0	NA	NA	1	Grade 5 splenic injury with pseudo aneurysm	2	5_10	26	5
30	65	0	2021/06/004014	Barmer	1	3	0	2	2	5	3	2	2	1	360	>1	3	3	2	20	<1	2	420	>1	2	0	12	>1	90	30	30	0	NA	0	NA	0	NA	6	0	NA	NA	3	Radial artery injury	3	5_10	12	2
31	40	0	2021/06/004360	Barmer	0	3	1	3	0	5	1	1	2	0	20	<1	1	1	2	30	<1	2	360	>1	2	0	15	>1	150	90	45	0	NA	3	90	1	10	4.5	0	NA	NA	2	Blunt trauma chest with b/l ribs fracture with pneumothorax	1	5_10	11	2
32	29	0	2020/07/006046	Sangariphatak	1	1	0	3	1	1	3	0	0	0	10	<1	1	0	3	50	<1	0	45	<1	0	0	2	>1	30	30	25	0	NA	0	NA	0	NA	3	0	NA	NA	3	B/L multiple ribs fracture with traumatic decending aorta aneurysm	2	<5	19	4
33	65	1	2021/06/005093	Nambi nagaur	0	3	0	3	0	4	2	0	2	0	15	<1	1	2	2	20	<1	2	540	>1	2	1	14	>1	40	60	20	0	NA	2	30	0	NA	4	0	NA	NA	3	Penetrating injury to abdomen	3	5_10	18	3
34	25	0	2021/06/005120	Naguar	0	3	0	1	0	4	2	3	0	0	60	<1	3	2	1	10	<1	1	600	>1	3	1	144	>1	90	20	20	0	NA	0	NA	0	NA	2	1	5	6	2	Right fracture with B/L hemopneumothorax	1	5_10	6	1
35	21	0	2021/06/009348	Pali	0	1	0	3	0	1	2	2	2	1	10	<1	3	3	3	20	<1	0	120	>1	1	1	6	>1	40	10	45	1	1	3	30	2	60	3.5	1	4	4	3	Multiple skull bone fracture with facial fracture with EDH, SDH with B	1	<5	20	4
36	53	0	2021/06/010430	near basni	1	3	1	3	2	1	3	1	1	0	60	<1	4	3	3	10	<1	0	20	<1	0	0	12	>1	60	20	45	0	NA	0	NA	0	NA	3	1	10	13	2	Multiple hemorraghic contusion with SDH	1	5_10	8	1
37	41	1	2021/06/010538	Sanchor	0	1	1	3	1	6	2	3	2	0	60	<1	1	0	1	20	<1	1	600	>1	3	1	72	>1	120	90	20	0	NA	3	30	1	80	3	1	2	2	2	Mutiple ribs ftracture with ARDS	1	>10	9	1
38	45	0	2021/06/010620	Nagaur	0	3	1	2	0	4	1	2	1	0	20	<1	3	2	3	60	<1	0	240	>1	1	1	16	>1	30	35	45	0	NA	0	NA	0	NA	2	0	NA	NA	2	left rib fracture with minimal hemothorax	1	<5	9	1
39	32	1	2021/06/012649	Sanchor	0	3	1	3	0	6	2	3	0	1	300	>1	3	3	1	40	<1	1	540	>1	2	1	96	>1	120	210	25	0	NA	0	NA	0	NA	6	0	NA	NA	3	pelvic fracture with extraperitoneal bladder injury	3	>10	27	5
40	32	0	2021/06/012797	Neembal kot, Ba	0	3	1	3	0	5	1	1	1	1	300	>1	1	1	2	15	<1	2	550	>1	1	0	120	>1	45	15	NA	0	NA	0	NA	6	30	8	0	NA	NA	3	Grade 4 splenic injury with contrast extravasation	2	5_10	16	3
41	30	0	2021/06/012840	Pali	0	1	1	3	0	2	3	1	0	1	30	<1	3	1	2	15	<1	2	140	>1	0	1	6	>1	60	120	30	0	NA	2	30	0	NA	3	0	NA	NA	1	Unstable pelvic fracture	3	5_10	10	2
42	32	0	2021/07/000003	Barmer	0	3	1	3	1	5	2	0	2	0	20	<1	1	0	2	30	<1	2	440	>1	2	1	15	>1	120	15	45	0	NA	2	20	6	50	8	0	NA	NA	3	Grade 4 splenic injury with contrast extravasation	2	5_10	16	3
43	18	0	2021/07/001332	Jodhpur	0	1	1	2	2	1	3	1	0	0	300	>1	3	3	1	60	<1	1	30	<1	0	0	3	>1	30	30	NA	1	10	1	30	1	30	3	1	4	6	2	Right massive pneumothorax with hemothorax	1	>10	13	2
44	22	0	2021/07/001259	Barmer	1	1	1	1	0	5	2	3	0	0	60	<1	1	1	3	45	<1	0	540	>1	2	1	12	>1	120	34	NA	0	NA	2	30	1	45	4	1	1	1	1	pneumothorax with hemothorax	1	<5	9	1
45	32	1	2021/07/001295	Barmer	1	3	1	3	1	5	2	1	2	0	60	<1	1	0	2	30	<1	2	480	>1	1	1	8	>1	45	40	NA	0	NA	2	20	0	NA	2	0	NA	NA	2	Right fracture with B/L hemopneumothorax	1	5_10	9	1
46	58	0	2021/07/002341	Sojat city	0	3	1	3	0	2	3	0	0	0	10	<1	1	2	1	25	<1	1	140	>1	0	0	5	>1	45	15	30	0	NA	2	30	0	NA	3.5	0	NA	NA	2	Right ribs fracture with hemothorax	1	5_10	12	2
47	50	0	2021/07/002883	Nagaur	1	3	1	2	0	4	1	1	0	1	300	>1	1	0	2	40	<1	2	250	>1	1	1	24	>1	29	90	45	0	NA	2	30	0	NA	3	0	NA	NA	1	Grade 5 splenic injury with pseudo aneurysm	2	5_10	27	5
48	60	0	2019/10/016655	Basni	1	1	0	3	0	1	3	0	0	0	120	>1	3	3	2	20	<1	2	20	<1	0	1	2	>1	90	30	15	0	NA	2	20	0	NA	6	0	NA	NA	3	Blunt trauma to thorax and abdomen with left 5-6 ribs fracture , gard	1	5_10	9	1
49	61	0	2021/07/004728	Jodhpur	0	3	0	3	0	1	3	3	2	0	30	<1	3	1	3	40	<1	0	30	<1	0	0	5	>1	90	40	30	0	NA	2	20	0	NA	2.5	0	NA	NA	3	pneumothorax with hemothorax	1	<5	12	2
50	34	0	2021/07/004699	Nagaur	1	1	0	2	0	4	2	0	0	1	120	>1	1	1	2	30	<1	2	250	>1	2	0	9	>1	100	10	45	0	NA	2	30	1	45	7	0	NA	NA	2	Penetrating injury to abdomen	3	5_10	4	1
51	22	0	2021/07/005232	Pali Junction	0	3	1	3	2	2	3	2	2	1	300	>1	3	1	3	60	<1	0	180	>1	0	0	6	>1	150	35	25	0	NA	2	30	0	NA	10	0	NA	NA	3	ribs fracture with displaced pelvic fracture with retroperitoneal hema	3	<5	4	1
52	60	0	2021/07/005498	Jodhpur	0	3	0	3	0	1	3	1	2	1	30	<1	2	1	3	30	<1	0	40	<1	0	0	4	>1	15	25	20	0	NA	2	30	0	NA	6	0	NA	NA	2	Right 3,5-10 ribs fracture ,left 1 and 9 ribs fracture with hemopneum	1	<5	9	1
53	62	1	2021/07/005532	Jodhpur	0	3	0	3	0	1	3	0	0	0	15	<1	3	2	2	60	<1	2	30	<1	0	0	1	<1	40	60	20	0	NA	2	30	3	50	5	1	4	4	3	left zygomatic and left clavicle fracture with B/L multiple ribs fracture	1	>10	17	3
54	35	0	2021/07/005590	pali	1	1	0	1	1	2	1	0	2	0	20	<1	3	2	3	20	<1	0	120	>1	1	1	6	>1	45	35	45	0	NA	2	20	0	NA	3	1	6	10	2	L2 burst compression fracture	1	<5	9	1
55	45	0	2021/07/006029	Jodhpur	0	3	1	3	0	1	3	3	0	0	30	<1	3	3	2	30	<1	2	30	<1	0	1	1	<1	29	60	45	0	NA	2	30	0	NA	4	0	NA	NA	3	Left sided mutiple ribs fractutre with mild hemothorax	1	<5	9	1
56	45	0	2021/07/006233	Barmer	0	3	1	3	0	5	2	2	2	0	20	<1	1	0	1	20	<1	1	540	>1	3	1	96	>1	90	30	45	0	NA	2	30	1	45	2	1	10	14	3	B/L multiple ribs fracture right scapula fracture with b/l rami fracture	1	<5	4	1
57	27	0	2021/07/006755	Barmer	0	1	0	3	1	5	1	1	1	1	120	>1	1	0	3	30	<1	0	450	>1	2	0	24	>1	90	50	NA	0	NA	2	20	0	NA	3.5	0	NA	NA	3	Grade III liver injury	1	5_10	13	2
58	60	0	2021/07/007005	Pali	0	3	1	2	0	2	2	3	2	0	10	<1	1	2	3	50	<1	0	120	>1	1	1	24	>1	100	40	NA	0	NA	2	30	0	NA	3	0	NA	NA	2	Right fracture with B/L hemopneumothorax	1	<5	14	2
59	40	1	2021/07/007868	Jodhpur	0	1	0	3	0	1	2	2	1	0	60	<1	3	3	1	20	<1	1	15	<1	1	1	1	<1	29	15	30	0	NA	0	NA	0	NA	2	0	NA	NA	2	Right ribs fracture with hemothorax	1	5_10	12	2
60	49	1	2021/07/008853	Jaljog	0	3	0	3	0	1	2	3	0	0	40	<1	3	1	3	10	<1	0	30	<1	1	1	1	<1	29	90	45	0	NA	0	NA	0	NA	3.5	0	NA	NA	1	Grade 5 splenic injury with pseudo aneurysm	2	>10	29	5
61	16	0	2021/07/009845	Jodhpur	0	3	1	3	0	1	3	1	1	1	10	<1	4	1	1	20	<1	1	20	<1	0	0	1.2	>1	90	30	NA	0	NA	0	NA	0	NA	6	0	NA	NA	3	Blunt trauma to thorax and abdomen with left 5-6 ribs fracture , gard	1	<5	9	1
62	15	0	2021/07/010069	Chopasni housin	1	3	0	3	2	1	3	1	0	1	360	>1	1	0	2	10	<1	2	30	<1	0	1	2	>1	40	30	NA	1	10	1	30	1	60	2.5	1	5	5	2	Right massive pneumothorax with hemothorax	1	5_10	12	2
63	32	0	2021/07/011659	Pali	1	1	0	2	1	2	3	1	0	1	10	<1	3	3	2	20	<1	2	120	>1	0	1	4	>1	45	34	NA	0	NA	0	NA	0	NA	7	0	NA	NA	1	Brachail artery injury	3	<5	9	1
64	30	1	2021/07/012179	jodhpur	0	3	1	1	0	1	2	0	0	0	15	<1	3	1	2	60	<1	2	30	<1	1	0	2	>1	40	40	30	0	NA	0	NA	1	40	10	0	NA	NA	2	Right fracture with B/L hemopneumothorax	1	5_10	9	1
