THE MORE IMPORTANT FORMS USED IN THE LABORATORY SERVICE, A. E. F.

BACTERIOLOGIC RECORD

Ward..... Bed.....

Underscore terms which apply

Name ..... AGE..... No.....

Rank ..... Organization .....

Date & hour of injury ..... A. M. - P. M.

Date & hour of admission ..... A. M. - P. M.

Date & hour of initial / secondary Op. ..... A. M. - P. M.

Date of primary discharge ..... Improved - Cured - Died

From Evac. Hosp. No ..... Mobile Hosp. No ..... Base Hosp. No .....

To Base Hosp. No ..... Date of secondary discharge ..... Improved - Cured - Died

Op. Surgeon .....

Bacteriologist .....

Surgical Diagnosis .....

..... No. of Wounds .....

Summary of Treatment .....

General - Resuscitation Yes - No .....

Infusion - Yes - No. Character ..... Am^r .....

Transfusion - Yes - No. Character ..... Am^r .....

Serum Treatment - Type ..... Am^r .....

Results ..... Serum Sick 0 - 1 - 2 - 3

Local - Operative

Debridement - Partial - Complete

Foreign body removed Yes - No - ? Number .....

Primary closure Yes - No - Drainage - Yes - No.

Amputation - Yes - No - for degree of injury - for Infection - Simple / Gas Bac

Delayed primary closure - Yes - No

Secondary closure - Yes - No

Treatment of wound before closure - Aseptic - Antiseptic

BACTERIOLOGIC EXAMINATION

Name of hospital .....

Designation of Wd. .....

Summary of Bacteriologic findings .....

.....

.....

.....

.....

Material for Examination.

Exudate secured - before - during - after — Debridement / Primary Suture / Delayed Primary / Secondary Suture

Character of Exudate .....

Tissue .....

Foreign Bodies - Missile ..... Wood - Cloth - Bone

Microscopic Examination .....

.....

.....

Cultural Examination .....

Aerobic - Media & Method .....

.....

Results .....

.....

Anaerobic - Media & Method .....

.....

Results .....

.....

Identification of Strains (complete + Incomplete —

Streptococcus Haemolytic Yes - No + —

Nonhaemolytic Yes - No + —

Other Aerobes - Yes - No - Name + —

Anaerobes - Yes - No - Name + —

BACTERIOLOGIC NOTES

Form No 4.

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Serum Treatment .....

.....

Histologic Examinations .....

.....

Results of

Primary closure - hours after Injury ..... Success / Failure / Partial Failure

Cause of Failure .....

Delayed primary closure - date ..... Success / Failure / Partial Failure

Cause of Failure .....

Secondary Closure Date ..... Success / Failure / Partial Failure

Cause of Failure .....

CLINICAL DATA

When feasible secure the following additional information

Local Lesions

Location of Wd. ..... Size 4 - 1 - 3

Description of Wd. deep - superficial incised - penetrating - perforating

Degree of contusion - 0 - 1 - 2 - 3 Degree of laceration 0 - 1 - 2 - 3

Missile - Bullet - Shrapnel Ball - Shell fragment - Hand Grenade - Bayonet - Knife

Foreign bodies in Wd. - Yes - No Retained Yes - No - ?

Local Signs of infection - Simple 0 - 1 - 2 - 3 - Gas Bacillus 0 - 1 - 2 - 3

Associated Lesions

Bone - Fracture of ..... Medulla penetrated Yes - No - Bone comminuted Yes - No

Joint ..... penetrated by missile Yes - No

Extension of fracture into joint Yes - No -

Vessel. — Contusion or Section of .....

Degree of impairment of local circulation 0 - 1 - 2 - 3

Body cavity ..... penetrated-perforated

Viscera Involved .....

Other Complications .....

General. - Physical development 1 - 2 - 3 State of Nutrition 1 - 2 - 3

Evidences of Status Lymphaticus 0 - 1 - 2 - 3

General condition on Admission - good - fair - poor.

