

Burn Initial (Day 1) Data

Subject ID

Form Completion Date

(Initial Data Form Completion Date)

1a. Admission Date to First Hospital

1b. Admission Date to This Hospital

2. Date/Time of Injury

General Demographics

3. Age

4. Gender at Birth

- Male
 Female
 Not Reported

5. Hispanic/Latino

- Hispanic or Latino
 Not Hispanic or Latino
 Don't Know
 Refused

6. Race (select one or more)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Don't Know
 Refused

Inclusion/Exclusion Criteria

7. Patient has burn injury, with or without smoke inhalation injury, and is expected to require intubation, sedation and mechanical ventilation for 48 hours or more

- Yes
 No

8. Age less than 18

- Yes
 No

9. Presence of a co-morbid malignancy

- Yes
 No

10. Taking immunosuppressive medication

- Yes
 No

11. Known autoimmune or chronic inflammatory disease Yes
 No
12. Admitted > 24 hours after burn injury Yes
 No
13. Subject or proxy failed to provide consent/assent to participate Yes
 No
14. Attending physician failed to provide assent to procedure Yes
 No
15. Current pregnancy Yes
 No

IF ONE OR MORE OF ITEMS 8 - 15 ARE "YES", THE PATIENT IS EXCLUDED FROM THE STUDY, AND NO FURTHER DATA COLLECTION IS NECESSARY. IF EXCLUDED, ID # SHOULD BEGIN WITH XB.

16a. Height(in inches)

16b. Weight (in kg)

Admission Vitals and Severity of Illness Scores

17a. Temperature, C

17b. Systolic Blood Pressure

17c. Diastolic Blood Pressure

17d. Mean Arterial Pressure, mmHg

17e. Heart Rate, BPM

17f. Respiratory Rate, breaths/min

17g. O2 Saturation, %

17h. FiO2, (% ex: 21)

SaO2/FiO2 ratio

18a. mechanism

- scald
 flame/flash
 chemical
 electrical
 radiation
 contact
 friction/abrasion
 other

Please describe

18b. location (where did injury occur?)

- house
 vehicle
 assault
 arson
 suicide attempt
 other

Please describe

18c. TBSA affected (% according to burn diagram)

Total 2nd degree (% according to burn diagram)

Total 3rd degree (% according to burn diagram)

18d. Inhalation injury

- Yes
 No

19a. Baux (age + %TBSA)

19b. Revised Baux (age + %TBSA + 17*inhalation injury, [0=No, 1=Yes])

19d. SOFA Score, Day 1 of hospitalization

19e. APACHE II score, Day 1 of hospitalization

19f. Pneumonia at presentation?

- Yes
 No

19g. Chronic conditions present at admission (Mark all that apply)

- Diabetes
 Congestive Heart Failure
 COPD
 Asthma
 Coronary Artery Disease
 Cirrhosis
 Cerebrovascular Disease
 none

History of c. diff prior to this admission? Yes No

Is there information in the MR about Alcohol Yes No

AUDIT-C score from EPIC? (Nurse note 0-12) 0 1 2 3 4 5 6 7 8 9 10 11 12 NA

Subject has an alcohol-related diagnosis during THIS admission (e.g. "alcoholic hepatitis" or "alcohol withdrawal" or "high blood/alcohol content")? Yes No

Please specify _____

Initial Laboratory Data

27a. Was plasma obtained? Yes No

27c. pH (ABG) _____

27d. pCO2 _____

27e. pO2 _____

27f. Base Excess _____

27g. FiO2, % _____

27h. COHb _____

27i. WBC _____

27j. Hct _____

27k. Plt

27l. MCV

27m. Na

27n. K

27o. Cl

27p. HCO3

Glucose

27w. Creatinine

27x. Blood urea nitrogen (BUN)

27q. AST

27r. ALT

27s. T Bili

27t. Alk Phos

27u. Albumin

27v. Total Protein

Lactate

CRP

Blood Alcohol Level

Creatine kinase

INR

PTT

TEG: ACT

TEG: alpha angle

TEG: R time

TEG: K time

TEG: Maximum Amplitude

TEG: Coag index

TEG: Lysis time 30 min

Utox (select all that apply)

- Marijuana
- Cocaine
- Methamphetamine
- Narcotic / Heroin
- Benzodiazepines
- Negative (nothing detected)
- Not collected

28. Initial CXR, quadrants involved

Burn Daily Data

Subject ID

Was blood sample collected on this date?

