BMS Medical Record Data Abstraction Form: Discharge

Instructions: Fill out these items by using the information from the participant's medical record. This should be within 7 days (before or after) of when Form I is filled out with or by the participant. If for any reason an item is gathered by self report, indicate that on this form.

Today's date (mm/dd/yyyy): _____

Main cause of burn injury (primary etiology) ☐ 1. Fire/flame ☐ 2. Scald ☐ 3. Contact with hot object ☐ 4. Grease ☐ 5. Tar ☐ 6. Chemical ☐ 7. Hydrofluoric acid ☐ 8. Electricity ☐ 9. Radiation ☐ 10. UV light ☐ 11. Other burn ☐ 15. Flash burn ☐ 99. Unknown	**Source of etiology of injury:** ☐ 1. Medical record ☐ 2. Self report
Space/place of burn injury: ☐ 1. Closed/indoors ☐ 2. Open/outdoors ☐ 99. Unknown	**Source of space/place of injury:** ☐ 1. Medical record ☐ 2. Self report
Location of burn injury: ☐ 1. Patient's home ☐ 2. Other private dwelling ☐ 3. Patient's place of work ☐ 4. Other building or structure ☐ 5. Conveyance (auto, plane, etc) ☐ 6. Other ☐ 99. Unknown	**Source of location of injury:** ☐ 1. Medical record ☐ 2. Self report
Circumstances of burn injury: ☐ 1. Non. intentional employment related ☐ 2. Non. intentional non. work related (*choose this category if employment and/or recreation do not apply*) ☐ 3. Non. intentional recreation ☐ 4. Non. intentional non. specified *(choose this category if there is no information on circumstances other than non. intentional)* ☐ 5. Suspected assault—domestic ☐ 6. Suspected assault—non. domestic ☐ 7. Suspected self. inflicted/suicide ☐ 8. Suspected arson ☐ 99. Unknown	**Source of circumstances of injury:** ☐ 1. Medical record ☐ 2. Self report

Geographic information of residence pre-injury (fill in using geocoding website):	
State Code:	**Tract Code:**
County Code:	**Block Code:**
Latitude:	**Longitude:**

Status of geographic data:

☐ 0. Address not found in recommended web look-up sites (geo-ID codes will be blank)
☐ 1. All geocode fields known
☐ 2. State, County, Census Tract ID and Block codes known
☐ 3. State, County and Census Tract ID codes known
☐ 4. State and County codes known
☐ 5. State code known
☐ 6. Out of country residence
☐ 7. Participant declined
☐ 8. Not applicable, participant is experiencing houselessness
☐ 9. Address Unknown (geo-ID codes will be blank)

Disposition

☐ 1. Died, burn related
☐ 2. AMA/Unable to complete treatment
☐ 3. Discharged, patient home
☐ 4. Discharged, other home *(includes hospital owned apartments)*
☐ 6. Discharged, extended care facility
☐ 8. Discharged, other rehab facility *(not model system)* (*please specify...*) _____
☐ 9. Discharged, institution
☐ 10. Discharged, drug/ alcohol treatment center
☐ 11. Discharged, shelter
☐ 12. Discharged, street
☐ 13. Died, non. burn related
☐ 14. Other
☐ 99. Unknown

Source of disposition:

☐ 1. Medical record
☐ 2. Self report

Primary sponsor of care at hospital discharge, or who is paying for the majority of burn care costs (*choose only one*)?

☐ 1. Medicare
☐ 2. Medicaid (DSHS)
☐ 3. Private insurance/HMO/PPO/Pre-Paid/Managed
☐ 4. Workers' compensation (L&I)
☐ 6. Champus/Tri. Care
☐ 7. Self. pay or indigent (public support)
☐ 9. VA
☐ 10. Other
☐ 11. Philanthropy (private support or private foundation or Shriners)
☐ 99. Unknown

Total number of days on inpatient rehab unit:

_____

(code 999 for unknown)
(*Separate from ICU and burn service days*)

Inhalation injury?

☐ 1. Yes
☐ 2. No
☐ 99. Unknown

Other injury (excluding inhalation injury)?

