A. HEALTHCARE FACILITY - ADMINISTRATIVE

A1. CDC FACILITY CODE [__|__|__|__]
A2. FACILITY NAME: ____________________________________________
A3. FACILITY PATIENT MEDICAL RECORD NUMBER: [__|__|__|__|__|__|__|__|__]

B. PATIENT INFORMATION

B1. DATE OF BIRTH: [___|___| - |___|___ | - |___|___|___|___] M    M              D     D              Y     Y       Y      Y
IF BIRTHDATE IS UNKNOWN, APPROXIMATE AGE IN YEARS: ______

B2. SEX ...................................................................
[ ] MALE
[ ] FEMALE

B3. IDENTIFIED AS RESPONDER OR RESCUE WORKER ...
[ ] YES
[ ] NO

B4. IDENTIFIED AS SUSPECTED TERRORIST..................
[ ] YES
[ ] NO

C. ARRIVAL STATUS

C1. MODE OF ARRIVAL AT FACILITY ( CHECK ONE )
[ ] WALK IN / PERSONAL VEHICLE
[ ] GROUND AMBULANCE
[ ] AIR/HELICOPTER
[ ] POLICE / LAW ENFORCEMENT
[ ] UNKNOWN
[ ] OTHER (TEXT): __________________________________________

D. INCIDENT CIRCUMSTANCES: GENERAL ( CHECK ALL THAT APPLY )

D1. TYPE BOMBING: [ ] CONFINED SPACE (BUS, TRAIN, BUILDING)
[ ] OPEN AIR
[ ] STRUCTURAL COLLAPSE

D2. DISPERSIVES: [ ] RADIOLOGICAL
[ ] CHEMICAL
[ ] BIOLOGICAL
[ ] NONE
[ ] UNKNOWN

E. INCIDENT CIRCUMSTANCES: PATIENT-SPECIFIC

E1. LOCATION / PROXIMITY OF PATIENT DURING INCIDENT (TEXT):

E2. EXPLAIN WHAT HAPPENED (TEXT):

E3. MECHANISM OF INJURY ( CHECK ALL THAT APPLY )
[ ] CUT / PIERCED / STRUCK BY ➔ FRAGMENTS
[ ] OTHER DEBRIS
[ ] UNKNOWN
[ ] CRUSHED (PUSHED OR KNOCED AGAINST OBJECT)
[ ] BURNED (CAUGHT BETWEEN TWO OBJECTS)
[ ] EXPLOSION
[ ] SECONDARY FIRE
[ ] CHEMICAL
[ ] UNKNOWN

F. INJURIES: ( CHECK ALL THAT APPLY )

[ ] EYE INJURY
[ ] TYMPANIC MEMBRANE RUPTURE
[ ] TRAUMATIC BRAIN INJURY / CONCUSSION
[ ] INHALATION INJURY
[ ] BLAST LUNG / PULMONARY CONTUSION
[ ] PNEUMOTHORAX / HEMOTHORAX
[ ] BLAST ABDOMEN / ACUTE ABDOMEN
[ ] TINNITUS / HEARING PROBLEMS
[ ] PSYCHOLOGICAL PROBLEMS

G. INITIAL DISPOSITION AND RESOURCES

G1. DISPOSITION ( CHECK ALL THAT APPLY )
[ ] TREATED AND RELEASED
[ ] LEFT WITHOUT EVALUATION
[ ] LEFT AGAINST MEDICAL ADVICE
[ ] ADMITTED TO: [ ] OPERATING ROOM
[ ] INTENSIVE CARE UNIT
[ ] BURN UNIT
[ ] HOSPITAL FLOOR / INPATIENT WARD
[ ] UNKNOWN
[ ] OTHER (TEXT):

G2. MEDICAL RESOURCES: ( CHECK ALL THAT APPLY )
[ ] BLOOD PRODUCTS
[ ] ENDOTRACHEAL INTUBATION
[ ] IMAGING STUDIES: [ ] X-RAY
[ ] CT
[ ] ULTRASOUND
[ ] OTHER (TEXT):