- Yes
- No

Reasons

- Subject Discharged
- Subject Refused
- No line access
- Subject Not Available
- Not correct draw date

Date completed Daily data form

1. Hospital Day

- Day 2
- Day 3
- Day 4
- Day 5
- Day 6
- Day 7
- Day 8
- Day 9
- Day 10
- Day 11
- Day 12
- Day 13
- Day 14

2. Time post burn injury, in hours

Laboratory Results

4a. pH (ABG)

4b. pCO2

4c. pO2

4d. Base Excess

4e. FiO2, %

4f. WBC

4g. Hct

4h. Plt

4i. Na

4j. K

4k. Cl

4l. HCO3

4s. Creatinine

Glucose

4m. AST

4n. ALT

4o. T Bili

4p. Alk Phos

4q. Albumin

4r. Total Protein

CRP

Creatine kinase

INR

PTT

TEG: ACT

TEG: alpha angle

TEG: R time

TEG: K time

TEG: Maximum Amplitude

TEG: Coag index

TEG: Lysis time 30 min

5. CXR, quadrants involved

8. Use of pressors in past 24 hours

- Yes
- No

8a. Highest dose per minute (dose/kg/min) of Dopamine in past 24 hours

8b. Highest dose per minute (dose/kg/min) of Dobutamine in past 24 hours

8c. Highest dose per minute (dose/kg/min) of Vasopressin in past 24 hours

8d. Highest dose per minute (dose/kg/min) of Norepinephrine in past 24 hours

8e. Highest dose per minute (dose/kg/min) of Epinephrine in past 24 hours

8f. Highest dose per minute (dose/kg/min) of Phenylephrine in past 24 hours

9a. Systemic antibiotics (antibacterial), day number

9b. Systemic antifungal, day number

9c. Evidence of sepsis (SIRS + Source) in past 24 hours

- Yes
- No

9d. Probable PRIMARY source of sepsis

- Lung
- Skin/Wound
- Abdominal
- Blood
- Urinary
- Central Nervous System
- Other

9e. Organism, if known

10. Patient remains on mechanical ventilation

- Yes
- No

11. Evidence of pneumonia

- Yes
- No

12. Patient expired

- Yes
- No

Burn Outcomes Data

Subject ID

1. Patient discharged to

- Home
- Skilled Nursing Facility
- Long-Term Care Facility
- Inpatient Rehabilitation Facility
- Morgue
- Other

2. Suspected cause of death

- Respiratory Failure
- Septic Shock
- Refractory Hypotension / Shock
- Hemorrhagic Shock
- Multiorgan Failure
- Cardiogenic Shock
- Not Applicable
- Other

Please describe

4a. Pneumonia at any point in hospitalization

- Yes
- No

4b. Organism

- Streptococcus pneumonia
- Pseudomonas aeruginosa
- Acinetobacter
- Staphylococcus aureus, methicillin sensitive
- Staphylococcus aureus, methicillin resistant (MRSA)
- Klebsiella pneumonia
- Eschericia coli
- Other

Please specify

c.diff at any point during this admission?

- Yes
- No

5. On mechanical ventilation at any point during this admission?

- Yes
- No

5a. First day on mechanical ventilation

5b. Last day on mechanical ventilation

5c. Total number of ventilator days

5d. Ventilator-free days (number of days in the past 28 that patient was both ALIVE and NOT on a VENTILATOR)

6. ICU status at any point during this admission?

- Yes
 No

6a. First day in ICU

6b. Last day in ICU

6c. Total number of ICU days

6d. ICU-free days (number of days in past 28 that patient was both ALIVE and NOT in ICU)

7a. First day in hospital (in or out of ICU)

7b. Date of discharge from hospital (in or out of ICU)

7c. Total number of hospital days (aka hospital LOS; includes days spent in ICU)

7d. Hospital-free days (number of days in past 28 that patient was both ALIVE and NOT in HOSPITAL)

Was an AUDIT - C completed on this subject?

- Yes
 No

What was the AUDIT - C score?

Reason not completed

- Refused Survey
 Death
 Discharge Prior to
 Did not regain capacity

AUDIT Alcohol Use Disorders Identification Test

Subject ID _____

Please check the answer that is correct for you

1. How often do you have a drink containing alcohol?

- Never
- Monthly or less
- Two to four times a month
- Two to three times a week
- Four or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

3. How often do you have six or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

5. How often during the last year have you failed to do what was normally expected of you because of drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

- No
- Yes, but not in the last year
- Yes, during the last year

10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?

