



## Administration of Antibiotics by EMS for Open Fracture

### Statewide Pilot Program

#### Patient Data Collection

This form must be completed for every patient that receives antibiotics for suspected open fracture.

**Patient Name:**

**Patient Date of Birth:**  **Patient Age:**

**EMS Agency Name:**

**Incident Number:**  **Incident County:**

**Incident Municipality:**

**Patient Destination (Facility Name)**

**Facility Trauma Center Level:**  Level 1  Level 2  Level 3  Level 4  Non-Trauma Facility

**Date of Incident:**  **Time of Initial 9-1-1 Call:**

**Mechanism of Injury (Check):**  Fall  Motorized Vehicle  Machinery

Sports-related  Other:

**Bone(s) involved (Check all that apply):**  Foot  Humerus  Forearm

Wrist  Hand  Pelvis  Femur  Tibia/Fibula  Ankle  Other

**Date Antibiotic Started:**  **Time Antibiotic Started:**

**If under 50 kg., estimated patient weight:**

**Complications / Issues (Check all that apply):**

**Anaphylaxis/Serious Allergy (Check all that apply)**

Face/Lip Swelling  Wheezing/SOB  Hypotension  Altered Mental Status/Syncope  
 Widespread Hives  EPINEPHrine given

**Mild Allergy (Rash)**

**Incomplete Dose of Medication (Check all that apply)**

IV Infiltrated  IV Dislodged

**Medication Error**

**No Complications**

**ALS Provider Name:**  **Certification Number:**



### **EMS Agency Medical Director QI**

**Known Drug Allergies Documented (Including when NKDA) check one:**  Yes  No

**Complications / Issues (Check one)**  None  Complication / Issue identified

**If Complication identified you must provide a descriptive response**

**If access to hospital diagnosis, was there an open facture? (Check one)**

Yes  No  Hospital Outcome Not Available

**Other Comments:**

**Date QI Completed:**

**Physician Review (Printed Name)**

**Physician Signature:**

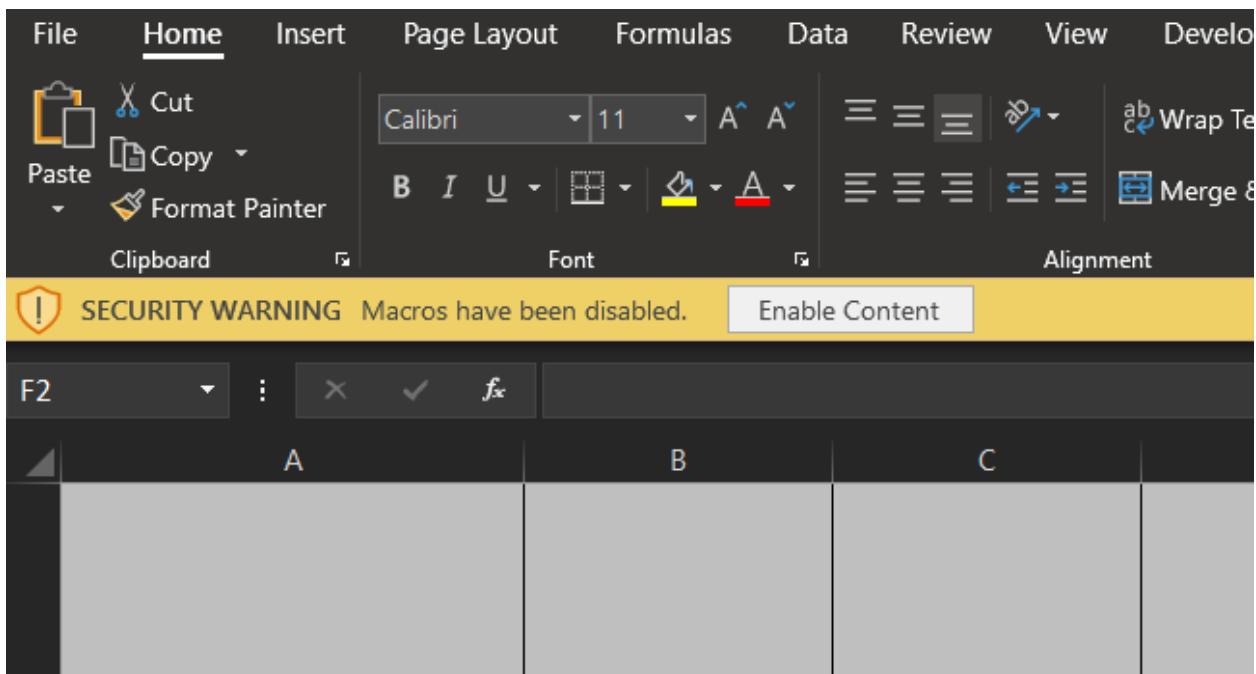


## Reporting Instructions

EMS agencies must complete this form for each patient that is treated under this pilot protocol.

EMS agencies must then complete the accompanying Excel document. The Excel document titled: **AgencyOpenFXDataCollection**, must be completed and sent to the regional council no later than 15 days after the end of a month.

To complete the Excel document, agencies must click "Enable Content".



If the patient experienced an open fracture that involved multiple bones, to note this in the Excel form follow the following procedure:

Click drop-down arrow in Column H, select the first bone to be listed. To add additional bones, click the drop-down arrow prior to selecting each bone. The form is set to prevent duplication of bones by title.

Regional EMS councils will collect data from all services that are approved for this pilot via the agency reported Excel spreadsheet. Regional EMS councils must send reports to the Bureau within 30 days of the completion of a quarter. A completed regional Excel form shall be sent via email to the EMS Program Manager for System Operations.