G3. SPECIALISTS: ( CHECK ALL THAT APPLY )
[ ] GENERAL / TRAUMA SURGEON
[ ] THORACIC SURGEON
[ ] NEUROSURGEON
[ ] ORTHOPEDIC SURGEON
[ ] ENT SURGEON
[ ] UROLOGIST
[ ] UNKNOWN
[ ] OTHER (TEXT):
ED MEDICAL RECORD ABSTRACTION FORM FOR DOMESTIC BOMBING EVENTS

CDC RECORD# __|__|__|__| CDC EVENT CODE |__|__|__|__|

FORM COMPLETED BY : __________ DATE COMPLETED: ______/_____/_____
INITIALS MONTH DAY YEAR

General Directions for Completion of Medical Record Abstraction Form for Bomb Victims:

HEADER:
CDC Record # : a unique identifier assigned by CDC (1 through N) for this patient record.
CDC EVENT CODE: - A four digit code assigned to the bombing event
COMPLETED BY: 3 initials of the person abstracting the record; if no middle initial, leave middle blank.
DATE: mm-dd-yy format of the day record is abstracted (example: November 27, 2007 = 11 – 27 – 08)

A. HEALTHCARE FACILITY:
A1. CDC FACILITY CODE: 4-digit code assigned to the facility for event (example: 0104)
A2. NAME of FACILITY
A3. FACILITY PATIENT MEDICAL RECORD NUMBER: record number assigned/maintained by facility (example: 001023947)

B. PATIENT INFORMATION:
   If DATE OF BIRTH is UNKNOWN, complete approximate AGE IN YEARS in the text field
B2. SEX: Check MALE OR FEMALE
B3. IDENTIFIED AS RESPONDER OR RESCUE WORKER: Check “Yes” or “No” as appropriate
B4. IDENTIFIED AS SUSPECTED TERRORIST: Check “Yes” or “No” as appropriate

C. ARRIVAL STATUS:
C1. Check one correct answer
   For Time: use military time (example: 2PM = 14:00)
C4. INITIAL PROVIDER: Check box for Physician, Nurse Practitioner, or Physician’s Assistant, or text field for Other type
C5. and C6. Check one correct answer

D. INCIDENT CIRCUMSTANCES: General
D1. TYPE BOMBING: Indicate environment of bombing if known, or thought to be known
D2. DISPERSIVES: Indicate dispersives known, or thought to be known, in the bombing

E. INCIDENT CIRCUMSTANCES: Patient-Specific
E1. LOCATION/PROXIMITY: Patient’s description of his/her location during the bombing
E2. EXPLAIN WHAT HAPPENED: Patient’s description of what the patient says happened to them
E3. MECHANISM OF INJURY: The primary mechanisms begin with a slightly larger letter (example: BURNED) and
   appear at the left margin of the column. Second level information about mechanism is indented and preceded
   by an arrow (example: “▸ □ BY EXPLOSION”). A text field is also available for “OTHER” information.

F. BLAST INJURIES:
F1. Check all boxes in E1 that apply.
F2. Check the type of injury in boxes along the left side of the column.
   For injuries followed by a “▸ □” the location of the injury can be indicated by checking (to the right) one or body
   locations (i.e., for HEAD/NECK, THORAX/ABDOMEN, UPPER EXTREMITY, LOWER EXTREMITY, OR RARELY, UNKNOWN)

G. INITIAL DISPOSITION AND RESOURCES:
G1. Check DISPOSITION along the left side of the column. If ADMITTED TO is selected, indicate initial accepting unit.
G2. Check any of the MEDICAL RESOURCES listed if used. If “IMAGING STUDIES is checked, check one or more boxes to
   indicate the specific type of imaging (X-ray, CT, Ultrasound). If the other resources are used, explain in text.
G3. Check boxes for all SPECIALISTS consulted after initial triage.
   If NOT listed, provide type in text field (example: pediatrician).

Begin Data Collection on Following Page