- No
- Yes, but not in the last year
- Yes, during the last year

Date of last drink

20a. Alcohol consumption in past 7 days prior to admission?

- Yes
- No

20b. Age first started drinking alcohol

Saunders JB, Aasland OG, Babor TF, de la Fuente JR, Grant M. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption-II. Addiction. 1993

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Smoking History

Subject ID

Do you presently smoke cigarettes

- Yes
- No

23. Do you presently smoke cigarettes?

- Yes
- No

23a. How many packs per day do you smoke?

23b. How many years have you smoked for?

24. Have you ever smoked cigarettes?

- Yes
- No

24a. How many packs did you smoke per day?

24b. How many years did you smoke for?

24c. How many years ago did you stop smoking?

Drug Use

Subject ID

Did the participant answer drug questions

- Yes
 No

Did the subject answer Drug Questions?

- Yes
 No

25. Do you presently use any of the drugs listed below? (Mark all that apply)

- No, I use none of these drugs
 Marijuana
 Cocaine
 Heroin
 Methamphetamines

25a. How many years have you used marijuana?

How do you use marijuana?

- Joint
 Dab
 Vape
 Injest
 Pipe
 Other

Number of time marijuana was used per day (on average)?

- < 1
 1-2
 3-4
 5-6
 >6

Number or days in the last 28 days that you used marijuana?

25b. How many years have you used cocaine?

25c. How many years have you used heroin?

25d. How many years have you used methamphetamines?

26. Have you ever used any of the drugs listed below? (Mark all that apply)

- No, I use none of these drugs
 Marijuana
 Cocaine
 Heroin
 Methamphetamines

26a. How many years did you use marijuana?

26b. How many years ago did you stop using marijuana?

26c. How many years did you use cocaine?

26d. How many years ago did you stop using cocaine?

26e. How many years did you use heroin?

26f. How many years ago did you stop using heroin?

26g. How many years did you use methamphetamines?

26h. How many years ago did you stop using
methamphetamines?

Burn Bronchoscopy Ebc Blood Data

Subject ID

Was a bronchoscopy completed or EBC collected for this subject?

- Yes
 No

Date completed Bronch/EBC/Blood data form

1. Date/time of bronchoscopy collection

2. Minutes elapsed between burn injury and bronchoscopy (round to nearest half hour)

3a. Day 1 - Minutes spent collecting Exhaled Breath Condensate (EBC)

3b. Day 1 - Volume (ml) of EBC collected

3c. Day 2 - Minutes spent collecting Exhaled Breath Condensate (EBC)

3d. Day2 - Volume (ml) of EBC collected

3e. Day 3 - Minutes spent collecting Exhaled Breath Condensate (EBC)

3f. Day 3 - Volume (ml) of EBC collected

3g. Day 4 - Minutes spent collecting Exhaled Breath Condensate (EBC)

3h. Day 4 - Volume (ml) of EBC collected

4a. BAL cc Normal Saline Instilled (total)

4b. BAL cc withdrawn (total)

4c. BAL Consistency

- Bloody
 Purulent
 Black
 Thick
 Other

Please describe

REFER TO THE FOLLOWING IN ANSWERING QUESTION 4D:

Bronchoscopic grading of inhalation injury (as seen during initial bronchoscopy)

A, Grade 0 (no injury), absence of carbonaceous deposits, erythema, edema, bronchorrhea, or obstruction;

