DEPARTMENT OF HEALTH
Fireworks-Related Injury (FWRI) Surveillance
Patient Information Sheet

Date:	**Region:**	**Hospital:**	
PATIENT DATA			
Patient's Name: *Last Name:* *First Name:* *Middle Name:*			
Permanent Address: *House No. & Street:* *Barangay:* *Municipality/City:* *Province:* *Region:*			
Telephone No.:	**Sex:** ○ Male ○ Female	**Date of Birth:** _ _ / _ _ / _____ mm dd yyyy	**Age:**

INCIDENT INFORMATION

Date of Injury: **Time of Injury:**	**Date of Consultation/ Admission:** **Time of Consultation/ Admission:**	**Place of Occurrence:**
_ _ / _ _ /_____ _ _ : _ _ : _ _ mm dd yyyy hh mm ss	_ _ / _ _ /_____ _ _ : _ _ : _ _ mm dd yyyy hh mm ss **Referral from another hospital** : ○ Yes ○ No **If yes, name of hospital**:_____	○ Home ○ Street ○ Designated area for community fireworks display ○ Other, specify:

Place of Injury:
House No. & Street: *Barangay:* *Municipality/City:* *Province:* *Region:*

Type of Involvement:	**Nature of Injury:**	
○ Active ○ Passive	○ Fireworks injury ○ Fireworks ingestion	○ Stray bullet injury ○ Tetanus

If fireworks injury, Type of Injury:	**Diagnosis (include nature and site):**
○ Blast/burn injury WITH amputation ○ Blast/burn injury NO amputation ○ Eye injury	
If fireworks injury, Multiple injuries: ○ Yes ○ No	

Anatomical Location:			**Name of Firework:**	**Liquor Intoxication:**
○ Head	○ Abdomen	○ Knee		○ Yes ○ No
○ Eye	○ Pelvis	○ Foot		
○ Neck	○ Thigh	○ Forearm/Arm		
○ Chest	○ Buttocks	○ Hand		
○ Back	○ Legs			

Treatment Given:	**Disposition (After Consultation/ On Arrival):**	**Outcome (After Consultation/ On Arrival):**
○ ATS/TIG ○ Toxoid ○ None ○ Other, specify:	○ Treated and sent home ○ Admitted ○ Refused admission ○ Transferred/Referred to: _____ ○ Died (Dead on Arrival)	○ Alive ○ Died **Date Died:** _ _ / _ _ / _____ mm dd yyyy

Are you aware of any health education materials regarding fireworks? ○ Yes ○ No
If yes, select most accessible material: ○ TV ○ Newspaper/Print ○ Radio ○ Poster/Tarpaulin ○ Internet/Social Media

Disposition (After Admission)	**If died after admission, Date Died:**
○ Discharged ○ Absconded ○ Died ○ HAMA ○ Transferred to: _____	_ _ / _ _ / _____ mm dd yyyy

Prepared by:	**Name:**	**Signature:**
Noted by:	**Name:** *(officer-of-the-day)*	**Signature:**