65	21	0	2021/07/012194	Jodhpur	1	3	1	3	0	1	3	3	0	0	60	<1	3	3	1	40	<1	1	30	<1	0	1	1	<1	45	15	45	0	NA	0	NA	0	NA	6	0	NA	NA	2	Right ribs fracture with hemothorax	1	5_10	12	2
66	30	1	2021/07/013382	luni , jodhpur	1	1	0	3	0	1	2	1	2	0	10	<1	3	2	3	15	<1	0	90	>1	2	1	24	>1	45	10	15	0	NA	0	NA	0	NA	5	0	NA	NA	2	Multiple facial fracture with B/L multiple ribs fracture with right hem	3	5_10	14	2
67	24	0	2021/07/013406	Jodhpur	0	3	0	2	0	1	2	0	0	0	60	<1	1	0	1	15	<1	1	45	<1	1	0	48	>1	40	20	30	0	NA	1	20	0	NA	3	1	2	4	5	penetrating injury in right thorax	3	<5	9	1
68	22	0	2021/07/014395	Pali	1	3	1	3	0	2	2	1	0	0	60	<1	3	3	2	30	<1	2	120	>1	1	1	120	>1	15	30	45	0	NA	0	NA	0	NA	4	0	NA	NA	2	scalp laceration with parechymal contusion	3	>10	9	1
69	40	0	2021/07/016783	Mathania	0	1	0	3	1	1	3	0	0	0	20	<1	1	1	1	60	<1	1	90	>1	0	1	3	>1	45	50	25	0	NA	0	NA	0	NA	2	0	NA	NA	2	right parietal lobe contusion with right ASIS hematoma	1	5_10	9	1
70	30	0	2021/07/017462	Khichola , jaisalm	0	1	0	2	0	6	2	1	2	1	300	>1	3	1	2	45	<1	2	440	>1	1	1	24	>1	20	25	20	0	NA	0	NA	0	NA	3.5	0	NA	NA	1	blunt trauma abdomen with Grade 3 splenic injury	1	5_10	9	1
71	26	0	2021/07/017806	Balotra	1	3	0	3	2	3	3	2	2	0	300	>1	1	1	2	30	<1	2	240	>1	0	0	8	>1	45	30	20	0	NA	0	NA	1	45	3	0	NA	NA	5	Stab injury in the epigastruim	3	5_10	4	1
72	40	0	2021/08/001325	Beawar , Ajmer	0	3	0	3	0	4	3	1	2	1	30	<1	1	2	2	25	<1	2	300	>1	0	0	10	>1	28	15	45	0	NA	0	NA	0	NA	2	1	0	2	3	garde 3 renal injury with pelvic fracture	1	<5	18	3
73	57	0	2021/08/004024	Basi , Jodh[ur	0	3	1	3	0	1	3	0	0	0	20	<1	1	0	3	40	<1	0	10	<1	0	0	0.45	<1	30	10	45	0	NA	0	NA	1	45	3.5	0	NA	NA	2	multiple laceration in the neck and chest region	3	5_10	4	1
74	45	0	2021/08/004342	Phalodi	0	1	0	1	0	4	2	0	2	1	300	>1	3	3	3	20	<1	0	300	>1	2	0	48	>1	30	10	20	0	NA	1	30	0	NA	6	0	NA	NA	2	injury to thorax and extremities	3	5_10	13	2
75	31	0	2021/08/004695	pali	0	3	0	3	0	2	3	3	0	1	60	<1	4	3	2	40	<1	2	150	>1	0	1	5	>1	45	15	25	1	2	1	30	0	NA	1.5	1	7	8	2	multiple facial bone fractures	1	<5	16	3
76	75	0	2021/08/005330	Sanjoo village , r	0	1	1	3	1	4	2	2	2	0	10	<1	3	3	3	30	<1	0	330	>1	1	1	18	>1	22	5	NA	0	NA	1	60	1	30	2	0	NA	NA	2	blunt trauma chest with multiple ribs fracture with pneumothorax	1	5_10	9	1
77	35	0	2021/08/005417	Devikot, Jaisalm	0	3	0	3	0	6	2	1	1	0	300	>1	1	2	2	60	<1	2	700	>1	2	1	40	>1	45	15	30	0	NA	1	5	0	NA	3	0	NA	NA	2	right hemopneumothorax with paraplegia	1	<5	9	1
78	25	0	2021/08/006016	Nagaur	0	3	0	2	1	4	2	3	2	0	120	>1	3	2	1	30	<1	1	330	>1	1	0	12	>1	45	40	45	0	NA	1	30	0	NA	5	0	NA	NA	3	Grade 5 splenic in jury with left sided multiple ribs fracture with hem	2	<5	29	5
79	42	0	2020/10/001233	Jodhpur	1	3	0	3	0	1	2	2	1	1	30	<1	2	1	3	60	<1	0	20	<1	1	1	4	>1	40	20	NA	0	NA	2	25	3	30	1.5	0	NA	NA	7	penetrating injury in the neck with no vascular injury	3	<5	2	1
80	40	0	2021/08/010143	Pali	1	1	0	3	0	2	3	3	0	0	120	>1	3	3	3	20	<1	0	190	>1	0	1	8	>1	90	20	NA	0	NA	1	15	0	NA	5	0	NA	NA	3	right sided multiple ribs fracture with grade 2 liver injury with AKI	1	5_10	13	2
81	25	0	2021/08/010855	Badmer,Khusib	0	3	1	3	1	5	2	1	1	0	300	>1	3	1	1	30	<1	1	520	>1	2	1	48	>1	90	120	NA	0	NA	3	25	0	NA	1.5	0	NA	NA	2	B/L SAH with DAI with B/L multiple ribs fracture with hemothorax an	1	5_10	25	4
82	32	0	2021/08/010941	Bhilwara	1	3	1	3	1	6	2	1	0	0	30	<1	3	3	3	20	<1	0	730	>1	3	0	120	>1	60	30	30	0	NA	0	NA	0	NA	7	0	NA	NA	2	left mutiple ribs fracture with D1 transverse process fracture	1	5_10	9	1
83	18	0	2021/08/011566	Pali	1	1	0	2	2	2	2	0	0	1	15	<1	2	1	1	30	<1	1	180	>1	1	0	10	>1	150	90	45	0	NA	3	90	0	NA	4.5	0	NA	NA	2	Blunt trauma chest with b/l ribs fracture with pneumothorax	1	5_10	13	2
84	40	1	2021/08/011652	Sojat city	0	3	0	1	1	2	2	2	2	1	20	<1	1	2	2	50	<1	2	210	>1	1	1	12	>1	40	30	15	0	NA	0	NA	0	NA	3	0	NA	NA	3	Blunt trauma abdomen with pacreatic injury at the body	2	<5	22	4
85	25	0	2021/08/011853	Pal by pass	1	1	0	3	0	1	3	1	0	1	30	<1	1	0	2	20	<1	2	20	<1	0	1	2	>1	90	60	30	0	NA	2	30	0	NA	4	0	NA	NA	3	Penetrating injury to abdomen	3	5_10	18	1
86	55	0	2021/08/012283	Paota Road	0	3	1	3	0	1	3	3	0	0	20	<1	3	3	2	10	<1	2	30	<1	0	0	2.5	>1	90	20	45	0	NA	0	NA	1	45	2	1	3	3	5	Unilateral ribs fracture with hemopneumothorax	1	5_10	24	4
87	45	1	2021/08/013395	Jodhpur	0	3	0	2	0	1	3	0	0	0	10	<1	4	3	2	20	<1	2	15	<1	0	1	3	>1	60	20	20	0	NA	0	NA	0	NA	3.5	1	6	6	5	Multiple hemorraghic contusion with SDH	1	<5	15	3
88	19	0	2021/08/014028	Pali road	0	1	0	3	0	2	3	1	0	0	60	<1	2	1	1	10	<1	1	160	>1	0	0	6	>1	120	90	20	0	NA	3	90	1	60	3	1	1	1	1	Gangrenous segment from caecum to splenic flexure with multiple re	3	5_10	4	1
89	27	1	2021/08/016308	Parsvnath city jo	0	3	0	3	1	2	2	0	0	1	40	<1	3	3	2	20	<1	2	210	>1	1	0	8	>1	30	35	45	0	NA	0	NA	1	30	2	0	NA	NA	2	left rib fracture with minimal hemothorax	1	>10	9	1
90	23	1	2021/08/017321	Naguar	0	3	1	2	0	4	2	0	0	0	20	<1	3	1	2	60	<1	2	380	>1	2	0	50	>1	60	40	45	1	5	0	NA	0	NA	3	1	8	8	4	Facial laceration	3	<5	23	4
91	52	0	2021/08/018271	Pali	0	3	0	3	2	2	2	2	2	1	10	<1	3	1	2	40	<1	2	180	>1	1	0	12	>1	60	15	25	0	NA	0	NA	0	NA	3	0	NA	NA	1	Unstable pelvic fracture	3	>10	9	1
92	45	1	2021/09/002162	Nagaur	0	3	0	3	1	4	3	0	2	0	10	<1	1	0	2	15	<1	2	440	>1	0	1	8	>1	80	30	45	0	NA	0	NA	0	NA	4	0	NA	NA	1	Unilateral ribs fracture with hemopneumothorax	1	5_10	9	1
93	27	0	2021/09/002352	Neembal kot, Ba	1	3	0	3	0	5	2	2	2	0	60	<1	2	1	2	15	<1	2	450	>1	3	0	48	>1	60	40	45	0	NA	0	NA	0	NA	2	0	NA	NA	3	Right ribs fracture with hemothorax	1	5_10	12	2
94	40	1	2021/09/002466	Pali	0	1	1	1	0	2	2	1	1	0	20	<1	2	1	1	30	<1	1	160	>1	1	1	10	>1	60	15	45	0	NA	0	NA	0	NA	3.5	0	NA	NA	1	Grade 5 splenic injury with pseudo aneurysm	2	5_10	29	5
95	42	0	2021/09/006726	Didwana railway	1	3	0	3	0	5	2	2	1	0	300	>1	1	0	3	60	<1	0	560	>1	2	1	120	>1	30	30	25	0	NA	0	NA	0	NA	3	0	NA	NA	1	Blunt trauma abdomen with ileal perforation	3	>10	12	2
96	35	0	2021/09/006824	Jodhpur	0	1	1	3	2	1	3	3	0	0	30	<1	3	2	1	45	<1	1	30	<1	0	0	3	>1	120	60	45	0	NA	0	NA	0	NA	6	0	NA	NA	2	Unilateral ribs fracture with hemopneumothorax	1	<5	9	1
97	25	0	2021/09/007028	Barmer	1	3	0	3	0	5	2	1	1	0	20	<1	4	3	3	30	<1	0	720	>1	3	1	72	>1	90	20	30	0	NA	0	NA	5	35	9	0	NA	NA	1	Blunt trauma abdomen with with intraperitoneal hematoma with mu	1	5_10	29	5
98	42	0	2021/09/007736	Barmer	0	3	1	2	0	5	2	1	0	1	300	>1	3	3	1	25	<1	1	590	>1	2	1	40	>1	60	30	45	1	5	0	NA	3	30	2	1	9	9	4	3c open femur fractutre with degloving injury with shock	3	5_10	75	5
99	52	0	2021/09/008231	Sojat city	0	3	0	3	1	2	2	1	0	1	60	<1	1	0	2	40	<1	2	220	>1	1	0	8	>1	60	20	25	0	NA	0	NA	0	NA	3	0	NA	NA	2	Blunt trauma thorax with multiple b/l ribs fracture with b/l pneumotl	1	5_10	9	1
