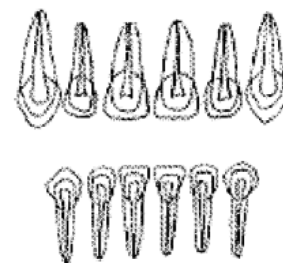


# Assessment of Acute Traumatic Injuries

<b>ASSESSMENT OF ACUTE TRAUMATIC INJURIES</b>		<b>PATIENT NAME:</b> _____
		<b>DATE OF BIRTH:</b> _____
<b>DATE:</b>	<b>TIME:</b>	<b>REFERRED BY:</b>
MEDICAL HISTORY:		
ALLERGIES:		DATE OF LAST TETANUS INNOCULATION:
DATE & TIME OF INJURY:		TIME LAPSED SINCE INJURY:
WHERE INJURY OCCURRED:		
HOW INJURY OCCURRED:		
<b>HISTORY</b>	Check if present and describe:	<b>MANAGEMENT PRIOR TO EXAM</b>
	Non-dental Injuries	By Whom: Describe:
	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	
<b>EXTRAORAL EXAM</b>	Check if present and describe:	
	Cranial nerve deficit	
	Facial fractures	
	Lacerations	
	Contusions	
	Swelling	
	Abrasions	
	Hemorrhage/drainage	
	Foreign bodies	
	TMJ deviation/asymmetry	
<b>INTRA-ORAL EXAMINATION</b>	Check if injured and describe	<b>DIAGRAM OF INJURIES</b>
	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		



		<b>TOOTH NUMBER</b>				
<b>DENTAL INJURIES</b>	AVULSION	Extra-oral Time				
		Storage Medium				
	INFRACTION					
	CROWN FRACTURE					
	PULP EXPOSURE	Size				
		Appearance				
	COLOR					
	MOBILITY (mm)					
	PERCUSSION					
	LUXATION	Direction				
	Extent					
PULP TESTING	Electric					
	Thermal					
CARIES/PREVIOUS RESTORATIONS						
<b>RADIOGRAPHS</b>	PULP SIZE					
	ROOT DEVELOPMENT					
	ROOT FRACTURE					
	PERIODONTAL LIGAMENT SPACE					
	PERIAPICAL PATHOLOGY					
	ALVEOLAR FRACTURE					
	FOREIGN BODY					
	DEVELOPMENTAL ANOMALY					
	OTHER					
	<b>TREATMENT</b>	Check if performed and describe		<b>SUMMARY</b>		
		Soft tissue management				
		Medication				
		Pulp therapy				
		Root conditioning				
		Repositioning				
		Stabilization				
		Restoration				
		Extraction				
		Prescription				
		Referral				
		Other				
<b>INSTRUCTIONS AND DISPOSITION</b>		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.