Degree of shock on admission - 0 - 1 - 2 - 3

History of hemorrhage - 0 - 1 - 2 - 3 Visible bleeding 0 - 1 - 2 - 3

Degree of Anaemia 0 - 1 - 2 - 3 Cyanosis 0 - 1 - 2 - 3

Degree of exposure 0 - 1 - 2 - 3 - to wet - to cold.

Temperature on Admission After Resuscitation

Pulse on admission - Rate quality .....

Respiration on admission - Rate ..... quality .....

Evidences of Gassing 0 - 1 - 2 - 3 Type .....

Autopsy. — Anatomical diagnosis

MICROBIC CURVE CHART

Name

Ward..... Bed.....

Month															
Day															
Types of bacteria in remarks															
Types of bacteria in Cultures.															
Average No. of Bacteria in Ten Microscopic Fields.	60														
	40														
	20														
	10														
	5														
	1														
	1 to 2 Fields.														
	1 to 5 Fields.														
	4 to 40 Fields.														
Treatment.															
Results															
Accidents															

Signs and Abbreviations

Signs for entering types of Bacteria in chart.

Streptococcus ....

Staphylococcus ⁝·⁝

Gram + bacillus ▬

Gram — bacillus ▭

Spore bearing bacilli ▭ —⊙

For Anaerobic Bac. add AA to Sign.

Abbreviations to denote Degree

0 = absent.

1 = slight or poor.

2 = moderate or fair.

3 = marked or good.

Other Abbrevations = use those employed in clinical records.

Instructions. — This form is to be filled out in duplicate by bacteriologist. If necessary, fill out one duplicate set for each wound examined but omit repetitions. The original to be retained in laboratory-the copy to be kept with clinical record. The copy is to be sent to laboratory with specimens and when the proper entries have been made is to be returned to the ward on day of receipt of same. The original record when completed is to be sent to the Director of Laboratories, A. E. F. with the monthly statistical report.

Definition of terms used in Microbic curve chart. — Treatment. — If antiseptics are used in treatment of open wounds state nature of antiseptic and mode of application. Record under proper date final operations and intermediate operations undertaken to remove sequestra, foreign bodies, etc. — Results — Applies to results of wound closures. — Accidents. — Unusual occurrences to be recorded under proper date. — Identification of Strains. — When feasible chain-forming cocci and organisms responsible for failures following wound closures should be identified or sent to the Central Medical Department Laboratory for identification. Approximate identification of organisms responsible for gas gangrene should be attempted and such strains should be sent to the Central Medical Department Laboratory for identification, particularly in cases in which curative or prophylactic sera proved valueless.

Remarks.

Form No 4.
(revised)

MONTHLY STATISTICAL REPORT
SECTION OF WOUND BACTERIOLOGY

Name of Hospital (code No.)..... Report covering period From ..... 19 to 19

This form is designed for the use of a general surgical hospital. For head, chest and abdominal wound centers special forms will be issued. It is to be filled out in triplicate by the Wound Bacteriologist or his Statistical assistant. One copy is to be retained as the permanent record of the hospital organization from which the report is issued, the other copies are to be sent to the Director of Laboratories, A. E. F. and to the Director of the Surgical Service, A. E. F. respectively before the 15 th of each month. In compiling this report all cases entering the Hospital during the preceding month should be included. Results of wound closures made during month covered by this report and known before the 10 th of the following month should be included in this report. Other statistical evidence will be compiled from individual case reports and submitted to those concerned if information of practical value is revealed.

	No.	%
1. **Total number of Wounded**		
a. Single		%
b. Multiple		%
2. **Total number of Wounds**		
3. **Average time of arrival after injury** in hours		
4. **Wounds treated Surgically** (Debridement).		%
5. **Wounds Sutured**		
a. New Wounds		
b. Old Wounds from previous months		
6. **Unsutured Wounds**		
a. New Wounds		
b. Old Wounds from previous months		
7. **Wounds evacuated before suture** was attempted		
8. **Unsutured Wounds disposed of** because of death of cases		
9. **Amputations**		
a. No. due to severity of injury		
b. No. due to simple infection		
c. No. due to gas gangrene		
10. **Primary Sutures**		%
a. Successes		%
b. Partial failures		%
c. Failures		%
11. **Primary Suture wounds reopened** because of bacteriologic findings		
12. **Primary Suture wounds reopened** because of clinical findings (in which bacteriologic findings were superfluous or misleading)		
13. **Delayed Primary Sutures**		%
a. Successes		%
b. Partial failures		%
c. Failures		%
14. **Delayed Primary Sutures** based on microscopic bacteriologic exams		
a. Failures		
15. **Delayed Primary Sutures** based on cultural bacteriologic exams		
a. Failures		
16. **Delayed Primary Sutures** made without previous bacteriologic exams		
a. Failures		
17. **Secondary Sutures**		%
a. Successes		%
b. Partial failures		%
c. Failures		%
18. **Secondary sutures** based on microscopic bacteriologic exams		
a. Failures		