100	28	0	2021/09/008680	ajmer	0	3	0	3	2	4	3	1	2	0	300	>1	3	1	1	20	<1	1	400	>1	0	0	5	>1	60	45	45	0	NA	0	NA	5	40	2.5	0	NA	NA	3	Pseudoaneurym of descending thoracic aorta tibia # with distal non c	2	5_10	25	4
101	32	0	2021/09/008721	Nagaur	0	1	0	3	0	4	2	0	0	0	120	>1	3	1	3	40	<1	0	380	>1	1	1	12	>1	60	40	45	0	NA	1	10	0	NA	2	0	NA	NA	7	Penetrating injury to right thorax with 2x2 cm laceration	3	<5	9	1
102	22	0	2021/09/008988	Jodhpur	0	3	0	3	1	1	3	1	0	0	30	<1	3	3	1	30	<1	1	30	<1	0	1	2	>1	36	15	20	0	NA	0	NA	0	NA	7	0	NA	NA	1	Jejunal transection 60 cm from DJ , sigmoid and transverese colon se	3	5_10	9	1
103	47	0	2021/09/009004	Jodhpur	0	1	1	2	1	1	2	0	0	0	120	>1	2	1	2	60	<1	2	20	<1	1	1	1	<1	100	10	45	0	NA	0	NA	0	NA	10	0	NA	NA	3	ribs fracture with displaced pelvic fracture with retroperitoneal hema	3	<5	8	1
104	50	0	2021/09/009568	Jodhpur	0	3	0	1	0	1	2	1	2	0	300	>1	1	0	1	30	<1	1	30	<1	1	0	1.5	>1	150	35	25	0	NA	0	NA	0	NA	6	0	NA	NA	2	Right 3,5-10 ribs fracture ,left 1 and 9 ribs fracture with hemopneum	1	<5	9	1
105	23	0	2021/09/011769	Jodhpur	0	3	0	3	0	1	2	0	0	1	30	<1	1	0	2	60	<1	2	40	<1	1	0	2	>1	15	25	NA	0	NA	0	NA	3	50	5	0	NA	NA	5	left zygomatic and left clavicle fracture with B/L multiple ribs fracture	1	>10	14	2
106	22	0	2021/09/012771	pali	0	3	0	3	1	2	3	2	2	0	15	<1	3	3	2	20	<1	2	200	>1	0	0	6	>1	40	60	30	1	5	3	7	5	30	0.5	1	2	2	3	Massive hemoperitonem	3	<5	27	5
107	70	1	2021/09/014776	Jodhpur	1	1	1	2	0	1	2	1	2	0	20	<1	3	3	2	30	<1	2	20	<1	1	0	1	<1	90	35	45	0	NA	0	NA	0	NA	3	0	NA	NA	3	Left sided mutiple ribs fractutre with mild hemothorax	1	<5	9	1
108	63	0	2021/09/016014	Barmer	1	3	0	3	0	5	2	0	0	1	30	<1	4	3	2	20	<1	2	420	>1	3	0	42	>1	60	60	NA	0	NA	0	NA	0	NA	4	0	NA	NA	3	Radial artery injury	3	<5	4	1
109	40	0	2021/09/016010	Barmer	0	3	0	3	0	5	2	0	2	0	20	<1	2	1	3	30	<1	0	520	>1	2	1	120	>1	60	25	NA	0	NA	0	NA	0	NA	2	0	NA	NA	3	Grade III liver injury	1	5_10	9	1
110	35	0	2021/09/016115	Pali	1	1	0	2	0	2	2	3	0	1	120	>1	3	1	3	50	<1	0	150	>1	2	1	24	>1	60	60	NA	1	2	0	NA	6	20	3.5	1	12	15	4	Right hemopneumothorax with multiple fractures in all 4 limbs with	3	<5	9	1
111	18	0	2021/09/016220	Jodhpur	1	3	0	3	0	1	2	2	2	0	10	<1	3	1	2	20	<1	2	30	<1	1	1	3	>1	36	210	30	0	NA	0	NA	4	40	3	0	NA	NA	2	B/L hemopneumothorax	1	5_10	9	1
112	60	0	2021/09/016283	Jaljog	0	3	1	3	0	1	2	1	1	0	60	<1	3	3	3	10	<1	0	20	<1	1	0	2	>1	60	30	45	0	NA	0	NA	0	NA	4	0	NA	NA	2	Left 3-6 ribs fractuure with body of scaupla fracture	1	>10	4	1
113	40	0	2021/09/017005	Jodhpur	0	1	0	3	0	1	3	2	1	0	40	<1	2	1	1	20	<1	1	20	<1	0	1	1	<1	60	20	15	0	NA	3	90	0	NA	4.5	0	NA	NA	2	Blunt trauma chest with b/l ribs fracture with pneumothorax	1	<5	13	2
114	28	0	2021/09/017556	Chopasni housin	0	1	0	1	1	1	3	3	0	1	10	<1	3	1	3	10	<1	0	20	<1	0	1	1	<1	150	90	30	0	NA	0	NA	0	NA	3	0	NA	NA	4	Right hand both bone fracture with compartment syndrome	3	5_10	9	1
115	30	0	2021/09/018056	Pali	0	3	0	3	0	2	2	1	1	0	360	>1	1	0	3	20	<1	0	200	>1	1	0	5	>1	60	30	45	0	NA	2	30	0	NA	4	0	NA	NA	3	Penetrating injury to abdomen	3	<5	9	1
116	34	0	2021/09/019778	jodhpur	1	3	0	3	0	1	2	1	0	0	20	<1	3	2	1	60	<1	1	20	<1	1	0	1	<1	36	60	25	0	NA	0	NA	0	NA	2	0	NA	NA	7	Unilateral ribs fracture with hemopneumothorax	1	5_10	15	3
117	35	0	2021/10/00568	Jodhpur	0	3	1	3	0	1	2	2	2	0	10	<1	1	0	3	40	<1	0	15	<1	1	1	0.75	<1	60	20	20	1	10	3	30	2	60	3.5	1	4	4	3	Multiple skull bone fracture with facial fracture with EDH, SDH with B	1	5_10	22	4
118	22	0	2021/10/011670	luni , jodhpur	0	1	0	2	0	1	3	1	0	0	15	<1	1	0	1	15	<1	1	70	>1	0	1	3	>1	60	10	20	0	NA	0	NA	0	NA	3	1	3	3	3	Multiple hemorraghic contusion with SDH	1	5_10	9	1
119	35	0	2021/10/011671	Jodhpur	0	3	1	3	1	1	2	1	2	1	60	<1	4	3	3	15	<1	0	20	<1	1	1	1	<1	60	20	45	0	NA	0	NA	3	40	0.5	0	NA	NA	4	Complete transaction of brachial artery and median nerve	3	<5	9	1
120	67	0	2021/10/011926	Jodhpur	0	3	0	3	0	1	3	3	0	0	10	<1	1	0	2	30	<1	2	20	<1	0	0	30	>1	120	50	45	0	NA	3	30	1	60	3	1	1	1	2	Mutiple ribs ftracture with ARDS	1	>10	9	1
121	39	1	2021/10/012395	Pali	0	1	0	3	0	2	2	1	2	0	60	<1	1	0	2	60	<1	2	200	>1	2	1	8	>1	120	90	20	0	NA	0	NA	0	NA	2	0	NA	NA	2	left rib fracture with minimal hemothorax	1	5_10	9	1
122	22	0	2021/10/014712	Butala village, So	0	3	0	3	0	2	3	0	0	0	60	<1	3	2	2	45	<1	2	250	>1	0	1	7	>1	30	35	45	0	NA	0	NA	0	NA	6	0	NA	NA	3	pelvic fracture with extraperitoneal bladder injury	3	5_10	17	3
123	50	0	2021/10/014754	Salawas road , jo	0	3	0	2	1	1	2	1	0	0	20	<1	4	3	1	30	<1	1	80	>1	1	1	7	>1	120	210	25	0	NA	0	NA	6	40	8	0	NA	NA	3	Grade 4 splenic injury with contrast extravasation	2	5_10	16	3
124	18	0	2021/10/015076	Salawas road , jo	0	3	0	1	0	1	3	0	0	1	300	>1	3	3	2	25	<1	2	80	>1	0	0	3	>1	45	15	NA	0	NA	0	NA	0	NA	3	0	NA	NA	1	Unstable pelvic fracture	3	<5	9	1
125	56	0	2021/10/015077	luni , jodhpur	0	1	0	3	0	1	3	1	2	0	300	>1	3	1	1	40	<1	1	50	<1	0	1	2	>1	90	120	30	0	NA	0	NA	0	NA	4	0	NA	NA	5	Degloving injury of right hand and foot	3	5_10	18	2
126	33	0	2021/10/017380	barmer	1	3	1	3	0	5	2	0	0	0	20	<1	3	3	2	20	<1	2	560	>1	3	0	120	>1	60	20	NA	1	10	1	30	1	40	2	1	6	9	2	Right massive pneumothorax with hemothorax	1	5_10	16	3
127	56	1	2021/10/017683	Soorsagar Jodhp	0	1	1	2	1	1	2	2	2	0	300	>1	2	1	2	40	<1	2	30	<1	1	0	6	>1	60	30	NA	0	NA	0	NA	0	NA	3.5	0	NA	NA	1	Unilateral ribs fracture with hemopneumothorax	1	<5	9	1
128	25	0	2021/10/017984	Jalore	1	3	0	3	0	3	2	1	2	1	60	<1	3	2	2	30	<1	2	360	>1	1	0	12	>1	36	34	NA	0	NA	0	NA	0	NA	3	0	NA	NA	1	Blunt trauma abdomen with multiple perforation in jejunum and trai	3	5_10	12	2
129	58	1	2021/11/000131	Madla, barmer	1	1	0	3	0	5	2	0	0	0	60	<1	3	3	2	60	<1	2	530	>1	1	1	240	>1	60	40	30	0	NA	0	NA	0	NA	2	0	NA	NA	1	Blunt trauma abdomen with Grade 5 splenic injury	2	<5	15	3
130	30	0	2021/11/015113	Hunara jodhpur	0	3	0	2	0	1	2	0	2	0	10	<1	3	3	3	30	<1	0	200	>1	2	1	2	>1	60	15	45	0	NA	0	NA	0	NA	0.5	0	NA	NA	4	Ulnary artery injury	3	<5	9	1
131	61	1	2021/09/005312	Jodhpur	1	3	0	3	1	1	2	3	0	0	300	>1	1	0	3	50	<1	0	30	<1	1	1	1	<1	150	90	15	0	NA	0	NA	0	NA	6	0	NA	NA	3	Blunt trauma to thorax and abdomen with left 5-6 ribs fracture , gard	1	<5	33	5
132	52	0	2021/11/001440	Nagaur	0	1	0	3	0	4	2	2	2	0	120	>1	1	0	2	30	<1	2	560	>1	2	0	4	>1	60	30	30	0	NA	0	NA	0	NA	6	0	NA	NA	2	tractor runover thorax	3	5_10	9	1
133	30	0	2021/11/001621	Jhalamand , jod	0	3	0	3	0	1	3	1	1	0	30	<1	4	3	3	40	<1	0	25	<1	0	1	2	>1	36	20	45	1	2	3	10	6	30	4	1	1	1	3	Grade 3 splenic injury with SMV laceration	3	5_10	75	5
134	25	0	2021/11/001620	Pali	0	3	0	1	0	2	2	3	2	0	120	>1	3	1	2	60	<1	2	200	>1	1	1	8	>1	60	20	25	1	5	3	30	2	60	2	1	2	2	3	Multiple skull bone fracture with facial fracture with EDH, SDH with B	1	5_10	9	1
