

Facial trauma checklist

What happened?

Was consciousness lost? YES NO
Level of pain? ____/10
Patient presentation Calm Shaken Non-cooperative

Radiographs ordered: Periapical #
 Pantomograph

Evidence of bony fracture or anatomical displacement: Present Absent

Evidence of tooth fracture: None Enamel Enamel-dentin Enamel-dentin-pulp

Soft tissue injury: None Swelling Abrasion Laceration(s) ____ mm
 Erythema Edema Hematoma

Tooth specific findings:

Tooth:	#__	#__	#__	#__	//	#__	#__	#__	#__
Cold:	___	___	___	___	//	___	___	___	___
Percussion:	___	___	___	___	//	___	___	___	___
Palpation:	___	___	___	___	//	___	___	___	___
Mobility:	___	___	___	___	//	___	___	___	___
Cervical bleeding:	___	___	___	___	//	___	___	___	___
Displacement:	___	___	___	___	//	___	___	___	___

Treatment rendered:

Prescriptions dispensed with instructions given:

Primary closure achieved: YES NO N/A.
Antibiotic coverage necessary? YES NO
Pain control counselling given? YES NO
General sequelae and risks discussed? YES NO
Post-traumatic care & monitoring reviewed? YES NO

Referral required: Immediate Delayed
Follow-up required: None 7 days 14 days
 30 days Other: _____