	No.	%
19. **Secondary sutures** based on cultural bacteriologic exams		
a. Failures		
20. **Secondary sutures** made without previous bacteriologic exams		
a. Failures		
21. **Average time elapsing** between incurrence of injury and primary suture		
22. **Average time elapsing** between incurrence of injury and delayed primary suture		
a. Aseptic treatment		
b. Antiseptic treatment		
23. **Average time elapsing** between incurrence of injury and secondary suture		
a. Aseptic treatment		
b. Antiseptic treatment		
24. **Total number of Wounds examined culturally**		
a. Aerobic cultivations		
b. Anaerobic cultivations		
c. Aerobic and anaerobic cultivations		
25. **Wounds in which Streptococci** were found		
a. Microscopically		%
b. Culturally		%
26. **Wounds in which haemolytic Streptococci** were found (Percentage based on number of chainforming cocci tested)		%
27. **Wounds in which nonhaemolytic chainforming cocci** were found (Percentage based on No. of chainforming cocci tested)		%
28. **Blood cultures in cases of simple infection**		
29. **Number of cases of Streptococcaemia.**		
30. **Wounds in which anaerobes** were found		
a. Microscopically		%
b. Culturally		%
31. **Wounds contaminated with anaerobes** but pursuing a favorable course (at no time showing evidences of gas bac. infect.)		
32. **Wounds contaminated with anaerobes** in which gas bacillus infection developed		
33. **Wounds in which gas bacillus infection** was evident before bacteriologic examinations were undertaken		
34. **Wounds in which the discovery of anaerobes** determined the course of treatment		

	No.	%
35. **Wounds in which anaerobes and haemolytic streptococci** were found in cases showing no evidences of gas bacillus infection.		
36. **Wounds in which gas gangrene followed** when both haemolytic streptococci and anaerobes were present.		
37. **Wounds in which anaerobes and haemolytic streptococci** were found in cases showing a gas bacillus infection at time first examination was made.		
38. **Wounds in which gas gangrene existed** or followed in the absence of haemolytic streptococci		
39. Blood cultures in cases of gas gangrene		
a. Single exams		
b. Multiple exams		
40. **Cases in which anaerobes were isolated** from blood		
a. In first examinations		
b. After two or more examinations		
41. **Number of cases of gas gangrene.**		
42. **Number of cases of gas gangrene in which B. welchii was the only anaerobe** found		
a. Completely identified		
b. Partially identified		
43. **Number of cases of gas gangrene in which Vibrion septique** was the only anaerobe found		
a. Completely identified		
b. Partially identified		
44. **Number of cases of gas gangrene in which B. œdematiens** was the only anaerobe found		
a. Completely identified		
b. Partially identified		
45. **Number of cases of gas gangrene in which B. sporogenes** was the only anaerobe found		
a. Completely identified		
b. Partially identified		
46. **Number of cases of gas gangrene** in which single species of anaerobes other than the above were found.		
47. **Number in which mixtures of** ... were found.		
48. **Number in which mixtures of** ... were found.		
49. **Number in which mixtures of** ... were found.		
50. **Number of cases of tetanus.** (For each case a special report will be filled out.)		
51. **Number of cases of tetanus associated** with gas gangrene		

52. **BACTERIA RESPONSIBLE FOR FAILURES FOLLOWING WOUND CLOSURES** (Fill in names of organisms held responsible for failures).

