

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, % _____

18a. mechanism scald flame chemical 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) _____

18d. Inhalation injury Yes No

19a. Baux (age + %TBSA) _____

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

19c. Full admission Denver score _____

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

Alcohol Questions

Where alcohol questions answered?

- Yes
 No

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

- Yes
 No

Date of last drink

20b. Age first started drinking alcohol

20c. Number of days per week drinking (on Average)

20d. How many beers or drinks (12 oz) per day (on average)

AUDIT

Was the AUDIT completed?

- Yes
 No

21a. How often do you have a drink containing alcohol?

- Never
 monthly or less
 2 - 4 times a month
 2 - 3 times a week
 4 or more times a week

21b. How many drinks containing alcohol do you have on a typical day when you are drinking?

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

21c. How often do you have six or more drinks on one occasion?

- Never
 less than monthly
 monthly
 weekly
 daily or almost daily

21d. 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

21e. How often during the last year have you failed to do what was normally expected from you because of drinking?

- Never
- less than monthly
- monthly
- weekly
- daily or almost daily

21f. 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

21g. 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

21h. 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

21i. Have you or someone been injured as a result of your drinking?

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

21j. Has a relative or friend or a 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

Total Audit Score

22a. Alcohol questions answered by

- Patient
- Surrogate
- Not Answered

22b. If surrogate, relationship to patient

- Spouse
- Significant Other
- Parent
- Child
- Friend
- Other

Please specify

Smoking History

Did Subject answer smoking questions?

- Yes
- No

If no, why not?

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

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?

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?

Initial Laboratory Data

27a. Was plasma obtained?

- Yes
- No

27b. Evidence of hemolysis?

- 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

27q. AST

27r. ALT

27s. T Bili

27t. Alk Phos

27u. Albumin

27v. Total Protein

27w. Creatinine

27x. Blood urea nitrogen (BUN)

27y. Blood Alcohol Level

27z. Utox (select all that apply)

- Marijuana
- Cocaine
- Methamphetamine
- Narcotic / Heroin
- Benzodiazepines
- Negative (nothing detected)

28. Initial CXR, quadrants involved

Burn Bronchoscopy Ebc Blood Data

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;

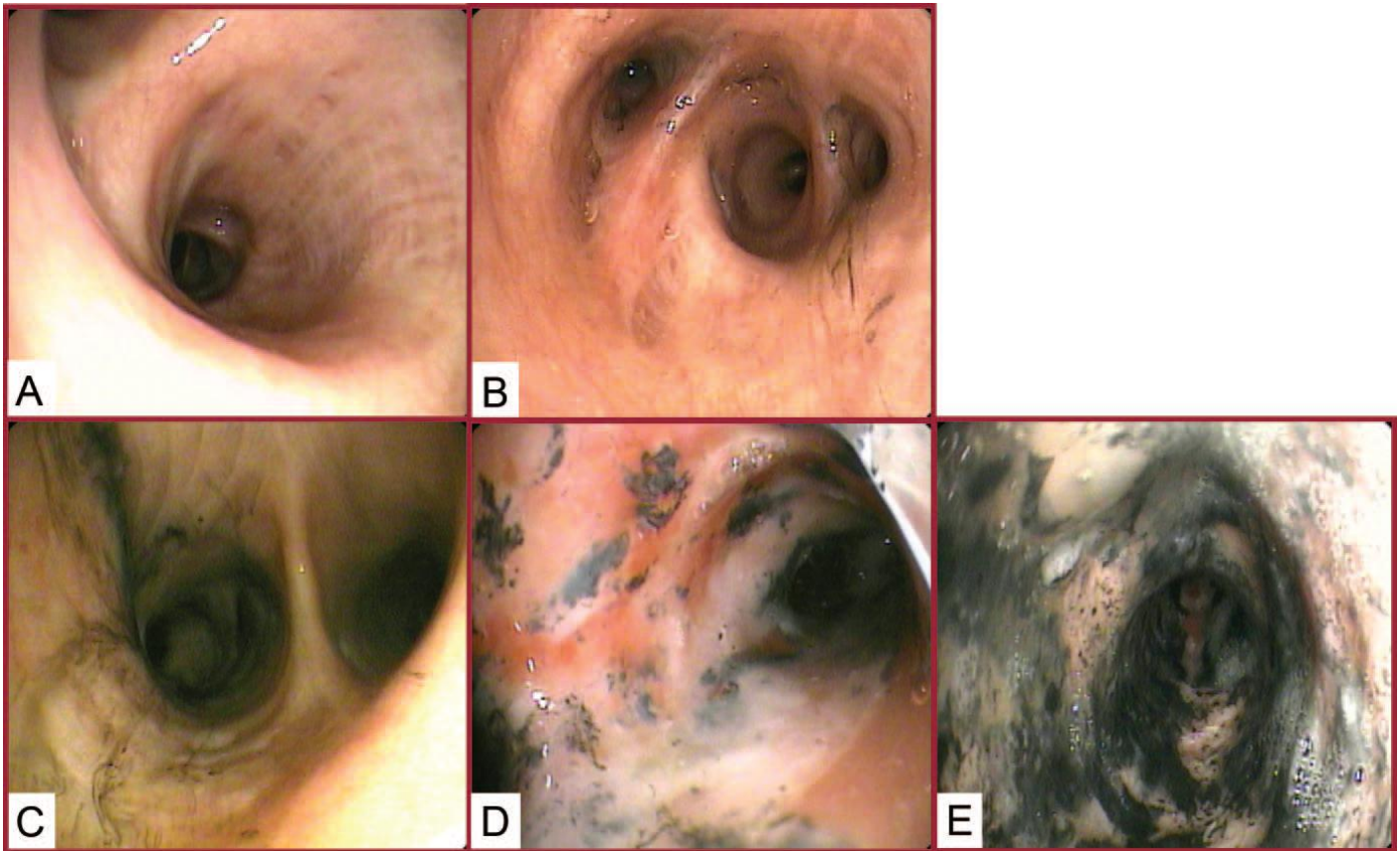
B, Grade 1 (mild injury), minor or patchy areas of erythema, carbonaceous deposits in proximal or distal bronchi (any or combination);

