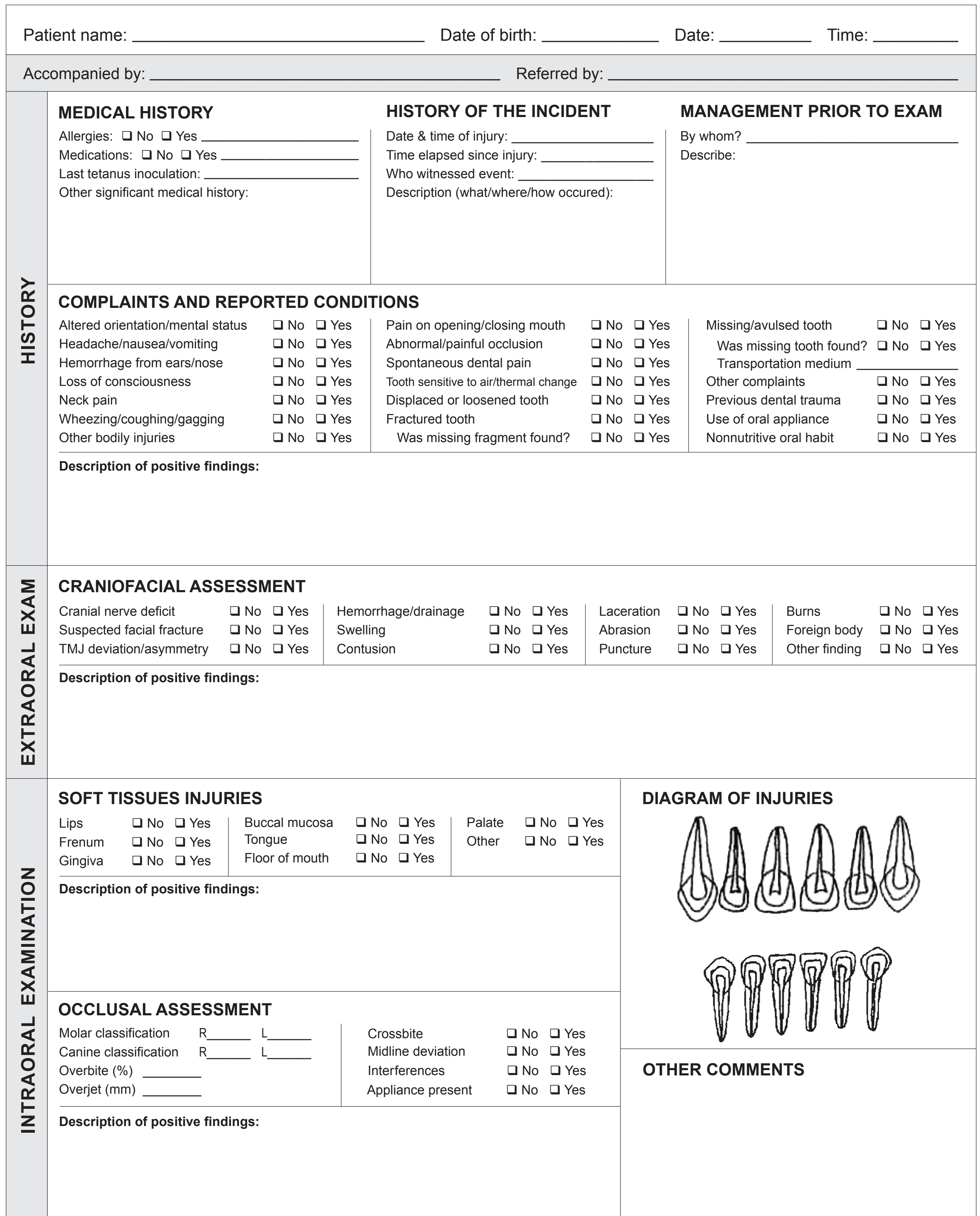
Acute Traumatic Injuries: Assessment and Documentation



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: ______________________________