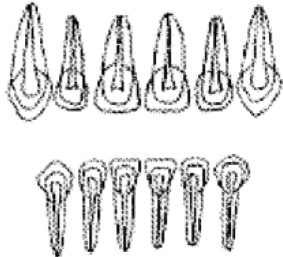


Assessment of Acute Traumatic Injuries

ASSESSMENT OF ACUTE TRAUMATIC INJURIES		PATIENT NAME: _____
		DATE OF BIRTH: _____
DATE:	TIME:	REFERRED BY:
HISTORY	MEDICAL HISTORY:	
	ALLERGIES:	DATE OF LAST TETANUS INNOCULATION:
	DATE & TIME OF INJURY:	TIME LAPSED SINCE INJURY:
	WHERE INJURY OCCURRED:	
	HOW INJURY OCCURRED:	
	Check if present and describe:	MANAGEMENT PRIOR TO EXAM By Whom: Describe:
	Non-dental Injuries	
	Loss of consciousness	
	Altered orientation/mental status	
	Hemorrhage from nose/ears	
Headache/nausea/vomiting		
Neck pain		
Spontaneous dental pain		
Pain on mastication		
Reaction to thermal changes		
Previous dental trauma		
Non-nutritive oral habits		
Other complaints		
EXTRAORAL EXAM	Check if present and describe:	OTHER FINDINGS/COMMENTS:
	Cranial nerve deficit	
	Facial fractures	
	Lacerations	
	Contusions	
	Swelling	
	Abrasions	
	Hemorrhage/drainage	
	Foreign bodies	
	TMJ deviation/asymmetry	
INTRA-ORAL EXAMINATION	Check if injured and describe	DIAGRAM OF INJURIES 
	Lips	
	Frenae	
	Buccal Mucosa	
	Gingivae	
	Palate	
	Tongue	
	Floor of mouth	
	Occlusion	
	Molar classification R ___ L ___	
	Canine classification R ___ L ___	
	Overbite (%) _____	
	Overjet (mm) _____	
	Crossbite Y N	
	Midline Deviation Y N	
Interferences Y N		

DENTAL INJURIES	TOOTH NUMBER					
	AVULSION	Extra-oral Time				
		Storage Medium				
	INFRACTION					
	CROWN FRACTURE					
	PULP EXPOSURE	Size				
		Appearance				
	COLOR					
	MOBILITY (mm)					
	PERCUSSION					
RADIOGRAPHS	LUXATION	Direction				
		Extent				
	PULP TESTING	Electric				
		Thermal				
	CARIES/PREVIOUS RESTORATIONS					
	PULP SIZE					
	ROOT DEVELOPMENT					
	ROOT FRACTURE					
	PERIODONTAL LIGAMENT SPACE					
	PERIAPICAL PATHOLOGY					
TREATMENT	ALVEOLAR FRACTURE					
	FOREIGN BODY					
	DEVELOPMENTAL ANOMALY					
	OTHER					
	Check if performed and describe	SUMMARY				
	Soft tissue management					
	Medication					
	Pulp therapy					
	Root conditioning					
	Repositioning					
Stabilization						
Restoration						
Extraction						
Prescription						
INSTRUCTIONS AND DISPOSITION	Referral					
	Other					
	Check if discussed					
	Diet					
	Hygiene					
	Pain					
	Swelling					
	Infection					
	Prescription					
	Complications:					
Damage to developing teeth						
Abnormal position/ankylosis						
Tooth Loss						
Pulp damage to injured teeth						
Other:						
Follow-up:						
Other						

This sample form, developed by the American Academy of Pediatric Dentistry, is provided as a practice tool for pediatric dentists and other dentists treating children. It was developed by experts in pediatric dentistry, and offered to facilitate excellence in practice. However, this form does not establish or evidence a standard of care. In issuing this form, the American Academy of Pediatric Dentistry is not engaged in rendering legal or other professional advice. If such services are required, competent legal or other professional counsel should be sought.