Annex 1.0 – Kontra Paputok Form

Appendix 1

Department of Health

FOURMULA KONTRA PAPUTOK 2008

Injury Registry

Fax: 741-7048, 743- 6076, 743- 1937

Date ____________________

Region ____________________

Hospital ____________________

Name (Family Name, First Name, Middle Initial)	Age/ Sex	Residence (House #, Street, Bgy., Mun/City, Prov.)	Date (mm/dd) Time of Injury Place of Injury	Date (mm/dd) Time of Consult	Involve-ment (1)	Type of Injury (If other diagnosis, pls. specify)	Diagnosis to include nature and site	Type of Firecracker	Liquor Intoxica-tion (2)	Given (3)	Disposition (4)
		PHONE:	DOI: TOI: Place of injury:	DOC: TOC:	[ ] Active [ ] Passive	[ ] Blast/Burn WITH Amputation [ ] Blast/Burn NO Amputation [ ] Eye injury [ ] Watusi ingestion [ ] GSW – Stray Bullet [ ] Tetanus [ ] Others ________			[ ] Yes [ ] No	[ ] ATS [ ] Toxoid [ ] None [ ] Others	[ ] Discharged [ ] Admitted [ ] Hama [ ] Died [ ] Transferred ________
		PHONE:	DOI: TOI: Place of injury:	DOC: TOC:	[ ] Active [ ] Passive	[ ] Blast/Burn WITH Amputation [ ] Blast/Burn NO Amputation [ ] Eye injury [ ] Watusi ingestion [ ] GSW – Stray Bullet [ ] Tetanus [ ] Others ________			[ ] Yes [ ] No	[ ] ATS [ ] Toxoid [ ] None [ ] Others	[ ] Discharged [ ] Admitted [ ] Hama [ ] Died [ ] Transferred ________
		PHONE:	DOI: TOI: Place of injury:	DOC: TOC:	[ ] Active [ ] Passive	[ ] Blast/Burn WITH Amputation [ ] Blast/Burn NO Amputation [ ] Eye injury [ ] Watusi ingestion [ ] GSW – Stray Bullet [ ] Tetanus [ ] Others ________			[ ] Yes [ ] No	[ ] ATS [ ] Toxoid [ ] None [ ] Others	[ ] Discharged [ ] Admitted [ ] Hama [ ] Died [ ] Transferred ________
		PHONE:	DOI: TOI: Place of injury:	DOC: TOC:	[ ] Active [ ] Passive	[ ] Blast/Burn WITH Amputation [ ] Blast/Burn NO Amputation [ ] Eye injury [ ] Watusi ingestion [ ] GSW – Stray Bullet [ ] Tetanus [ ] Others ________			[ ] Yes [ ] No	[ ] ATS [ ] Toxoid [ ] None [ ] Others	[ ] Discharged [ ] Admitted [ ] Hama [ ] Died [ ] Transferred ________
		PHONE:	DOI: TOI: Place of injury:	DOC: TOC:	[ ] Active [ ] Passive	[ ] Blast/Burn WITH Amputation [ ] Blast/Burn NO Amputation [ ] Eye injury [ ] Watusi ingestion [ ] GSW – Stray Bullet [ ] Tetanus [ ] Others ________			[ ] Yes [ ] No	[ ] ATS [ ] Toxoid [ ] None [ ] Others	[ ] Discharged [ ] Admitted [ ] Hama [ ] Died [ ] Transferred ________

Prepared by: ____________________ Signature over Printed Name	**1.Involvement** **Active**= injured while lighting or holding firecracker **Passive**= injured while watching a firecracker being lighted or passing by	**2. Liquor intoxication** **Yes**- under the influence of alcohol (+AB) **No**- not under the influence of alcohol	**3.Given** **ATS**= Anti Tetanus Serum **Toxoid**= Tetanus toxoid **None**= ATS or Tetanus toxoid nogiven	**4.Disposition** **Discharge**= Discharged improve/ recovered **Admitted**= Admitted in the hospital **HAMA**= Home against medical advice **Died**

