

**APPENDIX B: MD TRAUMA WOUND DEBRIDEMENT OP NOTE**

MD TRAUMA WOUND DEBRIDEMENT OP NOTE	
<b>Date of Operation:</b>	
<b>Pre-Operative Diagnosis:</b>	
<b>Post-Operative Diagnosis:</b>	
<b>Initial Bastion Amputation Class:</b>	<b>1</b> (foot) <b>2</b> (below knee) <b>3</b> (above knee) <b>4</b> (proximal thigh) <b>5</b> (involves buttock/perineum)
<b>Surgeon(s):</b>	
<b>Anesthesia:</b>	
<b>EBL:</b>	
<b>Fluids/Blood Products Administered:</b>	
<b>OPERATIVE SITE #1: (specify)</b>	
<b>Procedure</b> <input type="checkbox"/> Initial amputation (level) _____ <input type="checkbox"/> Revision amputation (level) _____ <input type="checkbox"/> Debridement/Washout Number _____ <input type="checkbox"/> DPC <input type="checkbox"/> Exam/Dressing change under Anesthesia <input type="checkbox"/> Ex-Fix (initial) <input type="checkbox"/> Ex-Fix (revision) <input type="checkbox"/> ORIF <input type="checkbox"/> Orthopedic hardware removal <input type="checkbox"/> Other _____	<b>Wound Description</b> Total size of wound: _____ cm <sup>2</sup> <input type="checkbox"/> Clean <input type="checkbox"/> Approx 25% necrotic <input type="checkbox"/> Approx 50% necrotic <input type="checkbox"/> Approx 75% necrotic <input type="checkbox"/> Completely necrotic <input type="checkbox"/> Grossly purulent <input type="checkbox"/> Gross mold
<b>Samples Sent</b> <input type="checkbox"/> None <input type="checkbox"/> Aerobic culture <input type="checkbox"/> Anaerobic culture <input type="checkbox"/> Fungal culture <input type="checkbox"/> Histopathology <input type="checkbox"/> Other _____	<b>Adjunctive Therapy</b> <input type="checkbox"/> Antimicrobial beads (type) _____ <input type="checkbox"/> Dakins soaked dressings <input type="checkbox"/> Dakins Instill Device (started) <input type="checkbox"/> Dakins Instill Device (Renewed) <input type="checkbox"/> Negative pressure therapy <input type="checkbox"/> Other _____
<b>Comments:</b>	

MD TRAUMA WOUND DEBRIDEMENT OP NOTE	
<b>OPERATIVE SITE #2: (specify)</b>	
<b>Procedure</b> <input type="checkbox"/> Initial amputation (level) _____ <input type="checkbox"/> Revision amputation (level) _____ <input type="checkbox"/> Debridement/Washout Number _____ <input type="checkbox"/> DPC <input type="checkbox"/> Exam/Dressing change under Anesthesia <input type="checkbox"/> Ex-Fix (initial) <input type="checkbox"/> Ex-Fix (revision) <input type="checkbox"/> ORIF <input type="checkbox"/> Orthopedic hardware removal <input type="checkbox"/> Other _____	<b>Wound Description</b>  Total size of wound: _____ cm <sup>2</sup> <input type="checkbox"/> Clean <input type="checkbox"/> Approx 25% necrotic <input type="checkbox"/> Approx 50% necrotic <input type="checkbox"/> Approx 75% necrotic <input type="checkbox"/> Completely necrotic <input type="checkbox"/> Grossly purulent <input type="checkbox"/> Gross mold
<b>Samples Sent</b> <input type="checkbox"/> None <input type="checkbox"/> Aerobic culture <input type="checkbox"/> Anaerobic culture <input type="checkbox"/> Fungal culture <input type="checkbox"/> Histopathology <input type="checkbox"/> Other _____	<b>Adjunctive Therapy</b> <input type="checkbox"/> Antimicrobial beads (type) _____ <input type="checkbox"/> Dakins soaked dressings <input type="checkbox"/> Dakins Instill Device (started) <input type="checkbox"/> Dakins Instill Device (Renewed) <input type="checkbox"/> Negative pressure therapy <input type="checkbox"/> Other _____
<b>Comments:</b>	
<b>OPERATIVE SITE #3: (specify)</b>	
<b>Procedure</b> <input type="checkbox"/> Initial amputation (level) _____ <input type="checkbox"/> Revision amputation (level) _____ <input type="checkbox"/> Debridement/Washout Number _____ <input type="checkbox"/> DPC <input type="checkbox"/> Exam/Dressing change under Anesthesia <input type="checkbox"/> Ex-Fix (initial) <input type="checkbox"/> Ex-Fix (revision) <input type="checkbox"/> ORIF <input type="checkbox"/> Orthopedic hardware removal <input type="checkbox"/> Other _____	<b>Wound Description</b>  Total size of wound: _____ cm <sup>2</sup> <input type="checkbox"/> Clean <input type="checkbox"/> Approx 25% necrotic <input type="checkbox"/> Approx 50% necrotic <input type="checkbox"/> Approx 75% necrotic <input type="checkbox"/> Completely necrotic <input type="checkbox"/> Grossly purulent <input type="checkbox"/> Gross mold
<b>Samples Sent</b> <input type="checkbox"/> None <input type="checkbox"/> Aerobic culture <input type="checkbox"/> Anaerobic culture <input type="checkbox"/> Fungal culture <input type="checkbox"/> Histopathology <input type="checkbox"/> Other _____	<b>Adjunctive Therapy</b> <input type="checkbox"/> Antimicrobial beads (type) _____ <input type="checkbox"/> Dakins soaked dressings <input type="checkbox"/> Dakins Instill Device (started) <input type="checkbox"/> Dakins Instill Device (Renewed) <input type="checkbox"/> Negative pressure therapy <input type="checkbox"/> Other _____
<b>Comments:</b>	