



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 fracture? (Check one)

☐ Yes ☐ No ☐ Hospital Outcome Not Available

Other Comments:

Date QI Completed:

Physician Review (Printed Name)

Physician Signature:

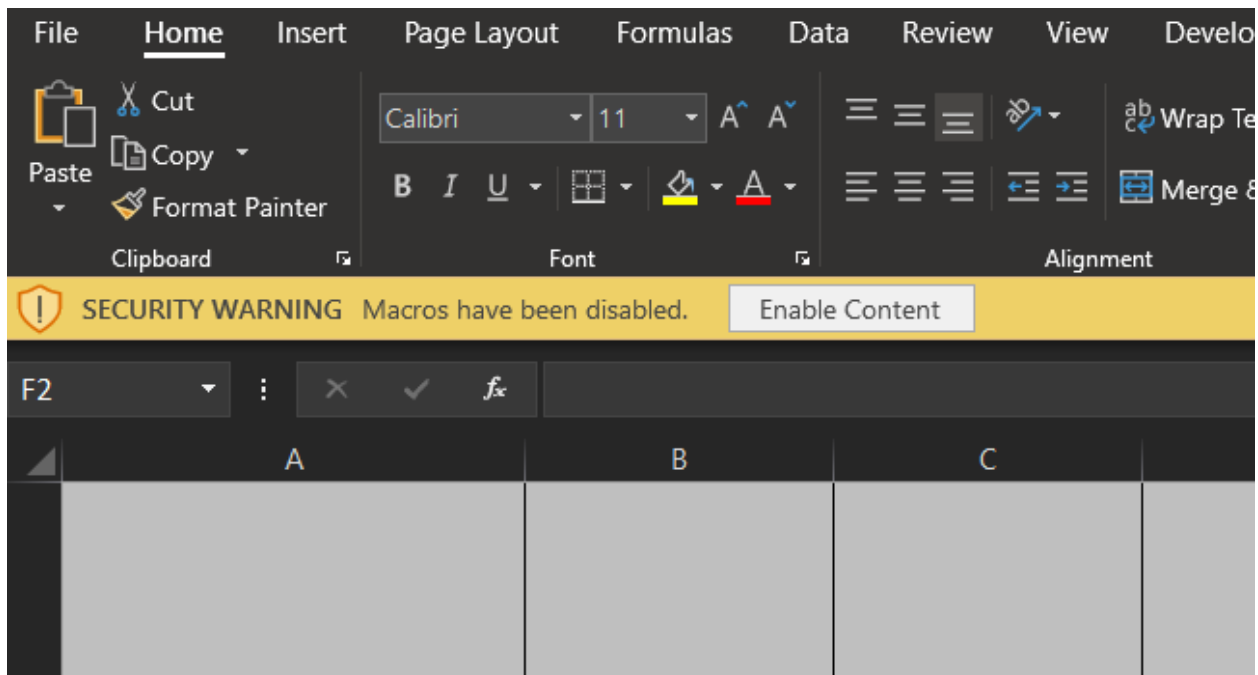


Reporting Instructions

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.