Annex 2.0 Patient Injury Registry Form

DEPARTMENT OF HEALTH

National Electronic Injury Surveillance System

Patient Injury Registry Form

GENERAL DATA				
(1) Registry No.:			(2) Hospital No.:	
(3) Patient Name	Last Name:		First Name:	Middle Name:
(4) Address:	House No. & Street:	Barangay:	Municipality/City:	Province:
(5) Sex: ☐Female ☐Male	(6) Date of Birth: ☐☐/☐☐/☐☐☐☐ mm dd yyyy		If Date of Birth is not Available, Age in: ☐☐☐ years ☐☐ months ☐☐ days	

PRE-ADMISSION DATA:			
(7) Place of Injury: _____ Street, Barangay _____ Municipality/City _____ Province	(8) Date of Injury: ☐☐/☐☐/☐☐☐☐ mm dd yyyy (9) Time of Injury: _____ am / pm	(10) Date of Consult: ☐☐/☐☐/☐☐☐☐ mm dd yyyy (11) Time of Consult: _____ am / pm	(12) Injury Intent: ☐Unintentional/Accidental ☐Intentional ☐Undetermined

(13) Nature of Injury (Check all applicable, indicate in the blank space opposite each type of injury the body location (site) affected and other details)

☐Abrasion _____

☐Avulsion _____

☐Contusion _____

☐Open wound/ Laceration _____

(hacking,gunshot, stabing, etc)

☐ Fracture

☐ closed type _____

(ex. comminuted, depressed fracture)

☐ open type _____

(ex. Compound, infected fracture)

☐ Burn _____

☐ Others: Pls. specify injury and the site: _____

_____

_____

(14) External Cause/s of Injury/ies:

☐ Transport /Vehicular Accident ☐ Fall ☐ Mauling/Assault ☐ Gunshot, specify weapon _____

☐ Contact with sharp objects, specify object _____ ☐ Hanging/Strangulation

☐ Bites/stings, Specify animal/insect: _____ ☐ Drowning

☐ Burns, specify: _____

☐ Chemical/substance, specify _____ ☐ Others, specify _____

(14 a) For Transport/Vehicular Accident: ☐ Collision ☐ Non-Collision

(14 a.1) Vehicles Involved:

Patient's Vehicle ☐ None ☐ car ☐ van ☐ bus ☐ motorcycle ☐ bicycle ☐ tricycle ☐ others, _____ ☐ unknown

Other Vehicle involved ☐ car ☐ van ☐ bus ☐ motorcycle ☐ bicycle ☐ tricycle ☐ others, _____ ☐ unknown

(14 a.2) Position of Patient ☐ Pedestrian ☐ Driver ☐ Front passenger ☐ Rear passenger ☐ others, _____ ☐ Unknown

(14 a.3) Safety: (check all that apply) ☐ none ☐ Airbag ☐ Helmet ☐ Childseat ☐ Seatbelt ☐ others, _____ ☐ unknown

(14 b) Place of Occurrence: ☐ Home ☐ School ☐ Road ☐ Videoke bars ☐ Workplace, specify _____

☐ Others, specify _____ ☐ Unknown

(14 c) Activity of the Patient at the time of the incident: ☐ Sports ☐ Leisure ☐ Work related ☐ others, _____ ☐ unknown

(14 d) **Other risk factors at the time of the incident:** ☐ Alcohol/liquor ☐ smoking ☐ Using mobile phone ☐ others, _____

HOSPITAL DATA:

(15) Transfer / Referral ☐ yes ☐ no | **(16) Name of referring Hospital** : _____

(17) Status upon reaching Hospital ☐ Dead ☐ Alive

(18) Complete Final Diagnosis:

_____

_____

_____

(19) ICD-10 Code/s: Nature of Injury : _____

(20) ICD-10 Code/s: External cause of Injury: _____

Prepared by: _____ **Position** _____ **Date:** _____
Printed Name and Signature