☐ 1. No other injury
☐ 2. Traumatic Brain Injury
☐ 3. Spinal Cord Injury
☐ 4. Orthopedic Injury
☐ 5. Multiple Traumas
☐ 6. Other
☐ 99. Unknown

Parts of the body burned:

Head/Face/Neck

☐ 1. Yes
☐ 2. No
☐ 99. Unknown

Trunk (back, chest, abdomen)

☐ 1. Yes
☐ 2. No
☐ 99. Unknown

Perineum (buttocks, genitals)

☐ 1. Yes
☐ 2. No
☐ 99. Unknown

Shoulder/upper arm/elbow

☐ 1. Right
☐ 2. Left
☐ 3. Bilateral
☐ 4. None
☐ 99. Unknown

Parts of the body burned, continued:

Forearm (includes wrist)	**Hand**	**Leg**	**Foot**
☐ 1. Right	☐ 1. Right	☐ 1. Right	☐ 1. Right
☐ 2. Left	☐ 2. Left	☐ 2. Left	☐ 2. Left
☐ 3. Bilateral	☐ 3. Bilateral	☐ 3. Bilateral	☐ 3. Bilateral
☐ 4. None	☐ 4. None	☐ 4. None	☐ 4. None
☐ 99. Unknown	☐ 99. Unknown	☐ 99. Unknown	☐ 99. Unknown

Parts of the body grafted:

Head/Face/Neck	**Trunk (back, chest, abdomen)**	**Perineum (buttocks, genitals)**	**Shoulder/upper arm/elbow**
☐ 1. Yes	☐ 1. Yes	☐ 1. Yes	☐ 1. Right
☐ 2. No	☐ 2. No	☐ 2. No	☐ 2. Left
☐ 99. Unknown	☐ 99. Unknown	☐ 99. Unknown	☐ 3. Bilateral
			☐ 4. None
			☐ 99. Unknown

Forearm (includes wrist)	**Hand**	**Leg**	**Foot**
☐ 1. Right	☐ 1. Right	☐ 1. Right	☐ 1. Right
☐ 2. Left	☐ 2. Left	☐ 2. Left	☐ 2. Left
☐ 3. Bilateral	☐ 3. Bilateral	☐ 3. Bilateral	☐ 3. Bilateral
☐ 4. None	☐ 4. None	☐ 4. None	☐ 4. None
☐ 99. Unknown	☐ 99. Unknown	☐ 99. Unknown	☐ 99. Unknown

Total body surface area burned (%):	**Days on ventilator:**	**Number of trips to the operating room since injury** (other than dressing changes), **burn or non-burn related:**	**Date of first surgery for wound closure** (includes only autografting or amputation or primary closure of burn wound):
_____(xx.x) (code 999 for unknown)	_____ (code 999 for unknown)	_____ (code 999 for unknown)	_____ (code 09/09/1900 for unknown)

Tracheostomy?	**Documented range of motion deficits?**	**Amputation(s) due to burn at discharge?**
☐ 1. Yes	☐ 1. Yes	☐ 1. Yes
☐ 2. No	☐ 2. No	☐ 2. No
☐ 99. Unknown	☐ 3. Not evaluated	☐ 99. Unknown
	☐ 99. Unknown	

Upper extremity amputation (*choose all that apply*)

- ☐ 1. Yes, above elbow right
- ☐ 2. Yes, above elbow left
- ☐ 3. Yes, above elbow bilateral
- ☐ 4. Yes, below elbow right
- ☐ 5. Yes, below elbow left
- ☐ 6. Yes, below elbow bilateral
- ☐ 7. Yes, digits only right _____(fill in # of digits)
  (Thumb amputated? ☐ Yes ☐ No
- ☐ 8. Yes, digits only left _____(fill in # of digits)
  (Thumb amputated? ☐ Yes ☐ No)
- ☐ 9. Yes, digits only bilateral _____(fill in # of digits)
  (Thumbs amputated? ☐ Yes ☐ No)
- ☐ 10. No
- ☐ 99. Unknown

Lower extremity amputation (*choose all that apply*)

- ☐ 1. Yes, above knee right
- ☐ 2. Yes, above knee left
- ☐ 3. Yes, above knee bilateral
- ☐ 4. Yes, below knee right
- ☐ 5. Yes, below knee left
- ☐ 6. Yes, below knee bilateral
- ☐ 7. Yes, digits only right _____(fill in # of digits)
- ☐ 8. Yes, digits only left _____(fill in # of digits)
- ☐ 9. Yes, digits only bilateral _____(fill in # of digits)
- ☐ 10. Transmetatarsal right (partial foot amputation rt)
- ☐ 11. Transmetatarsal left (partial foot amputation left)
- ☐ 12. Transmetatarsal bilateral (partial foot amputation bilateral)
- ☐ 13. No
- ☐ 99. Unknown

***Clostridioides difficile* (*C. diff*) positive?**

- ☐ 1. Yes
- ☐ 2. No
- ☐ 99. Unknown

Fungal/mold positive?