135	51	1	2021/11/001955	Sojat city	0	3	1	3	0	2	3	0	2	1	30	<1	4	3	3	120	>1	1	250	>1	0	0	5	>1	60	20	20	0	NA	3	30	1	60	3	1	1	1	2	Mutiple ribs ftracture with ARDS	1	5_10	9	1
136	28	0	2021/11/002118	Phalodi	0	3	1	3	1	4	3	0	2	0	15	<1	1	0	3	30	<1	1	300	>1	0	1	6	>1	120	90	45	0	NA	0	NA	0	NA	2	0	NA	NA	2	left rib fracture with minimal hemothorax	1	<5	9	1
137	35	1	2021/11/002665	Bhilwara	0	1	0	3	0	6	2	1	0	0	20	<1	3	2	1	45	<1	1	650	>1	2	1	48	>1	120	35	45	0	NA	0	NA	0	NA	6	0	NA	NA	3	pelvic fracture with extraperitoneal bladder injury	3	5_10	27	5
138	26	0	2021/11/002765	Sanchor	0	1	0	2	0	6	3	0	0	0	30	<1	4	3	1	60	<1	1	725	>1	0	0	8	>1	30	210	20	0	NA	0	NA	6	30	8	0	NA	NA	3	Grade 4 splenic injury with contrast extravasation	2	5_10	16	3
139	24	0	2021/11/005728	near AIIMS	0	3	0	3	0	1	3	0	0	1	20	<1	4	3	1	20	<1	1	10	<1	0	1	0.5	<1	120	15	45	0	NA	0	NA	5	40	9	0	NA	NA	1	Blunt trauma abdomen with with intraperitoneal hematoma with mu	1	<5	34	5
140	19	0	2021/11/005726	near AIIMS	0	3	0	3	0	1	3	3	0	0	120	>1	4	2	2	40	<1	2	10	<1	0	1	30	>1	45	30	25	0	NA	0	NA	0	NA	9	0	NA	NA	6	Unilateral ribs fracture with hemopneumothorax	1	5_10	12	2
141	53	0	2021/11/008350	Butala village, So	1	3	0	3	0	2	2	1	2	1	10	<1	1	0	2	120	>1	2	250	>1	2	0	48	>1	30	50	NA	0	NA	0	NA	0	NA	3	0	NA	NA	2	Blunt trauma thorax with multiple b/l ribs fracture with b/l pneumotl	1	>10	16	3
142	40	0	2021/11/010103	Salawas road , jo	0	1	0	3	0	1	1	0	0	0	60	<1	4	3	2	15	<1	2	100	>1	1	1	3	>1	60	25	30	0	NA	0	NA	0	NA	6.5	0	NA	NA	2	Blunt trauma thorax with left clavicle fracture with multiple ribs fract	1	<5	4	1
143	32	0	2021/11/010275	Salawas road , jo	0	3	0	2	1	1	3	1	0	0	40	<1	1	0	1	30	<1	1	90	>1	0	1	2	>1	36	30	45	0	NA	0	NA	0	NA	1.5	0	NA	NA	2	Blunt trauma thorax with left clavicle fracture with multiple ribs fract	1	>10	4	1
144	35	0	2021/11/010249	barmer	0	1	0	1	0	5	1	0	0	0	10	<1	4	2	1	30	<1	1	530	>1	3	1	9	>1	40	34	NA	0	NA	0	NA	0	NA	3	0	NA	NA	3	Blunt trauma chest with B/L mild hemothorax with 8 rib fracture with	1	5_10	34	5
145	31	0	2021/11/010667	Jaalore	0	3	0	3	0	3	1	1	2	0	360	>1	1	0	1	40	<1	1	320	>1	1	0	120	>1	30	40	NA	0	NA	0	NA	0	NA	2	0	NA	NA	2	Blunt trauma to thorax and abdomem with grade 4 splenic injury	1	5_10	16	3
146	32	0	2021/11/011467	Madla, barmer	0	3	0	3	0	5	3	0	0	0	20	<1	1	0	2	60	<1	2	600	>1	0	0	3.5	>1	90	15	NA	0	NA	0	NA	0	NA	7	0	NA	NA	2	Penetrating injury to abdomen	3	5_10	8	1
147	58	0	2021/11/011432	jodhpur	1	1	0	2	0	1	1	2	2	0	10	<1	1	0	1	120	>1	1	30	<1	1	0	3	>1	100	10	30	0	NA	1	20	0	NA	3	0	NA	NA	6	penetrating injury in right thorax	3	>10	9	1
148	35	0	2021/11/011393	Pali	1	3	0	3	0	2	1	1	2	1	15	<1	2	1	2	30	<1	2	180	>1	1	0	8	>1	40	20	45	0	NA	0	NA	0	NA	2.5	0	NA	NA	2	scalp laceration with parechymal contusion	3	<5	4	1
149	22	0	2021/11/012557	badmer	0	3	0	3	0	5	1	0	0	0	60	<1	4	3	2	45	<1	2	420	>1	1	0	16	>1	15	30	15	0	NA	0	NA	0	NA	3.5	0	NA	NA	2	right parietal lobe contusion with right ASIS hematoma	1	5_10	8	1
150	50	0	2021/11/013089	Kantaliya pali	1	1	0	2	0	2	3	0	2	0	10	<1	4	3	2	60	<1	2	160	>1	0	1	4	>1	45	50	30	0	NA	0	NA	0	NA	4	1	16	20	1	blunt trauma abdomen with Grade 3 splenic injury	1	5_10	9	1
151	75	0	2021/11/013145	Phalodi	1	3	0	3	1	4	1	3	0	1	60	<1	4	3	2	20	<1	2	500	>1	2	1	48	>1	20	25	45	0	NA	0	NA	0	NA	2	0	NA	NA	5	Stab injury in left flank region	3	5_10	4	1
152	35	0	2021/11/013911	Jaisalmer	0	1	0	3	0	6	1	2	2	0	60	<1	1	0	3	40	<1	0	700	>1	3	1	96	>1	45	30	25	0	NA	0	NA	0	NA	3	0	NA	NA	3	garde 3 renal injury with pelvic fracture	1	5_10	22	4

153	60	1	2021/11/014422	Bikaner	0	3	1	3	0	6	1	3	2	0	300	>1	2	1	2	120	>1	2	630	>1	3	1	48	>1	30	10	20	0	NA	1	30	0	NA	3	0	NA	NA	2	injury to thorax and extremities	3	<5	13	2
154	49	0	2021/11/014620	Jaisalmer	0	3	0	1	0	5	1	2	1	0	300	>1	4	3	3	15	<1	0	600	>1	1	1	18	>1	50	10	45	0	NA	0	NA	0	NA	1.5	0	NA	NA	2	neck laceration deep to platysma	3	5_10	4	1
155	20	0	202/12/000588	sojat city	0	1	0	3	0	2	3	3	0	0	30	<1	4	3	2	30	<1	2	180	>1	0	1	5	>1	45	15	45	1	1	1	60	6	30	2	1	3	5	2	blunt trauma chest with multiple ribs fracture with pneumothorax	1	<5	75	5
156	55	0	2021/12/000801	Osian	1	3	0	3	1	2	1	1	1	0	20	<1	4	3	1	30	<1	1	160	>1	1	0	10	>1	22	5	20	0	NA	1	5	0	NA	3	0	NA	NA	2	right hemopneumothorax with paraplegia	1	<5	9	1
157	19	0	2021/12/001924	jodhpur	0	1	1	3	0	1	3	0	0	0	60	<1	1	0	3	40	<1	0	15	<1	0	1	1	<1	70	40	25	0	NA	0	NA	0	NA	1.5	0	NA	NA	7	penetrating injury in the neck	3	>10	4	1
158	69	0	2021/12/011566	Chopasni housin	0	3	1	2	0	1	3	1	0	0	10	<1	4	3	3	60	<1	0	20	<1	0	0	1	<1	90	20	30	0	NA	3	25	0	NA	1.5	0	NA	NA	1	Sigmiod perforation with grade 2 renal injury with distal ureteric inju	3	<5	13	2
159	56	0	2021/12/011652	Pali	0	1	0	3	0	2	1	3	0	1	300	>1	4	3	1	120	>1	1	210	>1	1	0	6	>1	90	120	45	0	NA	0	NA	0	NA	7	0	NA	NA	2	left mutiple ribs fracture with D1 transverse process fracture	1	<5	8	1
160	78	0	2021/12/011653	jodhpur	0	1	0	3	0	1	3	1	2	1	120	>1	4	3	2	30	<1	2	30	<1	0	1	1	<1	60	30	NA	0	NA	3	90	0	NA	4.5	0	NA	NA	2	Blunt trauma chest with b/l ribs fracture with pneumothorax	1	<5	8	1
161	23	0	2021/12/012283	Jodhpur	0	3	0	3	0	1	3	0	0	1	30	<1	2	1	2	45	<1	2	25	<1	0	1	1	<1	150	90	NA	0	NA	0	NA	0	NA	3	0	NA	NA	3	traumatic decending aorta aneurysm	2	5_10	25	4
162	32	0	2021/12/012465	luni , jodhpur	1	3	0	3	0	1	3	1	0	0	120	>1	3	3	2	60	<1	2	80	>1	0	0	3	>1	30	30	NA	0	NA	2	30	0	NA	4	0	NA	NA	3	Penetrating injury to abdomen	3	<5	9	1
163	34	0	2021/12/013395	Jodhpur	1	3	0	2	0	1	1	0	0	0	300	>1	3	3	1	20	<1	1	45	<1	1	1	6	>1	40	60	30	0	NA	0	NA	0	NA	2	0	NA	NA	2	Unilateral ribs fracture with hemopneumothorax	1	5_10	12	2
164	46	0	2021/12/016308	Basni	1	1	0	1	0	1	1	0	0	0	30	<1	3	2	1	40	<1	1	20	<1	1	1	4	>1	70	20	45	0	NA	0	NA	0	NA	3.5	1	4	4	1	Multiple hemorraghic contusion with SDH	1	>10	15	3
165	73	0	2021/12/016439	Mathania	1	3	0	3	0	1	1	2	2	1	15	<1	2	1	2	120	>1	2	90	>1	2	0	8	>1	45	10	15	0	NA	3	30	1	60	3	1	1	1	2	Mutiple ribs ftracture with ARDS	1	<5	9	1
166	66	0	2021/12/016440	Khichola , jaisalr	0	3	0	3	1	6	3	1	3	0	20	<1	3	1	2	15	<1	2	650	>1	0	0	8	>1	60	20	30	0	NA	0	NA	0	NA	2	0	NA	NA	2	left rib fracture with minimal hemothorax	1	5_10	9	1
167	34	0	2021/12/018271	Barmer	1	1	0	2	0	5	2	0	0	0	30	<1	1	0	2	30	<1	2	450	>1	4	0	120	>1	120	90	45	0	NA	0	NA	0	NA	6	1	3	4	3	pelvic fracture with extraperitoneal bladder injury	3	<5	13	2
168	56	0	2021/12/012283	Balotra	0	3	0	3	0	3	2	0	3	1	20	<1	3	3	2	30	<1	2	250	>1	1	0	8	>1	30	35	25	0	NA	0	NA	6	40	8	1	12	15	3	Grade 4 splenic injury with contrast extravasation	2	5_10	16	3
169	87	0	2021/12/019356	Beawar , Ajmer	0	3	0	3	0	4	2	3	0	0	120	>1	2	1	3	40	<1	0	380	>1	2	0	10	>1	120	210	20	0	NA	0	NA	0	NA	3	0	NA	NA	1	Unilateral ribs fracture with hemopneumothorax	1	5_10	4	1
