<table>
<thead>
<tr>
<th>Admission</th>
<th>Internal note:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Site of accident</strong></td>
<td><strong>Life situation</strong></td>
</tr>
<tr>
<td>○ Accident at home</td>
<td>○ at home independent</td>
</tr>
<tr>
<td>○ Sports accident</td>
<td>○ at home dependent</td>
</tr>
<tr>
<td>○ Work accident</td>
<td>○ at nursing home independent</td>
</tr>
<tr>
<td>○ Accident in hospital</td>
<td>○ at nursing home dependent</td>
</tr>
<tr>
<td>○ others</td>
<td>○ others</td>
</tr>
<tr>
<td>○ n. a.</td>
<td>○ n. a.</td>
</tr>
<tr>
<td><strong>Patient younger 16 years</strong></td>
<td><strong>Implant or osteosynthesis in situ</strong></td>
</tr>
<tr>
<td>○ No</td>
<td>○ none</td>
</tr>
<tr>
<td>○ Yes</td>
<td>○ Hip prothesis</td>
</tr>
<tr>
<td>○ Unknown</td>
<td>○ Osteosynthesis</td>
</tr>
<tr>
<td>○ n. a.</td>
<td>○ others</td>
</tr>
<tr>
<td><strong>Fracture</strong></td>
<td>○ n. a.</td>
</tr>
<tr>
<td><strong>Fracture type</strong></td>
<td></td>
</tr>
<tr>
<td>○ Pelvic ring</td>
<td></td>
</tr>
<tr>
<td>○ Acetabulum</td>
<td></td>
</tr>
<tr>
<td>○ Combination of both</td>
<td></td>
</tr>
<tr>
<td>○ n. a.</td>
<td></td>
</tr>
<tr>
<td><strong>Kind of trauma</strong></td>
<td></td>
</tr>
<tr>
<td>○ isolated pelvic</td>
<td></td>
</tr>
<tr>
<td>○ Polytrauma</td>
<td></td>
</tr>
<tr>
<td>○ multiple injuries</td>
<td></td>
</tr>
<tr>
<td>○ n. a.</td>
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<tr>
<td><strong>Complex trauma of the pelvis?</strong></td>
<td></td>
</tr>
<tr>
<td>○ Yes</td>
<td></td>
</tr>
<tr>
<td>○ No</td>
<td></td>
</tr>
<tr>
<td>○ Unknown</td>
<td></td>
</tr>
<tr>
<td>○ n. a.</td>
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<tr>
<td><strong>Blood units during the first three hours</strong></td>
<td></td>
</tr>
<tr>
<td>○ Yes</td>
<td></td>
</tr>
<tr>
<td>○ No</td>
<td></td>
</tr>
<tr>
<td>○ Unknown</td>
<td></td>
</tr>
<tr>
<td>○ n. a.</td>
<td></td>
</tr>
<tr>
<td><strong>Affected pelvic organs</strong></td>
<td></td>
</tr>
<tr>
<td>□ Bladder</td>
<td></td>
</tr>
<tr>
<td>□ Urethra</td>
<td></td>
</tr>
<tr>
<td>□ pelvic vessels</td>
<td></td>
</tr>
<tr>
<td>□ retroperitoneal haematoma</td>
<td></td>
</tr>
<tr>
<td>□ Plexus lesion unilateral</td>
<td></td>
</tr>
<tr>
<td>□ Plexus lesion bilateral</td>
<td></td>
</tr>
<tr>
<td>□ Vagina</td>
<td></td>
</tr>
<tr>
<td>□ Sigmoid colon</td>
<td></td>
</tr>
<tr>
<td>□ Reckum</td>
<td></td>
</tr>
<tr>
<td>□ open fracture</td>
<td></td>
</tr>
<tr>
<td>□ perineal soft tissue</td>
<td></td>
</tr>
<tr>
<td>□ Morel-Lavallée lesion</td>
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</tr>
<tr>
<td>□ others</td>
<td></td>
</tr>
<tr>
<td><strong>Pelvic injury</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Pelvic injury with haemodynamic instability at admission</strong></td>
<td></td>
</tr>
<tr>
<td>○ Yes</td>
<td></td>
</tr>
<tr>
<td>○ No</td>
<td></td>
</tr>
<tr>
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<td></td>
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<tr>
<td>○ n. a.</td>
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<tr>
<td><strong>Preclinical mechanical pelvic stabilisation</strong></td>
<td></td>
</tr>
<tr>
<td>○ none</td>
<td></td>
</tr>
<tr>
<td>○ Pelvic binder</td>
<td></td>
</tr>
<tr>
<td>○ Vacuum mattress</td>
<td></td>
</tr>
<tr>
<td>○ others</td>
<td></td>
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<tr>
<td><strong>Was the preclinical pelvic stabilisation effective?</strong></td>
<td></td>
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<tr>
<td>○ Yes</td>
<td></td>
</tr>
<tr>
<td>○ No</td>
<td></td>
</tr>
<tr>
<td>○ Unknown</td>
<td></td>
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<tr>
<td>○ n. a.</td>
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<tr>
<td><strong>Remark to preclinical pelvic stabilisation</strong></td>
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### Diagnosis

