

Name

ID Number

Date of Birth

Date patient arrived

**ORTHOPAEDICS & SPINAL**

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| **INCIDENT: mechanism and circumstances** |
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| **INCIDENTAL information: past history and personal circumstances** |
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| **INJURIES: precise anatomical descriptions**  |
| **SPINE** | **Consultant:** |  |
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| **LIMBS including shoulder & pelvic girdles** | **Consultant(s):** |  |
|  |  |
| **OTHER INJURIES in brief** (*these will be described in detail by other specialties*) **& relevant negative findings**  |
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| **INTERVENTIONS** |
| **COMPLETED OPERATIONS** (*with surgeon’s name and grade*) **& other physical interventions** (*e.g. manipulation or cast*) |
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| **PLANNED OPERATIONS & other physical interventions** (*with time scale and surgeon responsible*) |
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| **ADJUNCT TREATMENT** (*e.g. instructions for anticoagulants, antibiotics, positioning and mobilising*) |
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| **Comments and issues** |
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| **Appendix: CQUIN – BOAST 4 data for open lower limb fractures** |
| **Is the open fracture heavily contaminated?** YES / NO / NOT KNOWN**If yes: Contamination Type**: MARINE / AGRICULTURAL / SEWAGE MATTER / AQUATIC**Combined orthopaedic & plastic surgery management plan?** YES / NO**Systematic assessment of vascular and neurological status?** YES / NO**Is there vascular impairment?** YES / NO**Antibiotics given?** YES / NO **Date & time of antibiotics:** \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_ \_\_\_ : \_\_\_**Antibiotic type:** NON IV / IV COAMOXICLAV 1.2g 8 hrly / IV CEFUROXIME 1.5g 8 hrly / IV CLINDAMYCIN 600mg 6 hourly / OTHER IV**Wound dressing (post-operative)?** YES / NO **Date & time of dressing:** \_\_\_\_ / \_\_\_\_ /\_\_\_\_\_ \_\_\_ : \_\_\_**If yes: Wound dressing type:** SIMPLE DRESSING / VACUUM FOAM DRESSING / ANTIBIOTIC BEAD POUCH / SALINE SOAKED GAUZE**Limb splint?** YES / NO **Date & time of splint:** \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_ \_\_\_ : \_\_\_**Ankle and knee splint:** YES / NO **Has the fracture been surgically stabilised?** YES / NO **Was definitive soft tissue cover achieved?** YES / NO(*Describe the surgical stabilization/soft tissue cover procedures in the ‘COMPLETED OPERATIONS’ section above*) |
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Grade

Surgeon completing sheet

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Signature

Date & time