170	21	0	2022/01/021226	Samru village,ha	0	3	0	2	0	7	2	3	2	0	40	<1	4	3	3	60	<1	0	900	>1	4	1	300	>1	150	40	45	1	2	0	NA	6	90	4	1	5	8	1	D2 wall through and through perforation	3	5_10	9	1
171	35	0	2022/01/022027	Bambor village	0	3	0	3	0	1	3	2	1	0	10	<1	4	3	2	120	>1	2	45	<1	0	0	3	>1	30	30	20	0	NA	0	NA	0	NA	2	0	NA	NA	2	Right fracture with B/L hemopneumothorax	1	<5	16	3
172	40	0	2021/01/001325	Chopasni housin	0	1	0	3	0	1	3	3	0	0	360	>1	4	3	1	30	<1	1	30	<1	0	1	1	<1	40	34	45	0	NA	0	NA	0	NA	3.5	0	NA	NA	2	Right ribs fracture with hemothorax	1	>10	15	3
173	82	0	2021/01/004024	Pali	0	3	0	3	0	2	2	1	1	1	20	<1	4	3	3	45	<1	0	180	>1	1	1	8	>1	70	40	25	0	NA	0	NA	0	NA	3	0	NA	NA	1	Grade 5 splenic injury with pseudo aneurysm	2	5_10	29	5
174	34	0	2021/01/004136	jodhpur	0	1	0	1	1	1	2	1	0	0	10	<1	1	0	3	60	<1	0	20	<1	1	1	3	>1	45	15	NA	0	NA	0	NA	0	NA	6	0	NA	NA	3	Blunt trauma to thorax and abdomen with left 5-6 ribs fracture , garc	1	5_10	9	1
175	46	0	2021/01/004695	Jodhpur	0	3	1	3	1	1	2	1	3	1	15	<1	4	2	2	20	<1	2	15	<1	1	0	4	>1	60	90	30	0	NA	0	NA	0	NA	3	0	NA	NA	3	Fall from height with Focal SAH in Sylvian fissure ,with displaced clavi	1	5_10	8	1
176	73	0	2021/01/005330	luni , jodhpur	0	3	0	3	0	1	2	0	0	0	60	<1	2	1	3	40	<1	0	80	>1	1	1	6	>1	90	30	45	0	NA	0	NA	0	NA	6	1	4	4	2	tractor runover thorax	3	<5	9	1
177	66	0	2021/01/005417	Jodhpur	1	3	0	3	0	1	2	3	0	1	10	<1	4	2	1	120	>1	1	30	<1	1	1	3	>1	45	60	NA	0	NA	0	NA	5	45	9	0	NA	NA	1	Blunt trauma abdomen with with intraperitoneal hematoma with mu	1	5_10	29	5
178	34	0	2021/01/006016	Pali	1	1	0	2	0	2	2	1	3	1	60	<1	4	2	2	15	<1	2	180	>1	1	0	9	>1	30	20	NA	0	NA	0	NA	0	NA	9	0	NA	NA	3	Unilateral ribs fracture with hemopneumothorax	1	5_10	16	3
179	56	1	2021/01/006417	Basni	0	3	1	3	0	1	2	0	0	0	60	<1	4	2	2	30	<1	2	60	<1	1	1	8	>1	40	30	NA	0	NA	0	NA	0	NA	3	0	NA	NA	2	Blunt trauma thorax with multiple b/l ribs fracture with b/l pneumotl	1	<5	4	1
180	87	0	2021/01/010143	Ajmer	1	3	1	3	0	4	1	1	0	1	20	<1	1	0	2	30	<1	2	630	>1	2	1	18	>1	60	50	30	0	NA	0	NA	0	NA	6.5	0	NA	NA	2	Blunt trauma thorax with left clavicle fracture with multiple ribs fract	1	5_10	4	1
181	45	0	2021/01/010855	Khichola , jaisalr	1	1	0	3	0	6	3	0	0	0	300	>1	1	0	1	40	<1	1	620	>1	2	0	48	>1	60	25	45	0	NA	0	NA	0	NA	1.5	0	NA	NA	2	Blunt trauma thorax with left clavicle fracture with multiple ribs fract	1	<5	4	1
182	44	1	2021/01/010941	Barmer	0	3	0	3	0	5	1	1	3	0	300	>1	4	2	3	60	<1	0	560	>1	2	1	120	>1	36	30	15	0	NA	0	NA	0	NA	5	0	NA	NA	3	Blunt trauma chest with B/L mild hemothorax with 8 rib fracture with	1	<5	34	5
183	44	0	2021/01/011566	Balotra	1	3	0	2	0	3	3	0	0	0	30	<1	4	2	1	120	>1	1	240	>1	0	1	8	>1	45	34	30	1	1	0	NA	6	30	2	1	6	10	3	Blunt trauma to thorax and abdomem with grade 4 splenic injury	1	<5	12	2
184	21	0	2021/01/011652	Beawar , Ajmer	0	1	0	1	1	4	1	2	3	0	20	<1	4	3	2	30	<1	2	400	>1	3	0	40	>1	60	40	45	0	NA	0	NA	0	NA	7	0	NA	NA	2	Penetrating injury to abdomen	3	5_10	8	1
185	35	1	2021/01/011653	Basi , Jodh[ur	0	1	0	3	0	1	3	1	3	0	300	>1	4	3	1	45	<1	1	20	<1	0	0	2	>1	90	15	25	0	NA	0	NA	0	NA	10	0	NA	NA	3	ribs fracture with displaced pelvic fracture with retroperitoneal hema	3	5_10	8	1
186	40	1	2021/01/012283	Phalodi	0	3	0	3	0	4	1	0	0	1	60	<1	1	0	2	60	<1	2	450	>1	1	0	8	>1	100	10	20	0	NA	0	NA	0	NA	6	0	NA	NA	2	Right 3,5-10 ribs fracture ,left 1 and 9 ribs fracture with hemopneum	1	5_10	9	1
187	24	0	2021/02/010941	Pali	1	3	0	2	0	2	1	0	3	0	60	<1	4	3	2	20	<1	2	210	>1	1	0	6	>1	150	35	20	0	NA	0	NA	3	30	5	0	NA	NA	4	left zygomatic and left clavicle fracture with B/L multiple ribs fracture	1	5_10	14	2
188	34	0	2021/02/011566	jodhpur	0	3	0	3	0	1	1	3	0	0	10	<1	4	3	2	40	<1	2	20	<1	1	0	1	<1	15	25	45	0	NA	0	NA	0	NA	3	0	NA	NA	2	radial artery injury	3	<5	25	4
189	46	0	2021/02/011652	Salawas road , j	0	1	0	3	2	1	3	2	3	1	300	>1	4	3	2	120	>1	2	100	>1	0	0	5	>1	40	60	45	0	NA	0	NA	0	NA	4	0	NA	NA	3	Left sided mutiple ribs fractutre with mild hemothorax	1	5_10	9	1
190	73	0	2021/02/011653	paota	0	3	0	2	0	1	3	1	1	0	120	>1	4	2	3	15	<1	0	30	<1	0	1	1	<1	90	35	20	0	NA	0	NA	0	NA	2	1	1	2	3	B/L multiple ribs fracture right scapula fracture with b/l rami fracture	1	5_10	9	1
191	66	0	2021/02/012283	Jodhpur	0	3	0	3	0	1	3	3	2	1	30	<1	1	0	3	30	<1	0	20	<1	0	1	1	<1	60	60	45	0	NA	0	NA	0	NA	3.5	0	NA	NA	3	Grade III liver injury	1	<5	13	2
192	44	0	2021/02/012465	Pali	0	1	0	3	0	2	1	2	1	0	120	>1	3	1	2	30	<1	2	210	>1	1	1	18	>1	60	60	25	0	5	0	NA	6	10	3	1	4	9	4	Unilateral ribs fracture with hemopneumothorax	1	5_10	9	1
193	21	0	2021/02/013395	Basni	0	3	0	3	0	1	1	3	0	0	300	>1	1	0	3	40	<1	0	20	<1	1	0	4	>1	60	35	NA	0	NA	0	NA	4	40	3	0	NA	NA	2	B/L hemopneumothorax	1	>10	9	1
194	35	0	2021/02/014028	Jodhpur	1	3	0	1	0	1	1	1	1	0	30	<1	3	2	2	60	<1	2	30	<1	1	1	6	>1	36	210	30	0	NA	0	NA	0	NA	4	0	NA	NA	2	Left 3-6 ribs fractuure with body of scaupla fracture	1	<5	4	1
195	40	0	2021/02/016308	Jodhpur	1	3	0	3	0	1	1	1	0	0	15	<1	1	0	1	120	>1	1	40	<1	1	1	4	>1	60	30	45	1	1	0	NA	0	NA	2	1	15	21	5	Unilateral ribs fracture with hemopneumothorax	1	>10	18	4
196	82	0	2021/02/016439	Pali	0	1	0	3	0	2	3	2	2	1	20	<1	1	0	3	30	<1	0	230	>1	0	1	8	>1	60	20	NA	0	NA	3	90	0	NA	3.5	0	NA	NA	2	Blunt trauma chest with b/l ribs fracture with pneumothorax	1	5_10	13	2
197	34	0	2021/02/017432	Barmer	1	3	1	3	0	5	2	1	0	0	30	<1	1	0	3	45	<1	0	600	>1	3	0	72	>1	150	50	NA	0	NA	0	NA	0	NA	3	0	NA	NA	3	B/L multiple ribs fracture with traumatic decending aorta aneurysm	2	5_10	16	3
198	46	0	2021/02/016441	Chopasni housin	1	3	0	2	2	1	3	3	0	0	20	<1	3	3	1	60	<1	1	30	<1	0	0	2	>1	60	90	NA	0	NA	2	30	0	NA	4	0	NA	NA	3	Penetrating injury to abdomen	3	5_10	18	4
199	73	0	2021/02/016442	Pali	0	1	0	3	0	2	2	3	0	1	120	>1	3	2	1	20	<1	1	280	>1	1	1	10	>1	36	30	30	0	NA	0	NA	0	NA	2	0	NA	NA	7	Unilateral ribs fracture with hemopneumothorax	1	>10	13	2
200	66	0	2021/02/016443	jodhpur	0	3	0	3	0	1	3	3	0	0	10	<1	3	3	1	40	<1	1	30	<1	0	1	3	>1	60	60	45	0	NA	0	NA	0	NA	3.5	0	NA	NA	6	Unilateral ribs fracture with hemopneumothorax	1	<5	9	1
201	58	0	2021/02/016444	Jodhpur	0	1	1	3	0	1	2	3	0	0	60	<1	3	1	1	120	>1	1	20	<1	1	1	1	<1	60	20	15	0	NA	0	NA	0	NA	3	0	NA	NA	4	Brachail artery injury	3	5_10	9	1
202	19	0	2021/02/016445	luni , jodhpur	0	3	1	3	0	1	3	3	0	0	40	<1	1	0	1	15	<1	1	100	>1	0	0	5	>1	60	10	30	0	NA	0	NA	0	NA	3	0	NA	NA	5	Unilateral ribs fracture with hemopneumothorax	1	5_10	4	1
203	32	0	2022/03/002291	Jodhpur	0	3	0	2	0	1	3	1	3	0	10	<1	3	3	3	30	<1	0	30	<1	0	0	2	>1	120	20	45	0	NA	0	NA	0	NA	4	0	NA	NA	4	Unilateral ribs fracture with hemopneumothorax	1	5_10	18	4