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<th>Internal note:</th>
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#### Diagnosis pelvis

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>n. a.</th>
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<tbody>
<tr>
<td>X-ray</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>CT</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Dual Energy CT</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>MRI</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

### Emergency intervention

#### Details of the mechanical emergency stabilization in the emergency room

**Was a mechanical emergency stabilization in the emergency room performed?**
- Yes
- No
- Unknown
- n. a.

#### Measures of the mechanical emergency stabilization in the emergency room

- Sheet roll
- Pelvic binder
- Pelvic C-clamp
- External fixation in the emergency room
- n. a.

**Duration until completion of emergency procedures** ________ min

**Assessment of the measures**
- Effective
- Ineffective
- n. a.

#### Acute intervention pelvis

**Acute intervention pelvis**
- No further interventions
- Only pelvic tamponade
- Only embolization
- 1. Embolization + 2. Pelvic tamponade
- 1. Pelvic tamponade + 2. Embolization
- Further interventions (e.g., laparotomy)
- n. a.

**Duration admission until completion of acute intervention** ________ min

**Result of the acute intervention**
- Effective
- Ineffective
- n. a.

**Remark to result of the acute intervention**

#### Mechanical emergency stabilization of the pelvis in surgery

**Was an emergency surgery procedure on the pelvis performed?**
- Yes
- No
- Unknown
- n. a.

**Emergency surgery procedure pelvis**

- Pelvic C-clamp
- External fixation
- Percutaneous osteosynthesis
- Open osteosynthesis
- Other or combined interventions
  - ____________________________
- n. a.

**Procedure effective?**
- Effective
- Ineffective
- n. a.

**Duration until emergency surgery** ________ min
### Pelvic ring injury pattern

| Pseudonymised ID: __________________ | Internal note: __________________ |

#### Injury pattern pelvis

<table>
<thead>
<tr>
<th>Transsymphyseal</th>
<th>Transpubic</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes ○ No ○ Unknown ○ n. a.</td>
<td>○ Yes ○ No ○ Unknown ○ n. a.</td>
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</table>

<table>
<thead>
<tr>
<th>Transacetabular</th>
<th>Transiliac</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes ○ No ○ Unknown ○ n. a.</td>
<td>○ Yes ○ No ○ Unknown ○ n. a.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Transiliosacral</th>
<th>Transsacral</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes ○ No ○ Unknown ○ n. a.</td>
<td>○ Yes ○ No ○ Unknown ○ n. a.</td>
</tr>
</tbody>
</table>

### Pelvic ring classification

#### Classification according to TILE

| ○ A1 ○ A2 ○ A3 ○ B1 ○ B2 ○ B3 ○ C1 ○ C2 ○ C3 ○ AC Iso ○ AC + Tile A/B ○ n. a. |

#### FFP classification

| ○ FFP Ia ○ FFP Ib ○ FFP Ila ○ FFP IIa ○ FFP IIb ○ FFP IIc ○ FFP IVa ○ FFP IVb ○ FFP IVc ○ n. a. ○ not applicable |

#### Classification according to AO/OTA 2018

| Fracture type ○ A ○ B ○ C ○ n. a. |

| Fracture subgroup ○ 1 ○ 2 ○ 3 ○ n. a. |

#### Fracture group ○ 1 ○ 2 ○ 3 ○ n. a.

#### Modifier ○ A ○ B ○ C ○ D ○ E ○ F ○ G ○ H ○ I ○ J ○ K ○ L ○ M ○ N ○ n. a. |

### Pelvic ring special therapy

| Special therapy ○ conservative ○ surgical ○ n. a. |

For surgical therapy:

**Was a stabilisation of the symphysis performed?**

| ○ Yes ○ No ○ Unknown ○ n. a. |

**Was a stabilisation of the Os pubis performed?**

| ○ Yes ○ No ○ Unknown ○ n. a. ○ right ○ left ○ on both sides ○ n. a. |

**Was a stabilisation of the ilium performed?**

| ○ Yes ○ No ○ Unknown ○ n. a. ○ right ○ left ○ on both sides ○ n. a. |

**Was a stabilisation of the SI joint performed?**

| ○ Yes ○ No ○ Unknown ○ n. a. ○ right ○ left ○ on both sides ○ n. a. |

**Was a stabilisation of the sacrum performed?**

| ○ Yes ○ No ○ Unknown ○ n. a. ○ right ○ left ○ on both sides ○ n. a. |
**Pelvic ring special therapy**

| Pseudonymised ID: ______________________ | Internal note: ______________________ |

**Stabilisation of the symphysis**
- non-angular stable plate
- angular stable plate
- other ____________________________
- n. a.

