

Injurious Fall And/Or Fracture Abstraction

1. Injurious Fall Criteria (Check all that apply)

- a. Fracture as per criteria in #3 fracture_iffa ☐
- b. Non-Fracture head injury with loss of consciousness, subdural or other intracranial hematoma by MRI or CT, facial trauma requiring sutures with report, traumatic vision loss with report of visual function, or other similar head injury sequela. headinj_iffa ☐
- c. Consequences of long lie such as rhabdomyolysis with increases in muscle enzymes, dehydration with use of parental fluid replacement, decreased blood pressure, increase BUN and /or sodium level, or hypothermia (rectal temp < 36 ° C) longlie_iffa ☐
- d. Other injury attributed to a fall such as burns with report of burn severity and extent, severe sprains with description of swelling, pain and change in motion, visceral injury with radiologic confirmation of blood collection or change in organ feature, internal bleeding with report of hematoma or need for surgery, or acute peripheral nerve damage with neurological description of acute deficit. othinj_iffa ☐

datefall_iffa

2. Date of Fall

3. Fractures

- a. Injury fracture criteria (must meet all criteria)

criteria_iffa

-9
1 Yes
0 No
Not on
-6 form

if **No**, Go on to Question #4

1. Radiologic evidence of non-vertebral fracture

nonvert_iffa
-9
1 Yes
0 No
-6 Not on form

2. Report of fall within 1 week of diagnosis

rept1wk_iffa
-9
1 Yes
0 No
-6 Not on form

3. Absence of major trauma (MVA or fall from height > 3 feet) or periprosthetic fracture

abstraum_iffa
-9
1 Yes
0 No
-6 Not on form

4. No evidence of pathologic fracture (malignancy, osteoporosis is not considered pathologic)

noevid_iffa
-9
1 Yes
0 No
-6 Not on form

- b. Fracture site:

(Mark the one category that applies best for a single fracture)
(Mark all appropriate sites if multiple fractures)

Facial

- (1). Nose
(2). Other facial

nose_iffa ☐
othfac_iffa ☐

Hand or Finger

- (3). One or more metacarpal bone(s)
(4). One or more fingers

metacarp_iffa ☐
fingers_iffa ☐

Lower arm or wrist

- (5). Radius and/or ulna
(6). One or more carpal bones (wrist)

radius_iffa ☐
carpal_iffa ☐

Elbow

- (7). Lower end of Humerus
(8). Upper radius and /or ulna

lhumerus_iffa ☐
uradius_iffa ☐

Upper arm (humerus), shoulder, or clavicle:

- (9). Humerus, upper end
(10). Humerus, shaft or unspecified part

uhumerus_iffa ☐
humerus_iffa ☐

(11). Clavicle	clavicle_iffa <input type="checkbox"/>
(12). Scapula	scapula_iffa <input type="checkbox"/>
<u>Rib</u>	
(13). Rib	rib_iffa <input type="checkbox"/>
<u>Spine or back (vertebra)</u>	
(14). Cervical Spine	cervical_iffa <input type="checkbox"/>
<u>Tailbone</u>	
(15). Sacrum and/or coccyx	sacrum_iffa <input type="checkbox"/>
<u>Pelvis</u>	
(16). Pelvis	pelvis_iffa <input type="checkbox"/>
<u>Hip</u>	
(17). Neck or femur (transcervical, cervical)	nckfemur_iffa <input type="checkbox"/>
(18). Intertrochanteric fracture	intertro_iffa <input type="checkbox"/>
(19). Greater trochanter	grtroch_iffa <input type="checkbox"/>
(20). Unspecified part of proximal femur	prxfemur_iffa <input type="checkbox"/>
<u>Upper leg (not hip)</u>	
(21). Shaft of femur, including subtrochanteric region	shtfemur_iffa <input type="checkbox"/>
<u>Knee</u>	
(22). Patella	patella_iffa <input type="checkbox"/>
(23). Tibial plateau	tibialpl_iffa <input type="checkbox"/>
<u>Lower leg or ankle</u>	
(24). Tibia or fibula	tibfib_iffa <input type="checkbox"/>
(25). Ankle (very distal tibia/fibula and/or talus)	ankle_iffa <input type="checkbox"/>
<u>Foot or Toe</u>	
(26). One or more tarsal and/or metatarsal bones, heel and/or calcaneus	tarsal_iffa <input type="checkbox"/>
(27). One or more toes	toes_iffa <input type="checkbox"/>
c. Fracture <u>confirmed</u> as follows: (Mark the one category that best applies)	
1. Written radiology report stating that a new or fracture of a bone is present or written radiology report states fracture is present and participant complains of new or acute pain in appropriate location	fracconf_iffa value="1"
2. Written radiology report available states that evidence of a healing fracture is present in no other documentation available	fracconf_iffa value="2"
3. Other written reports not by a radiologist, such as clinic notes, progress notes, ER notes, or operative reports, stating that a new, acute or healing fracture of a bone is present are acceptable if it is based on a review of a radiograph (podiatrist reading acceptable for foot fractures only)	fracconf_iffa value="3"
4. The initial radiology report is uncertain or quivocal and subsequent report based on follow-up radiograph or bone scan or MRI is clearly diagnostic of a fracture or healing fracture	fracconf_iffa value="4"
overhosp_iffa	
-9	
1 Yes	
0 No	
2 D/K	
-6 Not on form	
4. Did the injurious fracture or fall result in an overnight hospitalization?	

Submit