204	30	0	2022/03/002310	Jaisalmer	1	3	0	1	0	6	2	0	0	1	360	>1	4	2	1	30	<1	1	800	>1	3	1	120	>1	120	90	25	1	10	3	30	2	60	2	1	12	12	3	Multiple skull bone fracture with facial fracture with EDH, SDH with B	1	5_10	13	2
205	21	0	2022/03/002731	Basni	0	1	0	3	1	1	3	1	0	1	20	<1	3	1	2	40	<1	2	20	<1	0	0	2	>1	30	35	20	0	NA	0	NA	0	NA	3.5	1	4	4	1	Multiple hemorraghic contusion with SDH	1	<5	75	5
206	34	0	2022/03/013112	Jodhpur	0	3	0	3	0	1	3	0	0	1	10	<1	1	0	2	60	<1	2	30	<1	0	1	1	<1	120	210	20	0	NA	3	30	1	60	3	1	1	2	2	Mutiple ribs ftracture with ARDS	1	5_10	9	1
207	40	0	2022/03/014381	Pali	0	3	0	2	0	2	2	1	3	0	15	<1	3	2	2	120	>1	2	300	>1	1	1	12	>1	45	15	45	0	NA	0	NA	0	NA	2	0	NA	NA	2	left rib fracture with minimal hemothorax	1	<5	9	1
208	54	0	2022/03/014705	Pali	1	1	0	3	0	2	2	0	0	0	60	<1	2	1	1	30	<1	1	280	>1	1	0	15	>1	70	120	45	0	NA	0	NA	0	NA	6	0	NA	NA	3	pelvic fracture with extraperitoneal bladder injury	3	<5	8	1
209	66	0	2022/03/015963	Rai ka bagh	0	3	0	3	2	1	3	2	3	0	10	<1	3	3	2	45	<1	2	40	<1	0	0	3	>1	45	40	20	0	NA	0	NA	6	40	8	1	4	4	3	Grade 4 splenic injury with contrast extravasation	2	>10	25	4
210	51	0	2022/03/016764	Barmer	0	3	0	2	0	5	1	1	3	0	60	<1	3	1	1	60	<1	1	560	>1	2	0	96	>1	60	30	45	1	10	0	NA	0	NA	4	1	5	7	1	Unstable pelvic fracture	3	<5	9	1
211	60	0	2022/03/019993	Sumerpur	0	1	0	3	0	3	3	0	3	0	20	<1	1	0	2	20	<1	2	220	>1	0	0	5	>1	40	40	NA	1	2	1	30	1	20	2	1	2	17	2	Right massive pneumothorax with hemothorax	1	<5	12	2
212	26	0	2022/03/020916	Marwad junctio	0	3	0	3	2	2	1	3	0	1	300	>1	1	0	2	40	<1	2	240	>1	1	0	12	>1	90	15	30	0	NA	0	NA	0	NA	3.5	0	NA	NA	1	Unilateral ribs fracture with hemopneumothorax	1	<5	15	3
213	50	0	2022/03/020925	Basni	0	3	0	3	0	1	2	2	3	0	300	>1	1	0	2	120	>1	2	15	<1	1	1	2	>1	29	90	45	0	NA	0	NA	0	NA	3	0	NA	NA	2	Right fracture with B/L hemopneumothorax	1	5_10	9	1
214	60	0	2022/03/021914	Merta city	0	3	0	1	0	3	3	1	1	0	30	<1	3	2	3	15	<1	0	400	>1	0	1	6	>1	90	30	NA	0	NA	0	NA	0	NA	3	0	NA	NA	2	Right ribs fracture with hemothorax	1	<5	9	1
215	55	0	2022/03/022500	Mount abu	1	1	0	3	0	5	2	3	2	0	20	<1	3	2	3	30	<1	0	880	>1	3	1	24	>1	40	20	NA	0	NA	0	NA	0	NA	4	0	NA	NA	1	Grade 5 splenic injury with pseudo aneurysm	2	5_10	13	2
216	22	0	2022/04/001437	Bhilada	1	3	0	3	0	6	1	2	1	0	300	>1	4	2	2	30	<1	2	800	>1	3	0	48	>1	15	30	NA	0	NA	0	NA	0	NA	6	0	NA	NA	3	Blunt trauma to thorax and abdomen with left 5-6 ribs fracture , garc	1	>10	16	3
217	42	0	2022/04/001460	Gudanla village,	0	3	0	3	0	2	2	3	0	0	60	<1	1	0	3	40	<1	0	300	>1	1	1	10	>1	45	50	30	1	1	1	20	0	NA	3	1	1	1	6	penetrating injury in right thorax	3	<5	4	3
218	50	0	2022/04/001454	Birol	1	1	0	2	2	3	2	1	1	0	60	<1	3	3	2	60	<1	2	380	>1	2	1	40	>1	20	25	45	0	NA	0	NA	0	NA	2	0	NA	NA	2	scalp laceration with parechymal contusion	3	5_10	9	1
219	50	0	2022/04/002299	barmer	1	3	1	3	1	5	3	1	0	0	10	<1	3	2	1	120	>1	1	740	>1	3	1	48	>1	45	30	15	0	NA	0	NA	0	NA	3.5	0	NA	NA	2	right parietal lobe contusion with right ASIS hematoma	1	<5	16	3
220	38	0	2022/04/002938	Nagaur	0	3	0	3	0	4	1	3	3	1	300	>1	3	3	3	30	<1	0	400	>1	1	0	12	>1	28	15	30	0	NA	0	NA	0	NA	4	0	NA	NA	1	Brachail artery injury	3	5_10	15	3
221	54	1	2022/04/004400	Pali	1	3	0	3	0	5	3	0	0	0	120	>1	4	2	3	45	<1	0	300	>1	0	1	6	>1	30	10	45	0	NA	0	NA	0	NA	2	0	NA	NA	5	Stab injury in right flank region	3	5_10	29	5
222	25	1	2022/04/004402	Balotra	0	1	0	3	0	3	2	3	0	0	30	<1	1	0	1	60	<1	1	330	>1	1	1	10	>1		10	25	0	NA	0	NA	0	NA	3	0	NA	NA	3	garde 3 renal injury with pelvic fracture	1	5_10	9	1
223	45	0	2022/04/005028	Sangria	0	3	1	2	0	1	3	1	3	0	120	>1	4	2	3	20	<1	0	10	<1	0	0	1	<1	45	15	20	0	NA	0	NA	0	NA	2.5	0	NA	NA	2	multiple laceration in the neck and chest region	3	<5	8	1
224	64	0	2022/04/005003	Mogra	0	3	1	1	2	1	3	0	0	1	300	>1	1	0	1	40	<1	1	50	<1	0	1	1.5	>1	22	5	20	0	NA	1	30	0	NA	3	0	NA	NA	2	injury to thorax and extremities	3	>10	9	1
225	37	0	2022/04/005152	Jodhpur	1	1	0	3	0	1	1	1	0	1	30	<1	4	3	2	120	>1	2	60	<1	1	1	1	<1	45	60	45	0	NA	0	NA	0	NA	1.5	0	NA	NA	2	multiple facial bone fractures	1	5_10	29	5
226	40	1	2022/04/005217	Khudi	0	3	0	3	0	1	1	0	0	1	15	<1	1	0	2	15	<1	2	50	<1	1	0	1	<1		40	45	0	NA	1	60	0	NA	2	0	NA	NA	2	blunt trauma chest with multiple ribs fracture with pneumothorax	1	5_10	16	3
227	30	0	2022/04/005400	Barmer	0	1	0	2	0	5	3	1	3	0	20	<1	1	0	2	30	<1	2	630	>1	0	1	5	>1	40	30	20	0	NA	1	5	0	NA	3	0	NA	NA	2	right hemopneumothorax with paraplegia	1	5_10	4	1
228	26	1	2022/04/005443	Boranada	0	3	0	3	2	1	1	0	0	1	30	<1	1	0	1	30	<1	1	90	>1	1	1	2	>1	90	40	45	0	NA	1	30	0	NA	6	0	NA	NA	3	RTA mutiple ribs fracture with scapula fracture with grade 2 liver inju	1	<5	4	1
229	28	0	2022/04/005822	Merta city	0	3	0	3	0	3	3	2	3	0	20	<1	1	0	3	40	<1	0	600	>1	0	0	6	>1	90	120	25	1	1	0	NA	0	NA	1.5	1	1	2	7	penetrating injury in the posterior aspect of neck	3	5_10	4	1
230	28	0	2022/04/005923	Barmer	0	3	0	2	0	5	1	1	3	0	120	>1	4	3	1	60	<1	1	550	>1	3	0	18	>1	60	30	NA	0	NA	1	15	0	NA	5	0	NA	NA	3	Brachail artery injury	3	5_10	34	5
231	24	0	2022/04/005896	Jaisalmer	0	1	0	3	0	6	1	0	0	0	10	<1	4	3	2	120	>1	2	920	>1	2	0	48	>1	150	90	30	0	NA	3	25	0	NA	1.5	0	NA	NA	2	B/L SAH with DAI with B/L multiple ribs fracture with hemothorax an	1	<5	12	2
232	62	0	2022/04/005913	Jhalamand	1	3	0	3	0	1	3	0	3	0	60	<1	4	3	1	30	<1	1	35	<1	0	0	2	>1	70	30	45	0	NA	0	NA	0	NA	7	0	NA	NA	2	left mutiple ribs fracture with D1 transverse process fracture	1	5_10	8	1
233	45	0	2022/04/006290	Jaisalmer	1	3	0	3	0	6	1	3	0	1	40	<1	1	0	2	45	<1	2	730	>1	3	0	72	>1	45	60	NA	0	NA	3	90	0	NA	4.5	0	NA	NA	2	Blunt trauma chest with b/l ribs fracture with pneumothorax	1	<5	8	1
234	50	0	2022/04/006689	Bhagat ki kkhoth	0	1	0	1	0	1	1	2	3	0	10	<1	4	3	2	60	<1	2	20	<1	1	0	1	<1	60	20	NA	0	NA	0	NA	1	45	4	0	NA	NA	3	traumatic decending aorta aneurysm	2	<5	9	1
235	54	0	2022/04/006774	Barmer	1	3	0	3	1	5	1	1	1	0	360	>1	2	1	2	20	<1	2	530	>1	2	1	24	>1	90	10	NA	0	NA	2	30	0	NA	6	0	NA	NA	3	Penetrating injury to abdomen	3	<5	14	3
236	40	1	2022/04/007179	Jodhpur	1	3	0	3	2	1	1	3	2	1	20	<1	4	3	2	40	<1	2	30	<1	1	1	1	<1	60	20	30	0	NA	0	NA	0	NA	4	0	NA	NA	3	Unilateral ribs fracture with hemopneumothorax	1	5_10	25	5
237	27	1	2022/04/008675	Pali road	0	1	0	3	0	2	3	2	1	0	10	<1	4	3	3	120	>1	0	320	>1	0	1	6	>1	120	90	45	1	5	3	30	2	60	2	1	7	2	3	Multiple skull bone fracture with facial fracture with EDH, SDH with B	1	5_10	9	1
238	54	0	2022/04/008903	Barmer	1	1	0	2	0	5	1	3	0	0	15	<1	4	3	3	15	<1	0	730	>1	3	0	18	>1	30	35	15	0	NA	0	NA	0	NA	3.5	1	3	4	6	Multiple hemorraghic contusion with SDH	1	5_10	13	2
239	65	1	2022/04/008963	Pali	0	3	0	3	0	2	1	1	1	0	60	<1	1	0	2	30	<1	2	280	>1	1	1	4	>1	120	210	30	0	NA	3	30	1	60	3	1	15	20	2	Mutiple ribs ftracture with ARDS	1	5_10	8	1