53. WOUNDS OF SOFT PARTS

54. Primary Sutures									
								Undetermined	
No.	%	No.	%	No.	%	No.	%	No.	%

55. Delayed Primary Sutures									
								Undetermined	
No.	%	No.	%	No.	%	No.	%	No.	%

56. Secondary Sutures									
								Undetermined	
No.	%	No.	%	No.	%	No.	%	No.	%

57. WOUNDS OF BONE

58. Primary Sutures									
								Undetermined	
No.	%	No.	%	No.	%	No.	%	No.	%

59. Delayed Primary Sutures									
								Undetermined	
No.	%	No.	%	No.	%	No.	%	No.	%

60. Secondary Sutures									
								Undetermined	
No.	%	No.	%	No.	%	No.	%	No.	%

61 WOUNDS OF JOINTS

62. Primary Sutures									
								Undetermined	
No.	%	No.	%	No.	%	No.	%	No.	%

63. Delayed Primary Sutures									
								Undetermined	
No.	%	No.	%	No.	%	No.	%	No.	%

64. Secondary Sutures									
								Undetermined	
No.	%	No.	%	No.	%	No.	%	No.	%

65. Results of Wound-Closures	66. Primary Sutures RESULTS					67. Delayed Primary Sutures RESULTS					68. Secondary Sutures RESULTS					69. Causes of Failures			
	a Total No.	b S	c PF	d F	e D	a Total No.	b S	c PF	d F	e D	a Total No.	b S	c PF	d F	e D	a St	b AA	c Other causes	d Undetermined
70. Wounds of Soft Parts																			
a. Suture within 6 hrs. of injury																			
b. — between 6-10 hrs. of injury																			
c. — — 10-15 —																			
d. — — 15-24 —																			
e. — within 2 days of injury																			
f. — — 4 —																			
g. — — 7 —																			
h. — — 14 —																			
i. — later than 14 days of injury																			
j. Of face and scalp																			
k. — Trunk																			
l. — Extremities excl. of hands & feet																			
m. — Hands																			
n. — Feet																			
71. Wounds of bone without complete Fracture. (Excl. of Skull & Spinal Column)																			
a. Suture within 6 hrs. of injury																			
b. — between 6-10 hrs. of injury																			
c. — — 10-15 —																			
d. — — 15-24 —																			
e. — within 2 days of injury																			
f. — — 4 —																			
g. — — 7 —																			
h. — — 14 —																			
i. — later than 14 days of injury																			
72. Wounds of bone with complete Fracture (Excl. of Skull & Spinal Column)																			
a. Suture within 6 hrs. of injury																			
b. — between 6-10 hrs. of injury																			
c. — — 10-15 —																			
d. — — 15-24 —																			
e. — within 2 days of injury																			
f. — — 4 —																			
g. — — 7 —																			
h. — — 14 —																			
i. — later than 14 days of injury																			
l. of Femur																			
m. — Tibia & Fibula																			
n. — Tibia																			
o. — Fibula																			
p. — Humerus																			
q. — Radius & Ulna																			
r. — Radius																			
s. — Ulna																			
t. — Bones of Hand																			
u. — Bones of Feet																			
v. — other Bones																			
73. Wounds of joints																			
a. Suture within 6 hrs. of injury																			
b. — between 6-10 hrs. of injury																			
c. — — 10-15 —																			
d. — — 15-24 —																			
e. — within 2 days of injury																			
f. — — 4 —																			
h. — — 7 —																			
i. — — 14 —																			
j. — later than 14 days of injury																			
k. of Hip																			
l. — Knee																			
m. — Ankle																			
n. — Shoulder																			
o. — Elbow																			
p. — Wrist																			
q. — other joints																			
74. Wounds of Skull																			
a. Without injury to dura																			
b. With injury to dura and Brain																			
75. Wounds of Spinal Col.																			
a. Without injury to Dura																			
b. With injury to Dura and Cord																			
76. Wounds of Pleura (only)																			
77. Wounds of Pleura & Lung																			
78. Wounds of Pericardium (only)																			
79. Wounds of Pericardium & Heart																			
80. Wounds of Peritoneum																			
81. Wounds of Peritoneum & Abdom. Viscera																			
82. Wounds of Kidney & Ureter																			
83. Wounds of Bladder																			
84. Wounds of Urethra																			
85. Wounds of Genitalia																			
86. Totals																			

ABBREVIATIONS. — S = Successful closure. — P F = Partial failure - Partial reopening of wound necessary to control infection. — F = Failure - Complete reopening of wound necessary to combat infection. — D = Died. — St = Streptococcus. — A A = Anaerobic bacteria.