Note: Do not include Candida or Candidiasis.

- ☐ 1. Yes
- ☐ 2. No
- ☐ 99. Unknown

Heterotopic ossification at discharge?

- ☐ 1. Yes
- ☐ 2. No
- ☐ 99. Unknown

COVID diagnosis in hospital (ie, tested positive in the hospital) OR COVID diagnosis pre-hospitalization that is on the medical record?

- ☐ 1. Yes →
- ☐ 2. No
- ☐ 99. Unknown

Date of COVID diagnosis:

_____/_____/_____

(yyyy/mm/dd) (*code 1900/09/09 for unknown*)

Height at admission (cm)	**Weight at admission (kg)**	**Height at discharge (cm)**	**Weight at discharge (kg)**
_____	_____	_____	_____
(code 999 for unknown)	(code 999 for unknown)	(code 999 for unk)	(code 999 for unknown)

Exposed bone at discharge?

- ☐ 1. Yes →
- ☐ 2. No
- ☐ 99. Unknown

Location of exposed bone at discharge

- ☐ 1. Head
- ☐ 2. Torso
- ☐ 3. Upper extremity
- ☐ 4. Lower extremity
- ☐ 5. Other
- ☐ 77. Not applicable
- ☐ 99. Unknown

Exposed tendon at discharge?	**Location of exposed tendon at discharge**
☐ 1. Yes →	☐ 1. Head
☐ 2. No	☐ 2. Torso
☐ 99. Unknown	☐ 3. Upper extremity
	☐ 4. Lower extremity
	☐ 5. Other
	☐ 77. Not applicable
	☐ 99. Unknown

Co. Morbidities List Has the participant ever been diagnosed with…	**Yes**	**No**	**Missing/ Unknown**
1. Hypertension or high blood pressure?	☐	☐	☐
2. Congestive heart failure?	☐	☐	☐
3. Myocardial infarction or heart attack?	☐	☐	☐
4. Heart arrhythmias?	☐	☐	☐
5. Stroke?	☐	☐	☐
6. Emphysema or asthma or COPD?	☐	☐	☐
7.High blood cholesterol?	☐	☐	☐
8. Diabetes, high blood sugar, or sugar in the urine?	☐	☐	☐
9. Pneumonia?	☐	☐	☐
10. Liver disease (such as hepatitis)?	☐	☐	☐
11.Rheumatoid arthritis?	☐	☐	☐
12.Osteoarthritis?	☐	☐	☐
13.Sleep disorder like sleep apnea?	☐	☐	☐
14.Cataracts?	☐	☐	☐
15.Chronic pain?	☐	☐	☐
16.Dementia of some kind, like Alzheimer's?	☐	☐	☐
17.Parkinson's disease?	☐	☐	☐
18.Alcoholism?	☐	☐	☐
19.Drug addiction?	☐	☐	☐
20.Depression?	☐	☐	☐
21.Anxiety?	☐	☐	☐
22.Panic attacks?	☐	☐	☐
23.Bipolar disorder or manic. depression?	☐	☐	☐
24.Attention deficit disorder (ADD/attention deficit hyperactivity disorder (ADHD)?	☐	☐	☐
25.Obsessive. compulsive disorder?	☐	☐	☐
26.PTSD (post. traumatic stress disorder)?	☐	☐	☐
27. Spinal cord injury?	☐	☐	☐
28. Traumatic brain injury?	☐	☐	☐

Pain Medication Data Collection Table (*only pain medication prescribed at discharge OR within 30 days of discharge needs to be collected*)	
☐ 0. No pain medication ☐ 1. Methadone ☐ 2. Codeine ☐ 3. Hydrocodon (Norco, Vicoden) ☐ 4. Oxycodone (Percodet, OxyContin) ☐ 5. Hydromorphone (Dilaudid)	☐ 6. Fentanyl (Duragesic) ☐ 7. Morphine ☐ 8. Acetaminophen with codeine (Tylenol #3) ☐ 9. Gabapentin (Neurontin) ☐ 10. Amitriptyline ☐ 99. Unknown

Name of Pain Medication (prescribed at discharge), if other than above
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.