**Date of surgery ____/____/______**

**Complication of the osteosynthesis**
- Yes  
- No  
- Unknown  
- n. a.

**Right side: Stabilisation of the Os pubis**

**Stabilisation**
- Plate
- external fixation
- internal fixation
- Screws with navigation
- Screws without navigation
- other ____________________________
- n. a.

**Complication of the osteosynthesis**
- Yes  
- No  
- Unknown  
- n. a.

**Left side: Stabilisation of the Os pubis**

**Stabilisation**
- Plate
- external fixation
- internal fixation
- Screws with navigation
- Screws without navigation
- other ____________________________
- n. a.

**Complication of the osteosynthesis**
- Yes  
- No  
- Unknown  
- n. a.

**Right side: Stabilisation of the Ilium**

**Stabilisation**
- Plate
- Plate + screw
- Screws with navigation
- Screws without navigation
- other ____________________________
- n. a.

**Complication of the osteosynthesis**
- Yes  
- No  
- Unknown  
- n. a.

**Left side: Stabilisation of the Ilium**

**Stabilisation**
- Plate
- Plate + screw
- Screws with navigation
- Screws without navigation
- other ____________________________
- n. a.

**Complication of the osteosynthesis**
- Yes  
- No  
- Unknown  
- n. a.

**Right side: Stabilisation of the SI joint**

**Stabilisation**
- ORIF + ventral plate
- ORIF + sacroiliac screw osteosynthesis
- ORIF + spinopelvic fixation
- ORIF + percutaneous screws with navigation
- CRIF + percutaneous scews without navigation
- ilioiliac plate
- other additional interventions (e.g. augmentation, transsacral fixation)

**Complication of the osteosynthesis**
- Yes  
- No  
- Unknown  
- n. a.

**Left side: Stabilisation of the SI joint**

**Stabilisation**
- ORIF + ventral plate
- ORIF + sacroiliac screw osteosynthesis
- ORIF + spinopelvic fixation
- ORIF + percutaneous screws with navigation
- CRIF + percutaneous scews without navigation
- ilioiliac plate
- other additional interventions (e.g. augmentation, transsacral fixation)

**Complication of the osteosynthesis**
- Yes  
- No  
- Unknown  
- n. a.
**Pelvic ring special therapy**

<table>
<thead>
<tr>
<th>Pseudonymised ID: ____________________</th>
<th>Internal note: ____________________</th>
</tr>
</thead>
</table>

### Right side: Stabilisation of the sacrum

- □ ORIF + ventral plate
- □ ORIF + sacroiliac screw osteosynthesis
- □ ORIF + spinopelvic fixation
- □ CRIF + percutaneous screws with navigation
- □ CRIF + percutaneous screws without navigation
- □ ilioiliac plate
- □ other additional interventions (e.g. augmentation, transsacral fixation)

<table>
<thead>
<tr>
<th>Date of surgery <em><strong><strong>/</strong></strong></em>/_______</th>
</tr>
</thead>
</table>

### Complication of the osteosynthesis

- ○ Yes
- ○ No
- ○ Unknown
- ○ n. a.

### Left side: Stabilisation of the sacrum

- □ ORIF + ventral plate
- □ ORIF + sacroiliac screw osteosynthesis
- □ ORIF + spinopelvic fixation
- □ CRIF + percutaneous screws with navigation
- □ CRIF + percutaneous screws without navigation
- □ ilioiliac plate
- □ other additional interventions (e.g. augmentation, transsacral fixation)

<table>
<thead>
<tr>
<th>Date of surgery <em><strong><strong>/</strong></strong></em>/_______</th>
</tr>
</thead>
</table>

### Complication of the osteosynthesis

- ○ Yes
- ○ No
- ○ Unknown
- ○ n. a.

### Acetabulum pre-op

- **Roof arc (in degree): ap**
  - ○ > 40°
  - ○ ≤ 40°
  - ○ n. a.

