

Subject Demographics

Subject ID: _____

Age (years): _____

Sex: _____

Height, meters: _____

Weight, kilograms: _____

Comorbidities:

Anticoagulant therapy Bleeding disorder COPD Chronic renal failure

Current smoker Diabetes mellitus Steroid use Substance abuse

Immunosuppressive med(s): _____ Other: _____

Index Injury Description

Injury Date: _____

Arrival Date: _____

AIS – Head: _____

AIS – Face : _____

AIS – Neck: _____

AIS – Thorax: _____

AIS – Abdomen: _____

AIS – Spine: _____

AIS – Upper extremity: _____

AIS – Lower extremity: _____

AIS – External: _____

Facial Fracture locations:

Ethmoid Frontal Lacrimal Mandible

Maxilla Nasal Orbital Zygomatic

Primary E-Code: _____

Injury Mechanism: _____

Open fracture? Yes No

Mucosal disruption? Yes No

Additional Infection Control

Chlorhexidine wash? Yes No

Additional ab? Yes No

How many? _____

Antibiotic 1: _____

Oral IV Single injection

Dosage: _____ mg Duration: _____ hrs

QD BID TID QID

Concomitantly w/ face fx ab? Yes No

Antibiotic 2: _____

Oral IV Single injection

Dosage: _____ mg Duration: _____ hrs

QD BID TID QID

Concomitantly w/ face fx ab? Yes No

Antibiotic 3: _____

Oral IV Single injection

Dosage: _____ mg Duration: _____ hrs

QD BID TID QID

Concomitantly w/ face fx ab? Yes No

Antibiotic 4: _____

Oral IV Single injection

Dosage: _____ mg Duration: _____ hrs

QD BID TID QID

Concomitantly w/ face fx ab? Yes No

Antibiotic 5: _____

Oral IV Single injection

Dosage: _____ mg Duration: _____ hrs

QD BID TID QID

Concomitantly w/ face fx ab? Yes No

30-day fx complications

Complications:

Cellulitis	Purulent drainage	Soft tissue infection	Wound infection
Craniofacial abscess	Osteomyelitis	Meningitis	Debridement

2nd visit w/ ab rx None

Wound culture? Yes No

Organism:

Multidrug resistant? Yes No

30-day ADEs

C. difficile Nephrotoxicity Ototoxicity Allergic reaction
 AE w/ outpatient care AE w/ inpatient care Other: _____
 None

Outcomes

Admitted? Yes No

Discharge disposition:

Home SNF LTAC Rehab

Expired AMA

Discharge date: _____

30-day readmission? Yes No Cause: _____