


Assessment of Acute Traumatic Injuries

ASSESSMENT OF ACUTE TRAUMATIC INJURIES		PATIENT NAME: _____ DATE OF BIRTH: _____
DATE: _____ TIME: _____		REFERRED BY: _____
MEDICAL HISTORY:		
ALLERGIES: _____		DATE OF LAST TETANUS INNOCULATION: _____
DATE & TIME OF INJURY: _____		TIME LAPSED SINCE INJURY: _____
WHERE INJURY OCCURRED: _____		
HOW INJURY OCCURRED: _____		
HISTORY	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 ____		

		TOOTH NUMBER	
DENTAL INJURIES	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		
RADIOGRAPHS	PULP SIZE		
	ROOT DEVELOPMENT		
	ROOT FRACTURE		
	PERIODONTAL LIGAMENT SPACE		
	PERIAPICAL PATHOLOGY		
	ALVEOLAR FRACTURE		
	FOREIGN BODY		
	DEVELOPMENTAL ANOMALY		
	OTHER		
TREATMENT	Check if performed and describe		
	Soft tissue management		
	Medication		
	Pulp therapy		
	Root conditioning		
	Repositioning		
	Stabilization		
	Restoration		
	Extraction		
	Prescription		
Referral			
Other			
INSTRUCTIONS AND DISPOSITION	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			
SUMMARY			

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.

Copyright of Pediatric Dentistry is the property of American Society of Dentistry for Children and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.