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Chief Wound Bacteriologist.

DISPOSITION OF THE CARD. — This card must accompany patient, and should be placed in envelope with Field Medical Card. After the completion of the case (recovery or death) this card and all other laboratory records should be sent to the Director of Laboratories, A. E. F., A. P. O. 721.

REMARKS.

SPECIAL "GAS-GANGRENE" CARD

Combined Tetanus and Welch Bacillus Antitoxin

OFFICER ADMINISTERING SERUM
fill in following data.

Field Hospital No. _____

Dressing Station No. _____

Name _____
(Block letters)

Rank _____ No. _____

Regiment or Staff Corps _____

Combined tetanus and Welch bacillus antitoxin administered on _____ 191

at _____ A. M. / P. M. _____ hours after injury.

_____

_____ U. S. Army.

Form No. 9.

SURGEON OPERATING, FILL IN FOLLOWING DATA, CHECKING TERMS THAT APPLY

Field / Mobile / Evac. / Base } Hosp. No. ____ { Walking / Stretcher / Resuscitation } Case

DATE AND HOUR OF ADMISSION _____ A. M. / P. M.

DATE AND HOUR OF INITIAL OPERATION _____ A. M. / P. M.

Local Signs of infection

Simple, 0 - 1 - 2 - 3

Gas bacillus, 0 - 1 - 2 - 3

Nature of Initial Operation

Debridement { Partial / Complete } Primary closure { Yes / No }

Foreign Body

Present { Yes / No } Removed { Yes / No }

Amputation { Yes / No } for { degree of injury / infection { Simple / Gas bacillus }

Diagnosis of Operating Surgeon.

_____

_____

_____

_____

Date of Evacuation following initial operation _____

Subsequent gas bacillus infection { Yes / No }

Degree, 1 - 2 - 3

Recovery.
Death.
Autopsy.

LABORATORY OFFICER FILL IN FOLLOWING DATA.

Names of anaerobes identified

Unidentified anaerobes { Present / Absent }

Streptococcus haemolyticus { Present / Absent }

INSTRUCTIONS TO ATTENDING SURGEONS.

Notify bacteriologist in every case developing gas-gangrene or in which from the nature of the injury or the condition of the wound such an occurence might reasonably be expected. Numerals 0 - 1 - 2 - 3 signify respectively absent, slight, moderate, marked.

INSTRUCTION TO BACTERIOLIGIST.

In those cases developing gas-gangrene the bacteriologist should be guided by instructions given in Memorandum No. 24, Div. Labor., "Prophylactic Serum Treatment against Gas-Gangrene".

REMARKS.

DISPOSITION OF THE CARD. — This card must accompany patient, and should be placed in envelope with Field Medical Card. After the completion of the case (recovery or death) this card and all other laboratory records should be sent to the Director of Laboratories, A. E. F., A. P. O. 721.

SPECIAL "GAS-GANGRENE" CARD

TETANUS ANTITOXIN ONLY

OFFICER ADMINISTERING SERUM
fill in following data.

Field Hospital No. .....

Dressing Station No. .....

Name .....
(Block letters)

Rank ..... No. .....

Regiment or Staff Corps .....

Tetanus antitoxin administered

on 191

at ..... A. M. / P. M. ..... hours

after injury.

.....

..... U. S. Army.

Form No. 9.

SURGEON OPERATING, FILL IN FOLLOWING DATA, CHECKING TERMS THAT APPLY

Field / Mobile / Evac. / Base } Hosp. No. ..... { Walking / Stretcher / Resuscitation } Case

DATE AND HOUR OF ADMISSION ..... A.M. P.M.

