

National Bone & Joint Infection Registry

PLEASE RETURN THIS FORM TO YOUR BAJIR ADMINISTRATOR FOR DETAILS TO BE ADDED TO THE REGISTRY

BAJIR – Surgery - Bone

FOR COMPLETION BY OPERATING SURGEON



PATIENT ID (Label preferred):

(Minimum required:
Name, D.O.B, NHS Number)

DATE OF SURGERY:

NAME OF SURGEON:

Please complete all parts by ticking the most appropriate box.

These reflect the drop down options in the registry and there is no facility for free-text unless stated

DIAGNOSIS:

- | | |
|---|---|
| <input type="checkbox"/> CHRONIC MULTIFOCAL OSTEOMYELITIS | <input type="checkbox"/> FOOT INFECTION |
| <input type="checkbox"/> INFECTED FRACTURE | <input type="checkbox"/> INFECTED NON-UNION |
| <input type="checkbox"/> LONG BONE OSTEOMYELITIS | <input type="checkbox"/> NON INFECTED SURGERY |
| <input type="checkbox"/> PELVIC OSTEOMYELITIS | <input type="checkbox"/> SPONDYLODISCITIS |

CHRONICITY OF INFECTION:

- ACUTE CHRONIC ACUTE ON CHRONIC NOT APPLICABLE

ANATOMICAL SIDE:

- LEFT RIGHT CENTRAL BILATERAL

BONE OR JOINT OPERATED:

- | | | | |
|--|---|---------------------------------------|----------------------------------|
| <input type="checkbox"/> STERNUM | <input type="checkbox"/> CLAVICLE | <input type="checkbox"/> SCAPULA | <input type="checkbox"/> HUMERUS |
| <input type="checkbox"/> RADIUS | <input type="checkbox"/> ULNA | <input type="checkbox"/> HAND | <input type="checkbox"/> PELVIS |
| <input type="checkbox"/> FEMUR | <input type="checkbox"/> TIBIA | <input type="checkbox"/> FIBULA | <input type="checkbox"/> FOOT |
| <input type="checkbox"/> STERNOCLAVICULAR | <input type="checkbox"/> SHOULDER | <input type="checkbox"/> ELBOW | <input type="checkbox"/> WRIST |
| <input type="checkbox"/> HIP | <input type="checkbox"/> KNEE | <input type="checkbox"/> ANKLE | |
| <input type="checkbox"/> CERVICAL SPINE | <input type="checkbox"/> THORACIC SPINE | <input type="checkbox"/> LUMBAR SPINE | |
| <input type="checkbox"/> LUMBOSACRAL SPINE | <input type="checkbox"/> SACRUM | <input type="checkbox"/> OTHER | |

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DEGREE OF CLEARANCE:

- SAMPLING DEBULKING/DECOMPRESSION PARTIAL CLEARANCE
 ALL ACTIVE DISEASE AREAS ALL ABNORMAL BONE N/A

DEAD SPACE MANAGEMENT:

- FREE FLAP LOCAL FLAP DISSOLVABLE ABX CARRIER
 PMMA BEADS PMMA SPACER ARTICULATING PMMA SPACER NONE

CARRIER:

- BONE GRAFT CEMEX CERAMENT CMW
 HERAFIL OSTEOSET PALACOS -G PRODENSE
 STIMULAN 5ml STIMULAN 10ml STIMULAN 20ml COPAL G+V
 OTHER (free text) _____

ANTIBIOTICS WITHIN CARRIER:

- NONE AMIKACIN AMOXICILLIN ANTIFUNGAL
 AZITHROMYCIN BENZYL PENICILLIN CEFTAZIDIME CEFTRIAXONE
 CIPROFLOXACIN CLARITHROMYCIN CLINDAMYCIN CO-AMOXICLAV
 CO-TRIMOXAZOLE DAPTOMYCIN DOXYCYCLINE ERTAPENEM
 FLUCLOXACILLIN FUSIDIC ACID GENTAMICIN LINEZOLID
 MEROPENEM METRONIDAZOLE MOXIFLOXACIN PIPERACILLIN
 TAZOBACTAM PRISTINAMYCIN RIFAMPICIN TEICOPLANIN
 TIGECYCLINE TOBRAMYCIN TRIMETHOPRIM VANCOMYCIN
 OTHER (free text) _____

STABILISATION PERFORMED:

- NONE NAIL EXCHANGE NAILING PLATE
 MONOLATERAL FIXATOR RING FIXATOR INTERNAL FIXATION OTHER

OTHER SURGICAL PROCEDURE:

- FIXATOR MODIFICATION MUA REMOVAL OF PMMA NONE
 OTHER PROCEDURE (free text) _____

CIERNY MADAR ANATOMIC STAGE:

- STAGE 1 - MEDULLARY STAGE 2 - SUPERFICIAL
 STAGE 3 - LOCALISED STAGE 4 - DIFFUSE

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CIERNY MADAR PATIENT TYPE:

- TYPE A TYPE B LOCAL TYPE B SYSTEMIC
 TYPE B LOCAL & SYSTEMIC TYPE C

LONG BONE OSTEOMYELITIS:

- INCISION AND DRAINAGE BIOPSY
 CORTICAL RESECTION CORTEX & MEDULLA RESECTION
 SEGMENTAL RESECTION REAMING
 REMOVAL OF METALWARE AMPUTATION

Anatomic Type	Stage 1	Medullary osteomyelitis
	Stage 2	Superficial osteomyelitis
	Stage 3	Localized osteomyelitis
	Stage 4	Diffuse osteomyelitis
Physiologic Class	A Host	Normal host
	B Host	Systemic compromise (Bs) Local compromise (Bl)
	C Host	Treatment worse than the disease

(MORE THAN ONE BOX MAY BE TICKED FOR THE SECTIONS ON THIS PAGE)