Assessment of Acute Traumatic Injuries

INJURIES DATE OF BIRTH: MEDICAL HISTORY: MEDICAL HISTORY: ALLERGIES: DATE & TIME INJURY: WHERE INJURY OCCURRED: HOW INJURY OCCURRED: Check if present and describe: Describe: MANAGEMENT PRIOR TO EXAM Non-dental injuries Loss of consciousness Loss of consciousness Headache/nausea/vontiting Neck pain Spontaneous dental pain Pain on mastication Reaction to thermal changes Previous dental trauma Non-nutritive oral habits Other complaints Check if present and describe: OTHER FINDINGS/COMMENTS: Cranial nerve deficit Facial fractures Lacerations Contusions Swelling Abrasions Hemortage/drainage Foreign bodies TMJ deviation/asymmetry Check if injured and describe Lips Buccal Mucosa Gingivae Palate Tongue Palate Tongue Pilor of mouth Occulsion Molar classification R L Canine classification R Canine classification R Coverbite (%) Overbite (%)	Δ	ASSESSMENT OF ACUTE TRAUMATIC	PATIENT NAME:
MEDICAL HISTORY: ALLERGIES: DATE & TIME OF INJURY: TIME LAPSED SINCE INJURY: WHERE INJURY OCCURRED: HOW INJURY OCCURRED: Check if present and 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 Check if present and describe: Cranial nerve deficit Facial fractures Lacerations Contusions Swelling Abrasions Hemorrhage/drainage Foreign bodies TMJ deviation/asymmetry Check if injured and describe DIAGRAM OF INJURIES		INJURIES	DATE OF BIRTH:
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Headache/nausea/vomiting Neck pain Spontaneous dental pain Pain on mastication Reaction to thermal changes Previous dental trauma Non-nutritive oral habits Other complaints Check if present and describe: Cranial nerve deficit Facial fractures Lacerations Contusions Swelling Abrasions Hemorrhage/drainage Foreign bodies TMJ deviation/asymmetry Check if injured and describe DIAGRAM OF INJURIES	K	Non-dental Injuries	By Whom:
Headache/nausea/vomiting Neck pain Spontaneous dental pain Pain on mastication Reaction to thermal changes Previous dental trauma Non-nutritive oral habits Other complaints Check if present and describe: Cranial nerve deficit Facial fractures Lacerations Contusions Swelling Abrasions Hemorrhage/drainage Foreign bodies TMJ deviation/asymmetry Check if injured and describe DIAGRAM OF INJURIES	2	Loss of consciousness	
Headache/nausea/vomiting Neck pain Spontaneous dental pain Pain on mastication Reaction to thermal changes Previous dental trauma Non-nutritive oral habits Other complaints Check if present and describe: Cranial nerve deficit Facial fractures Lacerations Contusions Swelling Abrasions Hemorrhage/drainage Foreign bodies TMJ deviation/asymmetry Check if injured and describe DIAGRAM OF INJURIES	S	Altered orientation/mental status	
Neck pain Spontaneous dental pain Pain on mastication Reaction to thermal changes Previous dental trauma Non-nutritive oral habits Other complaints Check if present and describe: Cranial nerve deficit Facial fractures Lacerations Contusions Swelling Abrasions Hemorrhage/drainage Foreign bodies TMJ deviation/asymmetry Check if injured and describe DIAGRAM OF INJURIES	I	Hemorrhage from nose/ears	
Spontaneous dental pain Pain on mastication Reaction to thermal changes Previous dental trauma Non-nutritive oral habits Other complaints Check if present and describe: Cranial nerve deficit Facial fractures Lacerations Contusions Swelling Abrasions Hemorrhage/drainage Foreign bodies TMJ deviation/asymmetry Check if injured and describe DIAGRAM OF INJURIES		Headache/nausea/vomiting	
Pain on mastication Reaction to thermal changes Previous dental trauma Non-nutritive oral habits Other complaints Check if present and describe: Cranial nerve deficit Facial fractures Lacerations Contusions Swelling Abrasions Hemorrhage/drainage Foreign bodies TMJ deviation/asymmetry Check if injured and describe DIAGRAM OF INJURIES		Neck pain	
Reaction to thermal changes Previous dental trauma Non-nutritive oral habits Other complaints Check if present and describe: Cranial nerve deficit Facial fractures Lacerations Contusions Swelling Abrasions Hemorrhage/drainage Foreign bodies TMJ deviation/asymmetry Check if injured and describe DIAGRAM OF INJURIES		Spontaneous dental pain	
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Lacerations Contusions Swelling Abrasions Hemorrhage/drainage Foreign bodies TMJ deviation/asymmetry Check if injured and describe DIAGRAM OF INJURIES	A	Cranial nerve deficit	
Lacerations Contusions Swelling Abrasions Hemorrhage/drainage Foreign bodies TMJ deviation/asymmetry Check if injured and describe DIAGRAM OF INJURIES	X	Facial fractures	
TMJ deviation/asymmetry Check if injured and describe DIAGRAM OF INJURIES		Lacerations	
TMJ deviation/asymmetry Check if injured and describe DIAGRAM OF INJURIES	S	Contusions	
TMJ deviation/asymmetry Check if injured and describe DIAGRAM OF INJURIES	O	Swelling	
TMJ deviation/asymmetry Check if injured and describe DIAGRAM OF INJURIES	S		
TMJ deviation/asymmetry Check if injured and describe DIAGRAM OF INJURIES	E		
Check if injured and describe DIAGRAM OF INJURIES	X		
Lips Frenae Buccal Mucosa Gingivae Palate Tongue Floor of mouth Occlusion Molar classification RL_ Canine classification R_L_	Z	Check if injured and describe	DIAGRAM OF INJURIES
Frenae Buccal Mucosa Gingivae Palate Tongue Floor of mouth Occlusion Molar classification RL_ Canine classification RL_	0	Lips	
Buccal Mucosa Gingivae Palate Tongue Floor of mouth Occlusion Molar classification RL_ Canine classification RL_	-	Frenae	
Gingivae	5	Buccal Mucosa	
Palate Tongue Floor of mouth Occlusion Molar classification RL_ Canine classification RL_	=	Gingivae	
Tongue Floor of mouth Occlusion Molar classification RL_ Canine classification RL_	2	Palate	
Floor of mouth Occlusion Molar classification RL_ Canine classification RL_	X	Tongue	(CNG) (CNG) (CNG)
Molar classification RL_ Canine classification RL_	Ш	Ploor of mouth	(a) and construction (b)
Canine classification RL_	7	Moles eleccification B	
Calline dassilication R_L_	2	Coning classification P	@@###Y
Overbite (%)	O	Overbite (%)	
Overbite (%) Overjet (mm)	P-	Overiet (mm)	南 作 作 在 在
Crossbite Y N	2	Crossbite Y N	
Midline Deviation Y N	5	Midline Deviation Y N	
Interferences Y N		Interferences Y N	

