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 __________________________

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**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  
   - Marajuana  
   - Cocaine  
   - Heroine  
   - 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?  
   ______________________________________

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26. Have you ever used any of the drugs listed below? (Mark all that apply)  
   - No, I use none of these drugs  
   - Marajuana  
   - Cocaine  
   - Heroine  
   - 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. Day 2 - 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)

- 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).
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

__________________________________
### 3. Physiologic Measurements

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>3p. Low Heart Rate, BPM, past 24 hrs</td>
<td></td>
</tr>
<tr>
<td>3q. Low Respiratory Rate, breaths/min, past 24 hrs</td>
<td></td>
</tr>
<tr>
<td>3r. Low O₂ Saturation, %, past 24 hrs</td>
<td></td>
</tr>
</tbody>
</table>

### 4. Laboratory Studies

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a. pH (ABG)</td>
<td></td>
</tr>
<tr>
<td>4b. pCO₂</td>
<td></td>
</tr>
<tr>
<td>4c. pO₂</td>
<td></td>
</tr>
<tr>
<td>4d. Base Excess</td>
<td></td>
</tr>
<tr>
<td>4e. FiO₂, %</td>
<td></td>
</tr>
<tr>
<td>4f. WBC</td>
<td></td>
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<tr>
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<tr>
<td>4l. HCO₃</td>
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<td>4m. AST</td>
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<tr>
<td>4n. ALT</td>
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<tr>
<td>4o. T Bili</td>
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<tr>
<td>4p. Alk Phos</td>
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<tr>
<td>4q. Albumin</td>
<td></td>
</tr>
<tr>
<td>4r. Total Protein</td>
<td></td>
</tr>
<tr>
<td>4s. Creatinine</td>
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</tr>
</tbody>
</table>

### 5. Imaging Studies

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. CXR, quadrants involved</td>
<td></td>
</tr>
</tbody>
</table>

### 6. Transfusions in past 24 hours

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a. Number of Packed Red Blood Cell Units</td>
<td></td>
</tr>
<tr>
<td>6b. Number of Fresh Frozen Plasma Units</td>
<td></td>
</tr>
<tr>
<td>6c. Number of Platelet Units</td>
<td></td>
</tr>
<tr>
<td>6d. Resuscitation volume for past 24 hours, in liters</td>
<td></td>
</tr>
<tr>
<td>6e. Resuscitation volume for past 24 hours, in mL</td>
<td></td>
</tr>
<tr>
<td>6f. Resuscitation volume for past 24 hours, in mL/kg</td>
<td></td>
</tr>
</tbody>
</table>
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
   - Eschericia 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)