- **Fracture level in the CT: ap _____ mm**

- **Fracture gap in the CT: ap _____ mm**

### Commination zone: ap

- ○ no
- ○ > 50%
- ○ ≤ 50%
- ○ n. a.

| Reduction dorsal luxation
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Reduction after trauma (duration) _____ h</th>
</tr>
</thead>
</table>

### Acetabulum classification

#### Letournel left

- ○ posterior wall
- ○ posterior column
- ○ anterior wall
- ○ anterior column
- ○ transverse fracture
- ○ posterior wall + posterior column
- ○ transverse fracture + posterior wall
- ○ T-fracture
- ○ anterior column + posterior hemitransverse fracture
- ○ Two-column-fracture
- ○ not classifiable
- ○ n. a.

#### Letournel right

- ○ posterior wall
- ○ posterior column
- ○ anterior wall
- ○ anterior column
- ○ transverse fracture
- ○ posterior wall + posterior column
- ○ transverse fracture + posterior wall
- ○ T-fracture
- ○ anterior column + posterior hemitransverse fracture
- ○ Two-column-fracture
- ○ not classifiable
- ○ n. a.
<table>
<thead>
<tr>
<th>Acetabulum special therapy</th>
<th>Internal note: ________________</th>
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</thead>
<tbody>
<tr>
<td><strong>Surgery</strong></td>
<td></td>
</tr>
<tr>
<td>o Yes</td>
<td>o No</td>
</tr>
<tr>
<td>o Unknown</td>
<td>o n. a.</td>
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<tr>
<td><strong>Surgery target</strong></td>
<td></td>
</tr>
<tr>
<td>o anatomical reconstruction + stabilisation</td>
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</tr>
<tr>
<td>o Stabilisation + total hip endoprosthesis</td>
<td></td>
</tr>
<tr>
<td>o total hip endoprosthesis without stabilisation</td>
<td></td>
</tr>
<tr>
<td>o n. a.</td>
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</tr>
<tr>
<td><strong>Specification</strong></td>
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<tr>
<td><strong>Date of surgery stabilisation</strong></td>
<td><em><strong>/</strong></em>/______</td>
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<tr>
<td><strong>Complication of the osteosynthesis</strong></td>
<td></td>
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<tr>
<td>o Yes</td>
<td>o No</td>
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<tr>
<td>o Unknown</td>
<td>o N. A.</td>
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<tr>
<td><strong>Specification</strong></td>
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<table>
<thead>
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<tbody>
<tr>
<td><strong>First surgery</strong></td>
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<tr>
<td><strong>Accesses</strong></td>
<td></td>
</tr>
<tr>
<td>o Kocher-Langenbeck</td>
<td></td>
</tr>
<tr>
<td>o ilioinguinal</td>
<td></td>
</tr>
<tr>
<td>o Paracetus</td>
<td></td>
</tr>
<tr>
<td>o ventral + dorsal single-stage</td>
<td></td>
</tr>
<tr>
<td>o ventral + dorsal two-stage</td>
<td></td>
</tr>
<tr>
<td>o Stoppa</td>
<td></td>
</tr>
<tr>
<td>o Stoppa with lateral window</td>
<td></td>
</tr>
<tr>
<td>o percutaneous</td>
<td></td>
</tr>
<tr>
<td>o other secondary access</td>
<td></td>
</tr>
<tr>
<td><strong>Remark</strong></td>
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</tr>
<tr>
<td><strong>Duration of the surgery</strong></td>
<td>____ min</td>
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<table>
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<tr>
<th>Acetabulum special therapy</th>
<th>Internal note: ________________</th>
</tr>
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<tbody>
<tr>
<td><strong>Second surgery</strong></td>
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<tr>
<td><strong>Accesses</strong></td>
<td></td>
</tr>
<tr>
<td>o Kocher-Langenbeck</td>
<td></td>
</tr>
<tr>
<td>o ilioinguinal</td>
<td></td>
</tr>
<tr>
<td>o Paracetus</td>
<td></td>
</tr>
<tr>
<td>o Stoppa</td>
<td></td>
</tr>
<tr>
<td>o Stoppa with lateral window</td>
<td></td>
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<tr>
<td>o percutaneous</td>
<td></td>
</tr>
<tr>
<td>o other secondary access</td>
<td></td>
</tr>
<tr>
<td><strong>Remark</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Duration of the surgery</strong></td>
<td>____ min</td>
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<table>
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<th>Acetabulum special therapy</th>
<th>Internal note: ________________</th>
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<tbody>
<tr>
<td><strong>Acetabulum post-op</strong></td>
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<tr>
<td><strong>Prophylaxis heterotopic ossification</strong></td>
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<tr>
<td>o no</td>
<td>o NSAR</td>
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<tr>
<td>o NSAR + radiation therapy</td>
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<tr>
<td><strong>Postoperative congruence: ap</strong></td>
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</tr>
<tr>
<td>o parallel (congruent)</td>
<td></td>
</tr>
<tr>
<td>o not parallel (not congruent)</td>
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<tr>
<td><strong>Fracture step in the CT: ap</strong></td>
<td>____ mm</td>
</tr>
<tr>
<td><strong>Fracture gap in the CT: ap</strong></td>
<td>____ mm</td>
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<tr>
<td><strong>Subluxation in the CT</strong></td>
<td>____ mm</td>
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<table>
<thead>
<tr>
<th>Acetabulum special therapy</th>
<th>Internal note: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children</strong></td>
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</tr>
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<td><strong>FAST performed</strong></td>
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<td>o No</td>
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<tr>
<td>o Unknown</td>
<td>o n. a.</td>
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<tr>
<td><strong>MRI performed</strong></td>
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<td>o No</td>
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<tr>
<td>o Unknown</td>
<td>o n. a.</td>
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<tr>
<td><strong>MRI 6 month control performed</strong></td>
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<td>o n. a.</td>
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<tr>
<td><strong>Remark</strong></td>
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# Osteoporosis

