

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 _____

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 pneumoniae
 Pseudomonas aeruginosa
 Acinetobacter
 Staphylococcus aureus, methicillin sensitive
 Staphylococcus aureus, methicillin resistant (MRSA)
 Klebsiella pneumoniae
 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) _____