		TOOTH NUMBER
	AVULSION	Extra-oral Time
וו		Storage Medium
į	INFRACTION	
5	CROWN FRACTURE	
5	PULP EXPOSURE	Size
Z		Appearance
_	COLOR	
V	MOBILITY (mm)	
5	PERCUSSSION	Disastian
П	PERCUSSSION LUXATION PULP TESTING	Direction Extent
	PULP TESTING	Electric
		Thermal
	CARIES/PREVIOUS REST	
	PULP SIZE	
Ĺ	ROOT DEVELOPMENT	
ADIOGRAPHS	ROOT FRACTURE	
>	PERIODONTAL LIGAMEN	T SPACE
5	PERIAPICAL PATHOLOGY	
)	ALVEOLAR FRACTURE	
5	FOREIGN BODY	
3		
	DEVELOPMENTAL ANOM	ALY
	OTHER	
	Check if performed a	and describe
	Soft tissue manageme	
_	Medication	
Z	Pulp therapy	
1	Root conditioning	
IKEAIMENI	Repositioning	
1	Stabilization	
Ü	Restoration	
_	Extraction	
	Prescription	
	Referral	
	Other	
2	Check if discussed	
2	Diet	
7	Hygiene	
5	Pain	
0	Swelling	
5	Infection	
2	Prescription	
1	Complications:	
INSTRUCTIONS AND DISPOSITION	Damage to develo	pping teeth
5	Abnormal position	
	Tooth Loss	
3	Pulp damage to in	jured teeth
2	Other:	
_	Г-Ш	
0	Follow-up:	

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