240	50	0	2022/04/010777	jodhpur	0	3	0	3	0	1	3	1	0	0	10	<1	1	0	3	30	<1	0	30	<1	0	1	1	<1	45	15	45	0	NA	0	NA	0	NA	2	0	NA	NA	2	left rib fracture with minimal hemothorax	1	<5	8	1
241	40	0	2022/04/010778	Pali	0	3	1	3	0	2	1	0	0	0	60	<1	1	0	2	40	<1	2	200	>1	1	1	5	>1	70	120	25	0	NA	0	NA	1	45	6	0	NA	NA	3	pelvic fracture with extraperitoneal bladder injury	3	5_10	25	5
242	40	0	2022/04/009610	Balesar , jodhpu	1	1	0	3	0	2	2	2	2	0	60	<1	4	3	1	60	<1	1	210	>1	1	1	6	>1	45	20	20	0	NA	0	NA	6	30	8	0	NA	NA	3	Grade 4 splenic injury with contrast extravasation	2	5_10	9	1
243	43	0	2022/02/012361	Jodhpur	0	3	0	2	0	1	2	1	0	1	20	<1	4	3	3	120	>1	0	20	<1	1	0	1	<1	60	30	20	0	NA	0	NA	0	NA	4	0	NA	NA	1	Unstable pelvic fracture	3	<5	12	2
244	55	0	2022/04/013811	Pali	0	1	0	1	0	2	2	1	3	0	300	>1	1	0	1	30	<1	1	340	>1	1	1	3	>1	70	40	45	1	10	1	30	1	30	2	1	5	5	2	Right massive pneumothorax with hemothorax	1	5_10	15	3
245	74	0	2022/04/04415	Sumerpur	0	3	1	3	1	3	3	0	0	0	30	<1	4	3	3	45	<1	0	440	>1	0	1	8	>1	45	15	20	0	NA	0	NA	0	NA	3.5	1	1	1	1	Unilateral ribs fracture with hemopneumothorax	1	>10	22	4
246	45	0	2022/04/014367	nagaur	0	3	1	3	0	4	1	1	0	1	20	<1	4	3	1	60	<1	1	530	>1	2	1	15	>1	60	90	45	0	NA	0	NA	0	NA	3	0	NA	NA	2	Right fracture with B/L hemopneumothorax	1	<5	9	1
247	62	0	2022/04/018231	Shergarh	0	3	0	2	0	2	2	0	0	1	300	>1	4	3	2	20	<1	2	310	>1	2	0	24	>1	90	30	25	0	NA	0	NA	0	NA	3	0	NA	NA	2	Right ribs fracture with hemothorax	1	>10	13	2
248	60	0	2022/04/018727	Boranada ,Jodh	0	1	0	3	0	1	3	1	3	1	60	<1	4	3	2	40	<1	2	80	>1	0	1	5	>1	70	60	NA	0	NA	0	NA	0	NA	4	0	NA	NA	1	Grade 5 splenic injury with pseudo aneurysm	2	5_10	16	3
249	43	0	2022/05/000213	Rajgarh	1	3	0	3	1	7	2	0	0	0	60	<1	1	0	2	120	>1	2	980	>1	3	1	7	>1	45	20	30	0	NA	0	NA	0	NA	6	0	NA	NA	3	Blunt trauma to thorax and abdomen with left 5-6 ribs fracture , garc	1	5_10	4	1
250	18	0	2022/05/001934	khudi jodhpur	1	3	0	2	2	1	3	2	3	0	10	<1	3	1	1	15	<1	1	40	<1	0	0	0.5	<1	60	30	45	0	NA	0	NA	0	NA	2.5	0	NA	NA	3	Fall from height with Focal SAH	3	5_10	9	1
251	26	0	2022/05/001966	Siwan barmer	0	1	0	3	2	3	1	1	3	1	300	>1	1	0	1	30	<1	1	350	>1	2	1	48	>1	90	50	NA	0	NA	0	NA	0	NA	6	1	17	20	2	tractor runover thorax	3	>10	16	3
252	22	0	2022/05/002593	nagaur	1	3	0	3	0	3	1	0	0	0	120	>1	3	3	2	30	<1	2	530	>1	2	1	72	>1	60	25	NA	1	1	0	NA	5	36	9	1	4	5	1	Blunt trauma abdomen with with intraperitoneal hematoma with mu	1	<5	15	3
253	40	0	2022/05/003717	badiya Jalore	1	1	0	3	0	3	1	0	2	0	30	<1	1	0	1	40	<1	1	500	>1	1	0	24	>1	36	30	NA	0	NA	0	NA	0	NA	9	0	NA	NA	2	Unilateral ribs fracture with hemopneumothorax	1	5_10	29	5
254	54	0	2022/05/003803	Nagore	0	3	0	1	0	4	1	3	0	1	120	>1	1	0	2	60	<1	2	450	>1	2	1	18	>1	70	34	30	0	NA	0	NA	0	NA	3	0	NA	NA	2	Blunt trauma thorax with multiple b/l ribs fracture with b/l pneumotl	1	5_10	9	1
255	19	0	2022/05/005505	Hanumangarh	1	3	0	3	0	7	1	2	2	0	300	>1	2	1	2	120	>1	2	1200	>1	3	1	240	>1	45	40	45	0	NA	0	NA	0	NA	6.5	0	NA	NA	2	Blunt trauma abdomen	3	5_10	8	1
256	73	0	2022/05/006459	nagaur	0	3	0	3	0	4	1	1	1	1	30	<1	4	3	2	30	<1	2	460	>1	1	1	8	>1	60	15	15	0	NA	0	NA	0	NA	1.5	0	NA	NA	2	Blunt trauma thorax with left clavicle fracture with multiple ribs fract	1	5_10	9	1
257	40	0	2022/05/006517	Sojat city	0	1	0	3	1	2	3	3	2	0	15	<1	3	2	2	45	<1	2	320	>1	0	0	6	>1	90	10	30	0	NA	0	NA	0	NA	7	0	NA	NA	3	Blunt trauma chest with B/L mild hemothorax with 8 rib fracture with	1	<5	29	5
258	47	0	2022/05/008311	Purakhpur villag	0	3	0	2	0	1	3	2	1	0	20	<1	4	3	3	60	<1	0	110	>1	0	0	4	>1	210	35	45	0	NA	0	NA	1	45	2	0	NA	NA	7	Blunt trauma to thorax and abdomem with grade 4 splenic injury	1	5_10	16	3
259	40	1	2022/05/008413	Jhalamand road	1	3	0	3	0	1	3	3	0	0	30	<1	3	3	3	20	<1	0	30	<1	0	0	1	<1	15	25	25	0	NA	0	NA	0	NA	7	0	NA	NA	2	Penetrating injury to abdomen	3	<5	4	1
260	20	0	2022/05/008767	Jodhpur	0	1	0	3	0	1	1	1	1	0	20	<1	1	0	2	40	<1	2	25	<1	1	0	2	>1	40	60	20	0	NA	0	NA	0	NA	10	0	NA	NA	3	ribs fracture with displaced pelvic fracture with retroperitoneal hema	3	<5	4	1
261	70	0	2022/05/009075	Sojat city	0	3	0	3	0	2	2	1	0	0	120	>1	3	3	3	120	>1	0	350	>1	1	0	8	>1	90	35	20	0	NA	0	NA	0	NA	6	0	NA	NA	2	Right 3,5-10 ribs fracture ,left 1 and 9 ribs fracture with hemopneum	1	<5	4	1
262	23	0	2022/05/011068	Pali	0	3	0	3	1	2	3	1	0	0	10	<1	2	1	3	15	<1	2	360	>1	0	1	6	>1	60	60	45	0	NA	0	NA	3	40	5	0	NA	NA	6	left zygomatic and left clavicle fracture with B/L multiple ribs fracture	1	<5	34	5
263	56	0	2022/05/011117	Jodhpur	0	1	1	2	0	1	3	0	0	0	60	<1	3	2	1	30	<1	1	30	<1	0	1	1	<1	60	50	45	1	1	0	NA	0	NA	4	1	3	5	2	L2 burst compression fracture	1	5_10	12	2
264	25	0	2022/05/011118	Bhimada,barme	0	1	0	1	0	5	1	3	0	1	40	<1	3	3	3	30	<1	0	540	>1	2	0	12	>1	60	20	20	0	NA	0	NA	0	NA	2	0	NA	NA	3	Left sided mutiple ribs fractutre with mild hemothorax	1	5_10	8	1
265	20	0	2022/05/013052	Jodhpur	0	3	0	3	0	1	2	1	2	0	10	<1	3	1	3	40	<1	0	40	<1	1	1	1.5	>1	36	210	45	0	NA	0	NA	1	45	3.5	0	NA	NA	3	B/L multiple ribs fracture right scapula fracture with b/l rami fracture	1	5_10	8	1
266	40	0	2022/05/013428	Sojat city	1	3	0	3	0	2	2	0	0	0	360	>1	2	1	1	60	<1	1	290	>1	1	1	4	>1	60	30	25	0	NA	0	NA	0	NA	3	0	NA	NA	3	Grade III liver injury	1	<5	9	1
267	25	1	2022/05/013601	Gugugram	1	3	0	2	1	7	2	1	0	0	20	<1	1	0	3	120	>1	0	1200	>1	3	1	24	>1	60	20	NA	0	2	0	NA	6	10	3	1	3	3	4	Right hemopneumothorax with multiple fractures in all 4 limbs with	3	>10	14	3
268	23	0	2022/05/0137965	Osian	0	1	0	3	2	2	2	0	0	1	10	<1	2	1	1	30	<1	1	300	>1	1	0	8	>1	150	15	30	0	NA	0	NA	4	40	4	0	NA	NA	2	B/L hemopneumothorax	1	5_10	25	5
269	50	1	2022/05/003885	Jodhpur	1	3	0	3	0	1	1	1	2	0	15	<1	3	2	2	45	<1	2	30	<1	1	1	6	>1	60	90	45	0	NA	0	NA	0	NA	6	0	NA	NA	2	Left 3-6 ribs fractuure with body of scaupla fracture	1	5_10	9	1
270	44	1	2022/05/015916	Badmer,Khusib	1	3	0	2	0	5	2	0	0	1	60	<1	3	3	2	60	<1	2	550	>1	2	1	48	>1	36	30	NA	1	1	0	NA	6	10	8	1	1	1	3	Grade 4 splenic injury with contrast extravasation	2	5_10	9	1
271	25	0	2022/05/0186118	Bhilwara	0	1	0	3	0	6	2	2	2	0	10	<1	4	3	2	20	<1	2	630	>1	3	0	72	>1	60	60	NA	0	NA	3	90	0	NA	4.5	0	NA	NA	2	Blunt trauma abdomen	3	<5	13	2
272	28	0	2022/05/017756	Pali	1	3	0	3	0	2	2	1	2	0	60	<1	2	1	1	40	<1	1	280	>1	1	1	10	>1	60	60	NA	0	NA	0	NA	0	NA	4	0	NA	NA	3	traumatic decending aorta aneurysm	2	5_10	9	1
273	37	1	2022/05/016929	Ashiyana, jodhp	0	3	0	3	1	1	3	0	0	0	60	<1	3	3	3	120	>1	0	30	<1	0	1	1	<1	60	10	30	0	NA	2	30	0	NA	2	0	NA	NA	3	Penetrating injury to abdomen	3	<5	9	2