**Pseudonymised ID:** ____________  
**Internal note:** ____________

<table>
<thead>
<tr>
<th>Is osteoporosis known?</th>
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<th></th>
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<td>○ Yes</td>
<td>○ No</td>
<td>○ Unknown</td>
<td>○ n. a.</td>
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</table>

**Cause**

<table>
<thead>
<tr>
<th>Osteoporosis therapy before fracture event</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Osteoporosis therapy</td>
<td>○ Yes</td>
<td>○ No</td>
<td>○ Unknown</td>
<td>○ n. a.</td>
</tr>
</tbody>
</table>

**If yes, please specify:**  
- □ Vitamin D  
- □ specific osteoporosis therapy:

<table>
<thead>
<tr>
<th>Osteoporosis therapy after fracture event</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Osteoporosis therapy</td>
<td>○ Yes</td>
<td>○ No</td>
<td>○ Unknown</td>
<td>○ n. a.</td>
</tr>
</tbody>
</table>

**If yes, please specify:**  
- □ Vitamin D  
- □ specific osteoporosis therapy:

<table>
<thead>
<tr>
<th>Laboratory diagnostics of the osteoporosis</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Osteoporosis specific laboratory</td>
<td>○ Yes</td>
<td>○ No</td>
<td>○ Unknown</td>
<td>○ n. a.</td>
</tr>
</tbody>
</table>

**If yes:**  
- □ ESR/CRP  
- □ Hemogram  
- □ Ca  
- □ Crea-Ci  
- □ P  
- □ AP  
- □ GGT  
- □ Electrophoresis  
- □ TSH  
- □ Testosterone  
- □ Vitamin D

**Hint for second osteoporosis**

- ○ Yes  
- ○ No  
- ○ Unknown  
- ○ n. a.

**Bone remodeling parameter increased**

- ○ Yes  
- ○ No  
- ○ Unknown  
- ○ n. a.
### Closing – Outcome at discharge

<table>
<thead>
<tr>
<th>Pseudonymised ID: __________________________</th>
<th>Internal note: __________________________</th>
</tr>
</thead>
</table>

#### Were there complications during the stationary stay?
- **Yes**
- **No**
- **Unknown**
- **n. a.**

#### If yes which kind of?
- **Thrombosis**
- **Embolism**
- **ARDS**
- **MOF**
- **Neurology**
- **superficial infection**

#### Osteosynthesis complications
- **no**
- **Infection**
- **iatrogenic nerve injuries**
- **intraoperative bleeding**
- **Implant malposition without reosteosynthesis**
- **Implant malposition with reosteosynthesis**
- **Implant loosening**
- **other**

#### Date of discharge/death ____ ____ ________

#### Discharge from the hospital to
- **Home**
- **Nursing home**
- **Rehab clinic**
- **other**
- **Death**
- **n. a.**

#### In case of death:

#### Is the cause of death known?
- **Yes**
- **No**
- **Unknown**
- **n. a.**

#### If yes: Cause of death
- **TBI**
- **Bleeding**
- **Sepsis / MOF**
- **other**

#### Cause of death: bleeding
- **Pelvis**
- **other**

#### Remark

#### Legend:
- **☐** Multiple selection answer
- **○** Single selection answer