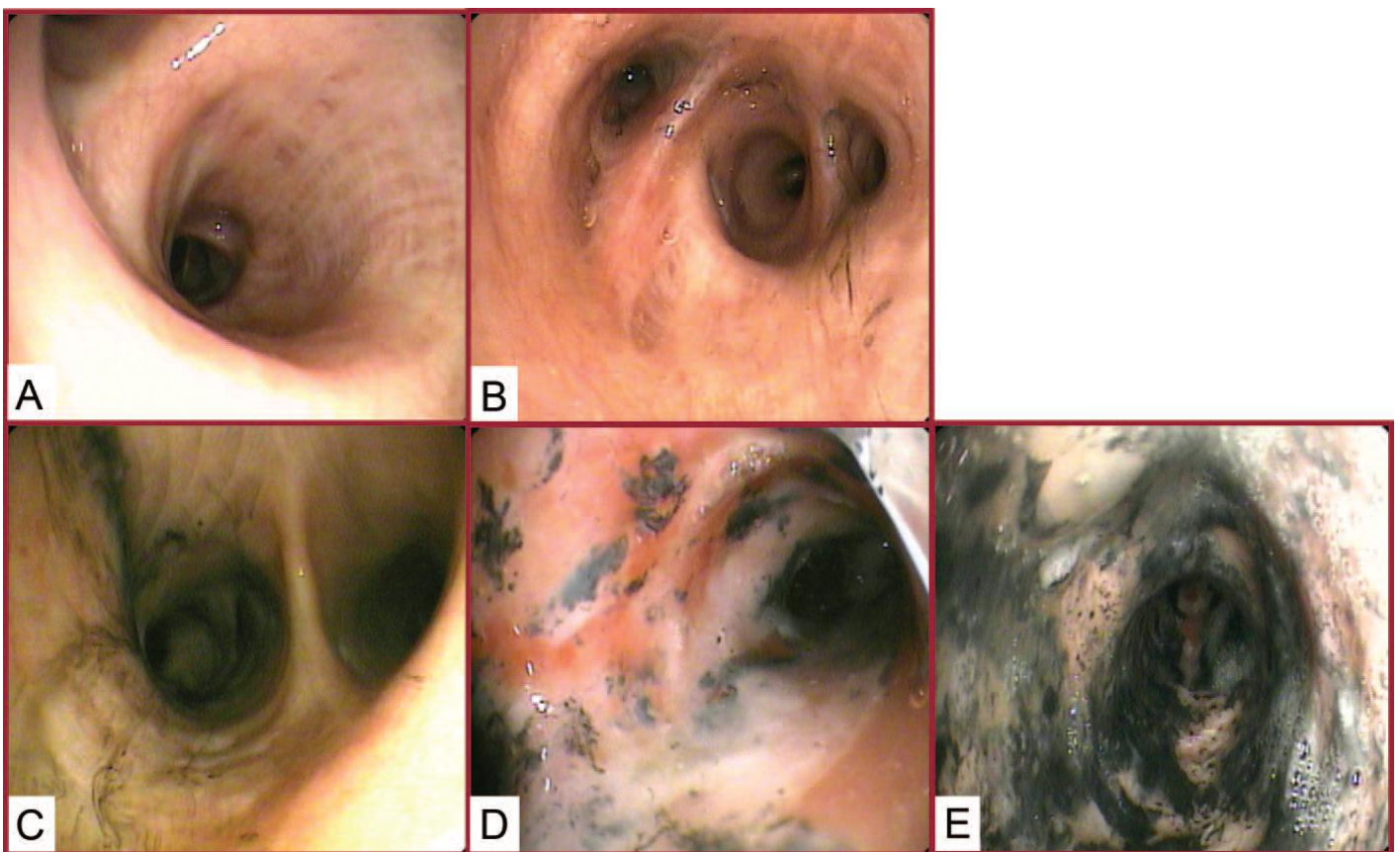
B, Grade 1 (mild injury), minor or patchy areas of erythema, carbonaceous deposits in proximal or distal bronchi (any or combination);

C, Grade 2 (moderate injury), moderate degree of erythema, carbonaceous deposits, bronchorrhea, with or without compromise of the bronchi (any or combination);

D, Grade 3 (severe injury), severe inflammation with friability, copious carbonaceous deposits, bronchorrhea, bronchial obstruction (any or combination);

E, Grade 4 (massive injury), evidence of mucosal sloughing, necrosis, endoluminal obliteration (any or combination).

Inhalation injury photos



4d. Grade of Inhalation Injury

- No Injury
 Mild Injury
 Moderate Injury
 Severe Injury
 Massive Injury

5. Patient receiving intermittent positive pressure breathing (IPPB) therapy?

- Yes
 No

Please specify date/time last treatment completed:

5a. BAL Cell count (clinical lab - unspun fluid),
WBCs/ml

5b. BAL Cell count (clinical lab - unspun fluid),
RBCs/ml

5c. BAL Differential, segs (polys) %

5d. BAL Differential, lymphs %

5e. BAL Differential, monos %

5f. BAL Differential, macs %

5g. BAL Differential, eos %

5h. BAL Differential, basos %

5i. BAL Cell count (research lab - total cells present
in volume submitted), WBCs/ml

5j. BAL Fluid volume stored (after centrifugation)

5k. EBC Fluid volume stored