Input Instruction Form

No.	Field Name	Instruction
1	**Date**	The date when the form was accomplished must be entered on this portion.
2	**Region**	Write the region where the hospital is located.
3	**Hospital**	Write the name of the Hospital, Center or Clinic which submits the report.
4	**Name of Patient**	Write the patient's Last name, First name and Middle name on the appropriate spaces provided. ***Note: Mr. X or None may be written if no informant can provide the information.***
5	**Permanent Address**	Write the patient's permanent address - House No. and Street, Barangay, Municipality/City, Province and Region
6	**Telephone No.**	Write the patient's contact details such as landline number, mobile number
7	**Sex**	Check the appropriate circle for the sex of the injured by birth.
8	**Date of birth**	Write the date of birth in the format mm/dd/yyyy (e.g. July 1, 2007 should be entered as 07/01/2007)
9	**Age**	Write the age of the patient in years
10	**Date of Injury**	Write the date when the injury occurred in the format mm/dd/yyyy (eg. July 1, 2007 should be entered as 07/01/2007) (Note: Date of injury should not be greater than the date of consultation)
11	**Time of Injury**	Write the time of injury in 24-hour format (e.g. 1:00 PM must be written as 13:00:00)
12	**Date of Consultation/Admission**	Write the date when the patient sought consult in the facility in the format mm/dd/yyyy (eg. July 1, 2007 must be 07/01/2007)
13	**Time of Consultation/Admission**	Write the time of consultation/admission in 24-hour format (e.g. 1:00 PM must be written as 13:00:00)
14	**Place of Occurrence**	Check the appropriate place where the injury occurred – home, street, designated area; if others, please specify.
	Home	Within the vicinity of the residence (including backyard and front yard)
	Street	Outside the residence along streets
	Designated areas	Areas designated by the local authority for fireworks display
	Others	Other areas not defined as home, street, or designated area and may include school, office, beach, rice field, etc.
15	**Place of injury**	Write the location or address where the injury occurred, specifically the Street, Barangay, Municipality/City, Province, and Region.
16	**Type of Involvement**	Check the appropriate type of involvement whether the patient is active or passive.
	Active	Injured while lighting or holding any firework
	Passive	Injured while watching, passing by, or near a firework being lighted
17	**Nature of Injury**	Check the appropriate specific nature of injury/ies sustained by the patient. Whether fireworks injury, fireworks ingestion, stray bullet injury, or tetanus.
	Fireworks injury	Any person who sustained injury from fireworks in any form
	Fireworks ingestion	Any person who ingested any firework intentionally or accidentally
	Stray bullet injury	Any person who sustained injury from gun shot fired into the air related to the yuletide celebration and was validated or verified by the Philippine National Police (Note: Hospitals to report all injuries from gunshot which are alleged stray bullet injuries, EB and KMITS to verify with PNP.)
	Tetanus	Any person diagnosed with Tetanus caused by an injury due to firework from Dec. 24 to Jan. 21
18	**If fireworks Injury, Type of Injury**	Check the appropriate type of injury sustained by the patient. (Note: It can be multiple response)
	Blast/Burn injury WITH amputation	Any burn or blast injury (May include but not limited to laceration, abrasion, avulsion, contusion, redness, swelling) which includes amputation (removal of a limb) of a body part
	Blast/Burn injury NO amputation	Any burn or blast injury (May include but not limited to laceration, abrasion, avulsion, contusion, redness, swelling) which did not lead to amputation of a body part
	Eye injury	Injury involving the eyebrow, upper and lower eyelids, and the eye (orbital area)
19	**Multiple Injuries**	Any person who sustained blast/burn injury and eye injury
20	**Diagnosis**	Enter the complete final diagnosis of the patient including the nature and site of injury. Other important details of the injury must also be written on this portion.
21	**Anatomical Location**	Check the affected body location or site.
	Head	Injury to from the top of the head to chin except the eye as previously defined
	Neck	Anterior and posterior neck area
	Chest	Includes the area below the neck to the diaphragm
	Back	Includes the thoracic to the lumbar areas
	Abdomen	Below the diaphragm until above the pelvic area
	Pelvis	Between the abdomen and thigh not including the buttocks
	Thigh	Anterior and posterior thigh
	Buttocks	Buttocks area (Posterior of the pelvis)
	Legs	Anterior and posterior legs
	Knee	Anterior and posterior knee areas
	Foot	Includes the ankle and feet
	Forearm/Arm	Forearm and arm including the elbow
	Hand	Wrist and hands
22	**Name of Firework**	Write the name of firework/s which caused the injury.
23	**Liquor Intoxication**	Ask patient or companion if patient is intoxicated with liquor or not. If answered "no", check for alcohol breath.
24	**Treatment Given**	Check the appropriate choice to indicate whether patient was given ATS or Toxoid/HTIg or no treatment was provided. In the space for "others, specify", state other treatment given (e.g. wound care, medicine given)
25	**Disposition (after consultation)**	Check the appropriate choice to indicate the disposition of the patient after consultation.
	Treated and sent home	Treatment was provided on outpatient basis
	Admitted	Patient was admitted in the hospital
	Refused admission	Patient advised admission but refused
	Transferred/Referred	Patient was seen in hospital and advised to be transferred/referred to another hospital. ***If "transferred" , write the name of hospital/facility where the injured was transferred***
	Died	Patient already expired upon arrival at the hospital and before receiving any medical intervention or episode of care.
26	**Outcome (after consultation)**	Indicate whether patient is alive or dead. ***If patient "died", indicate date when the patient died.***
27	**Health education materials awareness**	Check awareness of the patient for any health education materials on fireworks-related injury prevention. Select the most commonly accessible material.
28	**Disposition (after admission)**	Check the appropriate choice to indicate the disposition of the patient after admission.
	Discharged	Patient was admitted, treated, and sent home with improved condition.
	Absconded	Patient deliberately left the health care facility without prior knowledge of attending physician and relevant personnel in the health care institution.
	HAMA	Home Against Medical Advice. Occurs when the admitted patient or legal guardian of the patient decides to leave the hospital against the opinion of the managing physician.
	Transferred	Patient was admitted but was physically brought to another health care facility for a specific care. ***Write the name of hospital/facility where the patient was transferred.***
	Died	Patient expired during the episode of care/ confinement period. ***Indicate the date when the patient died.***
29	**Prepared by**	The name and signature of the personnel completing the form must be entered on this portion.
30	**Noted by**	The name and signature of the Officer in-charge must be entered on this portion.