274	50	0	2022/05/018792	Pal by pass	0	3	0	1	0	1	1	0	2	0	20	<1	3	2	1	15	<1	1	30	<1	1	0	1	<1	120	35	45	0	NA	2	30	0	NA	3.5	0	NA	NA	3	Penetrating injury to abdomen	3	5_10	4	1
275	28	0	2022/05/019349	Paota Road	0	1	0	3	0	1	2	3	0	0	300	>1	3	2	2	30	<1	2	30	<1	1	1	1.5	>1	120	90	15	1	5	3	30	2	60	3	1	1	1	3	Multiple skull bone fracture with facial fracture with EDH, SDH with B	1	<5	75	5
276	35	0	2022/05/019382	Taranagar,Churu	1	3	0	3	0	7	2	2	2	0	300	>1	3	2	1	40	<1	1	900	>1	3	1	48	>1	30	35	30	0	NA	0	NA	0	NA	3	0	NA	NA	2	left rib fracture with minimal hemothorax	1	<5	13	2
277	30	0	2022/05/019507	Jodhpur	0	3	0	3	0	1	3	1	1	1	30	<1	2	1	2	120	>1	2	30	<1	0	0	1	<1	120	210	45	0	NA	3	30	1	60	4	1	1	1	2	Mutiple ribs ftracture with ARDS	1	>10	16	3
278	50	0	2022/05/0109746	Barmer	0	1	0	2	2	5	1	3	2	0	20	<1	3	3	2	15	<1	2	540	>1	3	0	72	>1	45	15	25	0	NA	0	NA	0	NA	2	0	NA	NA	2	left rib fracture with minimal hemothorax	1	<5	12	2
279	60	0	2022/06/019993	Sumerpur	0	1	0	3	0	3	3	0	2	0	20	<1	2	1	2	20	<1	2	220	>1	0	0	5	>1	40	40	NA	1	2	1	30	1	20	2	1	2	NA	2	Right massive pneumothorax with hemothorax	1	<5	12	2
280	26	0	2022/06/020916	Marwad junctio	0	3	0	3	0	2	2	3	0	1	300	>1	1	0	2	40	<1	2	240	>1	1	0	12	>1	90	15	30	0	NA	0	NA	1	45	3.5	0	NA	NA	1	Unilateral ribs fracture with hemopneumothorax	1	<5	15	3
281	50	0	2022/06/020925	Basni	0	3	0	3	0	1	2	2	2	0	300	>1	2	1	2	120	>1	2	15	<1	1	1	2	>1	29	90	45	0	NA	0	NA	0	NA	3	0	NA	NA	2	Right fracture with B/L hemopneumothorax	1	5_10	9	2
282	60	0	2022/06/021914	Merta city	0	3	0	3	1	3	3	1	1	0	30	<1	3	2	3	15	<1	0	400	>1	0	1	6	>1	90	30	NA	0	NA	0	NA	0	NA	3	0	NA	NA	2	Right ribs fracture with hemothorax	1	<5	9	2
283	55	0	2022/06/022500	Mount abu	1	1	0	2	0	5	2	3	2	0	20	<1	3	2	3	30	<1	0	880	>1	3	1	24	>1	40	20	NA	0	NA	0	NA	0	NA	4	0	NA	NA	1	Grade 5 splenic injury with pseudo aneurysm	2	5_10	13	2
284	22	0	2022/06/001437	Bhilada	1	3	0	1	2	6	1	2	1	0	300	>1	4	3	2	30	<1	2	800	>1	3	0	48	>1	15	30	NA	0	NA	0	NA	0	NA	6	0	NA	NA	3	Blunt trauma abdomen	3	>10	16	3
285	42	0	2022/06/001460	Gudanla village,	0	3	0	3	0	2	2	3	0	0	60	<1	2	1	3	40	<1	0	300	>1	1	1	10	>1	45	50	30	0	NA	1	20	0	NA	3	0	NA	NA	6	penetrating injury in right thorax	3	<5	4	1
286	50	0	2022/06/001454	Birol	1	1	0	3	0	3	1	1	1	0	60	<1	3	3	2	60	<1	2	380	>1	2	1	40	>1	20	25	45	0	NA	0	NA	0	NA	2	0	NA	NA	2	scalp laceration with parechymal contusion	3	5_10	9	2
287	50	0	2022/06/002299	barmer	1	3	1	2	0	5	3	1	0	0	10	<1	3	2	1	120	>1	1	740	>1	3	1	48	>1	45	30	15	0	NA	0	NA	0	NA	3.5	0	NA	NA	2	right parietal lobe contusion with right ASIS hematoma	1	<5	16	3
288	38	0	2022/06/002938	Nagaur	0	3	0	3	1	4	2	3	2	1	300	>1	3	3	3	30	<1	0	400	>1	1	0	12	>1	28	15	30	1	2	0	NA	0	NA	4	1	9	9	1	blunt trauma abdomen with Grade 3 splenic injury	1	5_10	15	3
289	54	1	2022/06/004400	Pali	1	3	0	3	0	2	3	0	0	0	120	>1	3	1	3	45	<1	0	300	>1	0	1	6	>1	30	10	45	0	NA	0	NA	0	NA	2	0	NA	NA	5	Stab injury in pelvis	3	5_10	29	5
290	25	1	2022/06/004402	Balotra	0	1	0	2	1	3	2	3	0	0	30	<1	2	1	1	60	<1	1	330	>1	1	1	10	>1		10	25	0	NA	0	NA	0	NA	3	0	NA	NA	3	garde 3 renal injury with pelvic fracture	1	5_10	9	2
291	45	0	2022/06/005028	Sangria	0	3	1	3	0	1	3	1	2	0	120	>1	3	3	3	20	<1	0	10	<1	0	0	1	<1	45	15	20	0	NA	0	NA	1	30	2.5	0	NA	NA	2	multiple laceration in the neck and chest region	3	<5	8	1
292	64	0	2022/06/005003	Mogra	0	3	1	3	2	1	3	0	0	1	300	>1	1	0	1	40	<1	1	50	<1	0	1	1.5	>1	22	5	20	0	NA	1	30	0	NA	3	0	NA	NA	2	injury to thorax and extremities	3	>10	9	2
293	37	0	2022/06/005152	Jodhpur	1	1	0	3	0	1	1	1	0	1	30	<1	3	3	2	120	>1	2	60	<1	1	1	1	<1	45	60	45	0	NA	0	NA	0	NA	1.5	0	NA	NA	2	multiple facial bone fractures	1	5_10	29	5
294	40	1	2022/06/005217	Khudi	0	3	0	1	0	1	2	0	0	1	15	<1	2	1	2	15	<1	2	50	<1	1	0	1	<1		40	45	0	NA	1	60	1	45	2	0	NA	NA	2	blunt trauma chest with multiple ribs fracture with pneumothorax	1	5_10	16	3
295	30	0	2022/06/005400	Barmer	0	1	0	3	0	5	3	1	2	0	20	<1	2	1	2	30	<1	2	630	>1	0	1	5	>1	40	30	20	0	NA	1	5	0	NA	3	0	NA	NA	2	right hemopneumothorax with paraplegia	1	5_10	4	1
296	26	1	2022/06/005443	Boranada	0	3	0	3	0	1	2	0	0	1	30	<1	2	1	1	30	<1	1	90	>1	1	1	2	>1	90	40	45	0	NA	1	30	0	NA	6	0	NA	NA	3	RTA mutiple ribs fracture with scapula fracture with grade 2 liver inju	1	<5	4	1
297	28	0	2022/06/005822	Merta city	0	3	0	3	2	3	3	2	2	0	20	<1	2	1	3	40	<1	0	600	>1	0	0	6	>1	90	120	25	0	NA	0	NA	1	30	1.5	0	NA	NA	7	penetrating injury in the neck	3	5_10	4	1
298	28	0	2022/06/005923	Barmer	0	3	1	2	0	5	1	1	2	0	120	>1	3	3	1	60	<1	1	550	>1	3	0	18	>1	60	30	NA	0	NA	1	15	0	NA	5	0	NA	NA	3	right sided multiple ribs fracture with grade 2 liver injury with AKI	1	5_10	34	5
299	24	0	2022/06/005896	Jaisalmer	0	1	0	3	1	6	2	0	0	0	10	<1	4	3	2	120	>1	2	920	>1	2	0	48	>1	150	90	30	1	2	3	25	0	NA	1.5	1	4	4	2	B/L SAH with DAI with B/L multiple ribs fracture with hemothorax an	1	<5	12	2
300	62	0	2022/06/005913	Jhalamand	1	3	0	3	0	1	3	0	3	0	60	<1	3	3	1	30	<1	1	35	<1	0	0	2	>1	70	30	45	0	NA	0	NA	0	NA	7	0	NA	NA	2	left mutiple ribs fracture with D1 transverse process fracture	1	5_10	8	1
301	45	0	2022/06/006290	Jaisalmer	1	3	0	3	0	6	2	3	0	1	40	<1	1	0	2	45	<1	2	730	>1	3	0	72	>1	45	60	NA	0	NA	3	90	0	NA	4.5	0	NA	NA	2	Blunt trauma chest with b/l ribs fracture with pneumothorax	1	<5	8	1
302	50	0	2022/06/006689	Bhagat ki kkhoth	0	1	0	3	0	1	2	2	3	0	10	<1	3	3	2	60	<1	2	20	<1	1	0	1	<1	60	20	NA	0	NA	0	NA	0	NA	4	0	NA	NA	3	traumatic decending aorta aneurysm	2	<5	9	2
303	54	0	2022/06/006774	Barmer	1	3	1	2	2	5	1	1	1	0	360	>1	2	1	2	20	<1	2	530	>1	2	1	24	>1	90	10	NA	0	NA	2	30	0	NA	6	0	NA	NA	3	Penetrating injury to abdomen	3	<5	14	3
304	40	1	2022/06/007179	Jodhpur	1	3	1	1	0	1	2	3	2	1	20	<1	3	1	2	40	<1	2	30	<1	1	1	1	<1	60	20	30	0	NA	0	NA	0	NA	4	0	NA	NA	3	Unilateral ribs fracture with hemopneumothorax	1	5_10	25	5
305	27	1	2022/06/008675	Pali road	0	1	0	3	0	2	3	2	1	0	10	<1	3	1	3	120	>1	0	320	>1	0	1	6	>1	120	90	45	1	5	3	30	2	60	2	1	7	7	3	Multiple skull bone fracture with facial fracture with EDH, SDH with B	1	5_10	9	2
306	54	0	2022/06/008903	Barmer	1	1	0	3	0	5	2	3	0	0	15	<1	3	3	3	15	<1	0	730	>1	3	0	18	>1	30	35	15	0	NA	0	NA	0	NA	3.5	1	3	4	6	Multiple hemorraghic contusion with SDH	1	5_10	13	2
307	65	1	2022/06/008963	Pali	0	3	1	2	0	2	2	1	1	0	60	<1	2	1	2	30	<1	2	280	>1	1	1	4	>1	120	210	30	0	NA	3	30	1	60	3	1	15	20	2	Mutiple ribs ftracture with ARDS	1	5_10	8	1
308	50	0	2022/06/010777	jodhpur	0	3	0	3	0	1	3	1	0	0	10	<1	1	0	3	30	<1	0	30	<1	0	1	1	<1	45	15	45	0	NA	0	NA	0	NA	2	0	NA	NA	2	left rib fracture with minimal hemothorax	1	<5	8	1
309	40	0	2022/06/010778	Pali	0	3	1	3	1	2	1	0	0	0	60	<1	1	0	2	40	<1	2	200	>1	1	1	5	>1	70	120	25	0	NA	0	NA	0	NA	6	0	NA	NA	3	pelvic fracture with extraperitoneal bladder injury	3	5_10	25	5