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

Burn Daily Data

Does this daily visit apply to subject?

- Yes
- No

Reasons

- Subject Discharged
- Subject Refused
- No line access
- Subject Not Available

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 _____

3. Vitals

3a. Daily Temperature, C _____

3b. Daily Systolic Blood Pressure _____

3c. Daily Diastolic Blood Pressure _____

3d. Daily Mean Arterial Pressure, mmHg _____

3e. Daily Heart Rate, BPM _____

3f. Daily Respiratory Rate, breaths/min _____

3g. Daily O2 Saturation, % _____

3h. FiO2, % _____

3i. High Temperature, C, past 24 hrs _____

3j. High Mean Arterial Pressure, mmHg, past 24 hrs _____

3k. High Heart Rate, BPM, past 24 hrs _____

3l. High Respiratory Rate, breaths/min, past 24 hrs _____

3m. High O2 Saturation, %, past 24 hrs _____

3n. Low Temperature, C, past 24 hrs _____

3o. Low Mean Arterial Pressure, mmHg, past 24 hrs _____

- 3p. Low Heart Rate, BPM, past 24 hrs _____
- 3q. Low Respiratory Rate, breaths/min, past 24 hrs _____
- 3r. Low O2 Saturation, %, past 24 hrs _____

4. Laboratory Studies

- 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 _____
- 4m. AST _____
- 4n. ALT _____
- 4o. T Bili _____
- 4p. Alk Phos _____
- 4q. Albumin _____
- 4r. Total Protein _____
- 4s. Creatinine _____
- 5. CXR, quadrants involved _____
- 6. Transfusions in past 24 hours
 Yes
 No
- 6a. Number of Packed Red Blood Cell Units _____
- 6b. Number of Fresh Frozen Plasma Units _____
- 6c. Number of Platlet Units _____
- 7a. Resuscitation volume for past 24 hours, in liters _____
- 7b. Resuscitation volume for past 24 hours, in mL _____
- 7c. Resuscitation volume for past 24 hours, in mL/kg _____

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

- 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

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

3. Laboratory-Related Parameters

3a. Lowest PaO₂/FiO₂ ratio for first 48 hours of hospitalization

3b. Lowest PaO₂/FiO₂ ratio for entire hospitalization

3c. Highest creatinine for entire hospitalization

3d. Highest bilirubin for entire hospitalization

3e. Lowest platelets for entire hospitalization

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
- Escherichia coli
- Other

Please specify

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)

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. Last day in 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) _____