

Lower Extremity Consult
 Division of Plastic, Reconstructive, and Maxillofacial Surgery
 R. Adams Shock Trauma Center

Consultant: _____ Attending: _____
 Date/Time: _____ Requested by: _____

HPI: Injury Date: _____

Mechanism: Fall from height of _____

Assault by object _____

Pedestrian struck Speed _____ Impact Vector _____
 Thrown Pinned Dragged

MVA Car Motorcycle
 Speed _____ Hway Y/N
 HeadOn/Broadsided/Rollover
 Ejected Y/N Distance _____
 Fatalities Same vehicle Y/N
 At Scene Y/N
 Driver/Passenger Restrained Y/N
 Air Bag Deployed Y/N

Intoxicants _____

PMH:

Tetanus Toxoid UTD/Administered Today

PSH:

	Right	Left	
Dates of Fixation			Ex-Fix / Internal Fixation
Revised to Date			Ex-Fix / Internal Fixation
I&D Date			
I&D Date			
I&D Date			
I&D Date			
I&D Date			

Meds:

Abx:	_____	Date Started _____	Date D/C' d _____
Abx:	_____	Date Started _____	Date D/C' d _____
Abx:	_____	Date Started _____	Date D/C' d _____
Abx:	_____	Date Started _____	Date D/C' d _____
Abx:	_____	Date Started _____	Date D/C' d _____

All:

Tob: Active : _____ppd x ___years
H/O: _____pack-years, d/c'd for _____years

EtOH: _____

PE:

Neuro Sensory

	Right	Left
Medial Plantar Nerve		
Lateral Plantar Nerve		
Tibial		
Sural		
Saphenous		
Deep Peroneal		
Superficial Peroneal		

Motor

	Right	Left
Anterior Compartment		
Lateral		
Deep Posterior		
Superficial Posterior		

Vascular

	Right	Left
DP		
PT		

Wound

Size
Fracture bone gap in cm
Exposed Structures

Plain Film:

Labs: WBC _____
 Cultures _____
 Cultures _____
 Cultures _____
 Cultures _____

Imp:

Plan: Wound Care recommendations

Further consultations requested
ID?

Further studies requested
Angio?
MRA

Operative indications and plan

Signed _____ Date _____