

National Bone & Joint Infection Registry

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

BAJIR - COMPLICATION DETAILS



PATIENT ID (Label preferred):

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

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

DATE OF COMPLICATION:

NAME OF SURGEON:

LOCAL COMPLICATION:

- | | |
|---|---|
| <input type="checkbox"/> ARTERIAL/VENOUS THROMBOSIS OF FLAP | <input type="checkbox"/> COMPARTMENT SYNDROME |
| <input type="checkbox"/> COMPLEX REGIONAL PAIN SYNDROME | <input type="checkbox"/> DEEP WOUND INFECTION |
| <input type="checkbox"/> EXCESSIVE WOUND LEAKAGE | <input type="checkbox"/> FAILURE OF METALWARE |
| <input type="checkbox"/> FLAP FAILURE | <input type="checkbox"/> FRACTURE NOT REQUIRING FIXATION |
| <input type="checkbox"/> FRACTURE REQUIRING FIXATION | <input type="checkbox"/> GRAFT FAILURE |
| <input type="checkbox"/> INTRAVENOUS LINE COMPLICATION | <input type="checkbox"/> JOINT DISLOCATION |
| <input type="checkbox"/> LOOSENING OF PROSTHESIS | <input type="checkbox"/> MAL-UNION |
| <input type="checkbox"/> NERVE DAMAGE | <input type="checkbox"/> PERSISTENT NON-UNION |
| <input type="checkbox"/> PIN SITE INFECTION | <input type="checkbox"/> PIN/WIRE BREAKAGE |
| <input type="checkbox"/> RECURRENCE OF OSTEOMYELITIS | <input type="checkbox"/> RECURRENCE OF PROSTHETIC JOINT INFECTION |
| <input type="checkbox"/> RECURRENCE OF SEPTIC ARTHRITIS | <input type="checkbox"/> REGENERATE COLLAPSE |
| <input type="checkbox"/> SEVERE JOINT STIFFNESS | <input type="checkbox"/> SUPERFICIAL WOUND INFECTION |
| <input type="checkbox"/> WOUND DEHISCENCE | <input type="checkbox"/> WOUND HAEMATOMA |
| <input type="checkbox"/> OTHER LOCAL COMPLICATION | <input type="checkbox"/> N/A |

Please turn over for systemic complications and outcome

National Bone & Joint Infection Registry

SYSTEMIC COMPLICATION:

- | | |
|--|--|
| <input type="checkbox"/> ACS / MYOCARDIAL INFARCTION | <input type="checkbox"/> ACUTE KIDNEY INJURY |
| <input type="checkbox"/> CLOSTRIDIUM DIFFICILE | <input type="checkbox"/> CVA / STROKE |
| <input type="checkbox"/> GASTRO-INTESTINAL BLEED | <input type="checkbox"/> HOSPITAL ACQUIRED INFECTION |
| <input type="checkbox"/> PRESSURE SORES | <input type="checkbox"/> SEVERE ALLERGIC REACTION |
| <input type="checkbox"/> THROMBOEMBOLISM | |
| <input type="checkbox"/> N/A | <input type="checkbox"/> OTHER SYSTEMIC COMPLICATION |

DID COMPLICATION REQUIRE A RETURN TO THEATRE?

- | | |
|--|---|
| <input type="checkbox"/> YES - ORTHOPAEDIC | <input type="checkbox"/> YES - PLASTICS |
| <input type="checkbox"/> YES - OTHER | <input type="checkbox"/> NO |

DID COMPLICATION RESULT IN A CHANGE OF ANTIBIOTIC REGIME?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|