

Injury and Injury Severity

Patient Identification Information

For multiple injuries to one region, please add all Injury Descriptions that apply and record the AIS for all. The most severe injury will be shown in the Injury Summary section and used to calculate the total ISS

To print blank form

[Click here](#)

AIS brain injury should always be ≥ 1

(InjuryHx.AISCompleteStatus)

Form Completion Status

- Not Started
- In Process
- Complete
- Queries Outstanding
- Not Performed

Body Region (AIS.InjBodyRegion)	AIS (AIS.InjAIS)	Injury Description (AIS.InjDescription)	Injury Description Other (AIS.InjDesOther)
<input type="checkbox"/> Head and Neck-Other <input type="checkbox"/> Brain Injury <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Face <input type="checkbox"/> Thorax/Chest <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Abdomen/Pelvic Contents <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Upper Extremities <input type="checkbox"/> Lower Extremities <input type="checkbox"/> Pelvic Girdle <input type="checkbox"/> Externa	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	No values for AIS.InjDescription	<input type="text"/>
<input type="checkbox"/> Head and Neck-Other <input type="checkbox"/> Brain Injury <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Face <input type="checkbox"/> Thorax/Chest <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Abdomen/Pelvic Contents <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Upper Extremities <input type="checkbox"/> Lower Extremities <input type="checkbox"/> Pelvic Girdle <input type="checkbox"/> Externa	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	No values for AIS.InjDescription	<input type="text"/>
<input type="checkbox"/> Head and Neck-Other <input type="checkbox"/> Brain Injury <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Face <input type="checkbox"/> Thorax/Chest <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Abdomen/Pelvic Contents <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Upper Extremities <input type="checkbox"/> Lower Extremities <input type="checkbox"/> Pelvic Girdle <input type="checkbox"/> Externa	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	No values for AIS.InjDescription	<input type="text"/>
<input type="checkbox"/> Head and Neck-Other <input type="checkbox"/> Brain Injury <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Face <input type="checkbox"/> Thorax/Chest <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Abdomen/Pelvic Contents <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Upper Extremities <input type="checkbox"/> Lower Extremities <input type="checkbox"/> Pelvic Girdle <input type="checkbox"/> Externa	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	No values for AIS.InjDescription	<input type="text"/>
<input type="checkbox"/> Head and Neck-Other <input type="checkbox"/> Brain Injury <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Face <input type="checkbox"/> Thorax/Chest <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Abdomen/Pelvic Contents	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	No values for AIS.InjDescription	<input type="text"/>

- Lumbar Spine
- Upper Extremities
- Lower Extremities
- Pelvic Girdle
- Externa

Injury Summary

Click Save to display the injuries in the fields below

Body Region	(Subject.SubjectID) AIS	Injury Description	ISS
Head and Neck- Other	(InjuryHx.HeadNeckAIS) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	(InjuryHx.HeadNeckDesc) <input style="width: 100%; height: 20px;" type="text"/>	
Brain Injury	(InjuryHx.BrainInjuryAIS) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	(InjuryHx.BrainInjuryDesc) <input style="width: 100%; height: 20px;" type="text"/>	(InjuryHx.BestOfHeadBrainCervicalISS) <input style="width: 30px; height: 20px;" type="text"/>
Cervical Spine	(InjuryHx.CervicalSpineAIS) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	(InjuryHx.CervicalSpineDesc) <input style="width: 100%; height: 20px;" type="text"/>	
Face (incl.maxillofacial)	(InjuryHx.FaceAIS) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	(InjuryHx.FaceDesc) <input style="width: 100%; height: 20px;" type="text"/>	(InjuryHx.BestOfFaceISS) <input style="width: 30px; height: 20px;" type="text"/>
Thorax/Chest	(InjuryHx.ThoraxChestAIS) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	(InjuryHx.ThoraxChestDesc) <input style="width: 100%; height: 20px;" type="text"/>	(InjuryHx.BestOfChestSpineISS) <input style="width: 30px; height: 20px;" type="text"/>
Spine	(InjuryHx.ThoracicSpineAIS) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	(InjuryHx.ThoracicSpineDesc) <input style="width: 100%; height: 20px;" type="text"/>	
Abdomen/Pelvic Contents	(InjuryHx.AbdomenPelvicContentsAIS) <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	(InjuryHx.AbdomenPelvicContentsDesc) <input style="width: 100%; height: 20px;" type="text"/>	(InjuryHx.BestOfAbdomenPelvicLumbarISS) <input style="width: 30px; height: 20px;" type="text"/>
Lumbar Spine	(InjuryHx.LumbarSpineAIS) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	(InjuryHx.LumbarSpineDesc) <input style="width: 100%; height: 20px;" type="text"/>	
Extremities and pelvic girdle Upper Extremities	(InjuryHx.UpperExtremitiesAIS) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	(InjuryHx.UpperExtremitiesDesc) <input style="width: 100%; height: 20px;" type="text"/>	

Lower Extremities	<input type="checkbox"/> 5	(InjuryHx.LowerExtremitiesAIS) <input type="checkbox"/> 0	(InjuryHx.LowerExtremitiesDesc)	(InjuryHx.BestOfExtremitiesISS) <input type="text"/>
	<input type="checkbox"/> 6			
	<input type="checkbox"/> 1			
	<input type="checkbox"/> 2			
	<input type="checkbox"/> 3			
	<input type="checkbox"/> 4			
	<input type="checkbox"/> 5			
Pelvic Girdle	<input type="checkbox"/> 6	(InjuryHx.PelvicGirdleAIS) <input type="checkbox"/> 0	(InjuryHx.PelvicGirdleDesc)	
	<input type="checkbox"/> 1			
	<input type="checkbox"/> 2			
	<input type="checkbox"/> 3			
	<input type="checkbox"/> 4			
	<input type="checkbox"/> 5			
	<input type="checkbox"/> 6			
Externa (skin)	<input type="checkbox"/> 1	(InjuryHx.ExternaAIS) <input type="checkbox"/> 0	(InjuryHx.ExternaDesc)	(InjuryHx.BestOfExternalISS) <input type="text"/>
	<input type="checkbox"/> 2			
	<input type="checkbox"/> 3			
	<input type="checkbox"/> 4			
	<input type="checkbox"/> 5			
	<input type="checkbox"/> 6			
Total ISS			(InjuryHx.TotalISS) <input type="text"/>	

(InjuryHx.AISZerosReviewed) Please confirm that zeros for the body regions above are correct.

(InjuryHx.HospitalID) **AIS Description**

0. No Injury.

1. Minor: no treatment needed.

2. Moderate: requires only outpatient treatment.

3. Serious: requires non-ICU hospital admission.

4. Severe: requires ICU observation and/or basic treatment.

5. Critical: requires intubation, mechanical ventilation or vasopressors for blood pressure support.

6. Unsurvivable: not survivable.