DATE AND HOUR OF INITIAL OPERATION ..... A.M. P.M.

Local Signs of infection

Simple, 0 - 1 - 2 - 3

Gas bacillus, 0 - 1 - 2 - 3

Nature of Initial Operation

Debridement { Partial / Complete } Primary closure { Yes / No }

Foreign Body

Present { Yes / No } Removed { Yes / No }

Amputation { Yes / No } for { degree of injury / infection { Simple / Gas bacillus }

Diagnosis of Operating Surgeon.

.....

.....

.....

.....

Date of Evacuation following initial operation .....

Subsequent gas bacillus infection { Yes / No }

Degree, 1 - 2 - 3

Recovery.
Death.
Autopsy.

LABORATORY OFFICER FILL IN FOLLOWING DATA.

Names of anaerobes identified

Unidentified anaerobes { Present / Absent }

Streptococcus haemolyticus { Present / Absent }

INSTRUCTIONS TO ATTENDING SURGEONS.

Notify bacteriologist in every case developing gas-gangrene or in which from the nature of the injury or the condition of the wound such an occurence might reasonably be expected. Numerals 0 - 1 - 2 - 3 signify respectively absent, slight, moderate, marked.

INSTRUCTION TO BACTERIOLIGIST.

In those cases developing gas-gangrene the bacteriologist should be guided by instructions given in Memorandum No. 24, Div. Labor., "Prophylactic Serum Treatment against Gas-Gangrene".

Form No. 16. GSW Card No _____

Classification: Anatomic location of major wound _____

Group _____

Identification: Surname _____ Christian _____

Rank _____ Co _____ Organization _____

Age _____ Race _____ Service _____

Aut. No. (CMDL) _____ Aut No. (Orig.) _____ Hosp _____

Pathologist _____

(1) No. of wounds:

Single { Penetrating _____ / Nonpenetrating _____

Multiple { Penetrating _____ / Nonpenetrating _____

(2) Location:

Major wound _____

_____

_____

_____

Minor wounds _____

_____

_____

(3) Missile:

Shell fragment { Shrapnel _____ / High explosive _____ / Grenade _____

Rifle bullet { Shrapnel ball _____ / Machine gun _____ / Rifle _____

Side arms _____

(4) How received:

In action (I. A.) _____

Accidental (Acc.) _____

Self inflicted (S. I.) _____

Homicidal (H) _____

Judicial (J) _____

(5) Battle area:

(6) Date wounded _____

(7) Date of death _____

(8) Duration of life _____

(9) Wound to first operation _____

(10) First operation _____

_____

_____

(11) First operation to subsequent _____

_____

(12) Subsequent operations _____

_____

_____

(13) Clinical course _____

_____

_____

_____

_____

_____

(14) Bacteriology:

Wound—

Part ident _____

Compl. ident _____

Blood—

Part ident _____

Compl. ident _____

(15) Cause of death: (clinical diagnosis):

Principal cause _____

_____

_____

Contributory causes _____

_____

_____

(16) Hospitals through which patient passed:

_____

_____

(17) Location of major wound _____

_____

_____

_____

_____

(18) Groups:

Group A (gas gangrene).

Group B (other factors with gas gangrene).

Group C (pyogenic sepsis).

Group D (tetanus).

Group E (miscellaneous).

Group F (GSW, no connection with D).

(19) Primary immediate cause of death:

_____

_____

_____

_____

_____

_____

_____

(20) Secondary lesions:

_____

_____

_____

_____

_____

_____

(21) Historical landmarks:

---

(22) Principal bones injured ----------

---

(23) Large blood vessels injured ----------

---

(24) Internal organs injured ----------

---

(25) Nervous system injured ----------

---

(26) Bacteriology ----------

Wound—

Part ident ----------

Compl. ident ----------

Blood—

Part ident ----------

Compl. ident ----------

(27) Cause of death (anatomic diagnosis):

Primary immediate cause of death --

Secondary lesions ----------

Historical landmarks ----------

---

(28) Opinion of pathologist (as to diagnosis, and medical treatment,) ----------

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