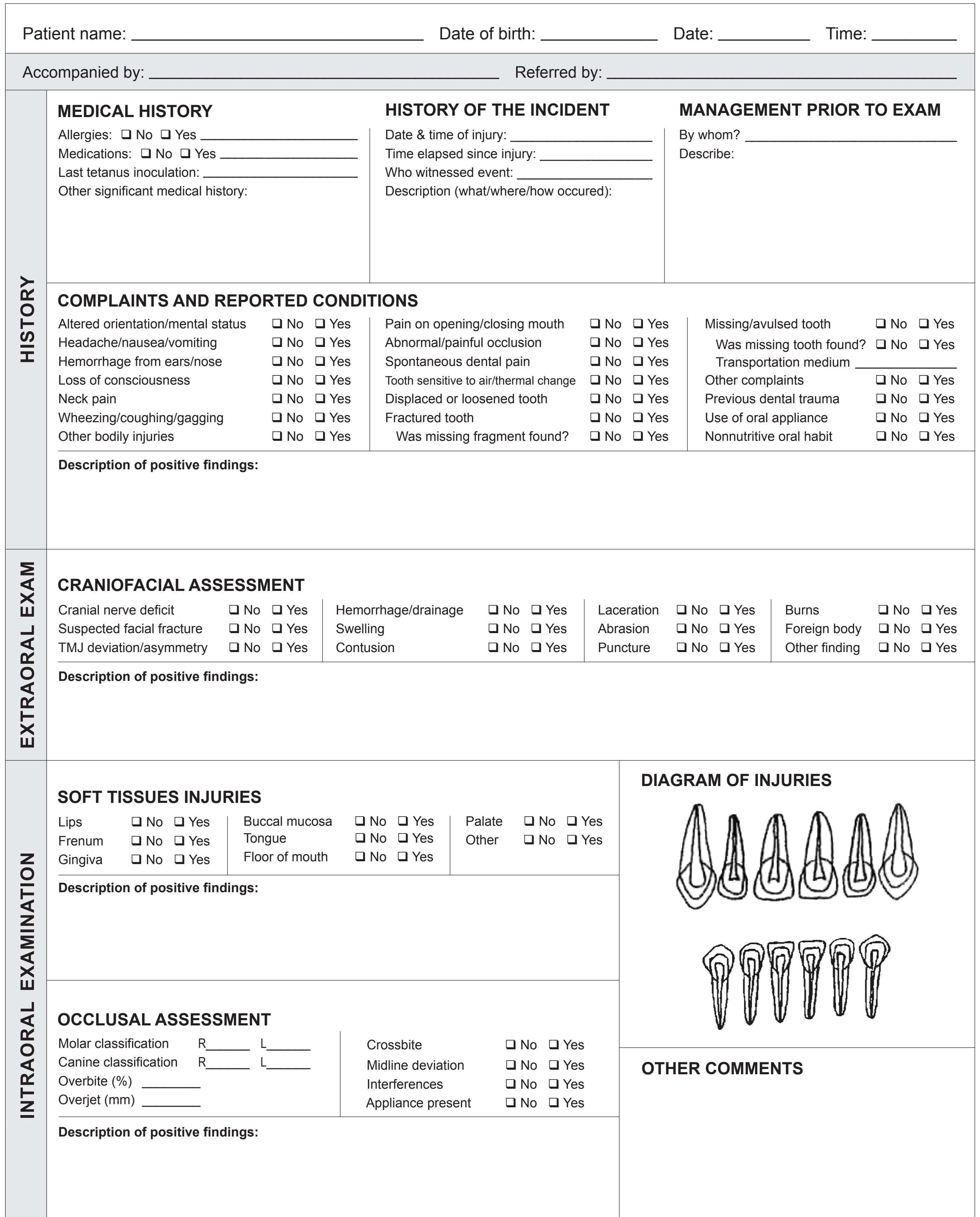
Acute Traumatic Injuries: Assessment and Documentation



Patient name: ______________________ Date of birth: __________ Date: ________ Time: ________

Accompanied by: ______________________ Referred by: ______________________

HISTORY

MEDICAL HISTORY

Allergies: ❑ No ❑ Yes ____________
Medications: ❑ No ❑ Yes ____________
Last tetanus inoculation: ____________
Other significant medical history:

HISTORY OF THE INCIDENT

Date & time of injury: ____________
Time elapsed since injury: ____________
Who witnessed event: ____________
Description (what/where/how occured):

MANAGEMENT PRIOR TO EXAM

By whom? ____________
Describe:

COMPLAINTS AND REPORTED CONDITIONS

Altered orientation/mental status ❑ No ❑ Yes
Headache/nausea/vomiting ❑ No ❑ Yes
Hemorrhage from ears/nose ❑ No ❑ Yes
Loss of consciousness ❑ No ❑ Yes
Neck pain ❑ No ❑ Yes
Wheezing/coughing/gagging ❑ No ❑ Yes
Other bodily injuries ❑ No ❑ Yes

Pain on opening/closing mouth ❑ No ❑ Yes
Abnormal/painful occlusion ❑ No ❑ Yes
Spontaneous dental pain ❑ No ❑ Yes
Tooth sensitive to air/thermal change ❑ No ❑ Yes
Displaced or loosened tooth ❑ No ❑ Yes
Fractured tooth ❑ No ❑ Yes
Was missing fragment found? ❑ No ❑ Yes

Missing/avulsed tooth ❑ No ❑ Yes
Was missing tooth found? ❑ No ❑ Yes
Transportation medium ____________
Other complaints ❑ No ❑ Yes
Previous dental trauma ❑ No ❑ Yes
Use of oral appliance ❑ No ❑ Yes
Nonnutritive oral habit ❑ No ❑ Yes

Description of positive findings:

EXTRAORAL EXAM

CRANIOFACIAL ASSESSMENT

Cranial nerve deficit ❑ No ❑ Yes
Suspected facial fracture ❑ No ❑ Yes
TMJ deviation/asymmetry ❑ No ❑ Yes

Hemorrhage/drainage ❑ No ❑ Yes
Swelling ❑ No ❑ Yes
Contusion ❑ No ❑ Yes

Laceration ❑ No ❑ Yes
Abrasion ❑ No ❑ Yes
Puncture ❑ No ❑ Yes

Burns ❑ No ❑ Yes
Foreign body ❑ No ❑ Yes
Other finding ❑ No ❑ Yes

Description of positive findings:

INTRAORAL EXAMINATION

SOFT TISSUES INJURIES

Lips ❑ No ❑ Yes
Frenum ❑ No ❑ Yes
Gingiva ❑ No ❑ Yes

Buccal mucosa ❑ No ❑ Yes
Tongue ❑ No ❑ Yes
Floor of mouth ❑ No ❑ Yes

Palate ❑ No ❑ Yes
Other ❑ No ❑ Yes

Description of positive findings:

OCCLUSAL ASSESSMENT

Molar classification R______ L______
Canine classification R______ L______
Overbite (%) ________
Overjet (mm) ________

Crossbite ❑ No ❑ Yes
Midline deviation ❑ No ❑ Yes
Interferences ❑ No ❑ Yes
Appliance present ❑ No ❑ Yes

Description of positive findings:

DIAGRAM OF INJURIES

OTHER COMMENTS

	TOOTH NUMBERS:						
DENTAL ASSESSMENT	Avulsion: Dry time Storage medium						
	Infraction						
	Crown fracture						
	Pulp exposure: Size Appearance						
	Mobility (mm)						
	Luxation: Direction Extent						
	Percussion						
	Color						
	Pulp testing: Electric Thermal						
	Caries/ restorations						
	Other						
RADIOGRAPHS	Pulp size						
	Root development						
	Root fracture						
	Periodontal ligament space						
	Periapical pathology						
	Alveolar fracture						
	Foreign body						
	Other						

✓

- All avulsions and fragments located? ❑ No ❑ Yes
- Loose, broken, or missing appliance? ❑ No ❑ Yes
- Photographs obtained? ❑ No ❑ Yes
- Suspected or confirmed abuse? ❑ No ❑ Yes

SUMMARY

TREATMENT

CHECK IF PERFORMED

- ❑ Soft tissue management
- ❑ Anesthesia/medication
- ❑ Repositioning/reimplantation
- ❑ Stabilization
- ❑ Pulp therapy
- ❑ Restoration
- ❑ Extraction
- ❑ Prescription
- ❑ Other: ___________________________________

INSTRUCTIONS AND DISPOSITION

CHECK IF DISCUSSED

- ❑ Diet
- ❑ Hygiene
- ❑ Pain/pain control
- ❑ Swelling
- ❑ Infection
- ❑ Prescription
- ❑ Possible complications
  - ❑ Damage to developing teeth
  - ❑ Abnormal position/ankylosis
  - ❑ Tooth loss
  - ❑ Pulp damage to injured or adjacent teeth
  - ❑ Other: _____________________________
- ❑ Need for tetanus booster
- ❑ Injury prevention (e.g., mouthguard)
- ❑ Follow up
- ❑ Referral: _________________________________
- ❑ Other: ___________________________________

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