



RESCUE_{icp} data collection sheet

Date of completion:

Hospital number:

Person completing the form:

Signature:

Index data

1. Centre name:

2. Consultant:

3. Patients name:

4. Age:

5. Date of birth:

6. Male Female

7. Contact telephone number:

2nd contact telephone number:

8. Hospital number:

9. Patient's address:

9a. Name and contact details of the next of kin:

9b. Name, address and telephone number of patient's GP:

10. Does the patient have a history of drug or alcohol abuse? Yes No

immunosuppression? Yes No

11. Mechanism of injury:

Motor vehicle occupant Domestic

Pedestrian Sport

RTA other Fall

Work Assault

Other:

12. Hypoxic episode within 1st 24 hrs?

No Suspected

Definite (PO₂ a <8kpa)

13. Hypotensive episode within 1st 24 hrs?

No Suspected

Definite (syst. BP<90mmHg)

14a.

Date (dd mm yy) Time (24h) GCS
E M V

Injury:

1st hospital:

Neuro Unit :

Pupils on arrival to neuro unit: Size mm Reaction to light

	Size mm	Yes	No
Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14b. Reason for any delay in transfer:

14c. Sedated and ventilated on arrival to Neuro Unit? Yes No

15. Extra-cranial injuries

Chest: rib #s (>2 adjacent); haemothorax, pneumothorax, pulm contusion

CVS: myocard contusion, pericard effusion; major vasc injury

Pelvis: haemodynamically significant or unstable #

Spine: # dislocation, unstable injury, neurological deficit

Long bone: multiple (>2) or compound proximal long bone #, amputation at/above wrist/ankle

Abdomen/pelvis: Organ laceration, contusion or perforation

Neck: Penetrating injury, airway compromise

Initial CT findings	Pre-randomisation CT (if different)	Marshall grade (modified)																																																																										
<p>16. Date of first scan: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>17. Time of first scan: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>18. Marshall grade(see opposite):.....</p> <p>19. Traumatic subarachnoid haemorrhage? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>20. Intra ventricular haemorrhage? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>21. Is there midline shift? Yes <input type="checkbox"/> No <input type="checkbox"/> mm to Left <input type="checkbox"/> Right <input type="checkbox"/></p> <p>22a. Side of mass lesion: 22b. 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Immediate surgery (any surgery prior to randomisation)

Monitoring

33. Date of cranial surgery:

34. Time of cranial surgery:

35. Indication for surgery:

Mass effect

Lesion size

Clinical deterioration

Radiological deterioration

Other:

46. Reason for surgery:

Extradural haematoma

Subdural haematoma

Intracerebral haematoma/
contusion

Depressed skull fracture

Other:

37. Type of surgery:

Burrhole evacuation only

Ventricular catheter

Craniotomy

38. Size of bone fla:X..... cms

39a. Was the bone flap replaced? Yes No

39b. Was the dura closed? Yes No

40. Did the patient receive non-cranial surgery? Yes No

41. Date of non-cranial surgery:

42. Time of non-cranial surgery:

43. Type of non-cranial surgery:

44. Type of ICP sensor:

45. Location of sensor:

46. Other monitoring:

SjvO₂

Microdialysis

Brain tissue oxygen

TCD

Near infrared spectroscopy

Intensive care management

Stage 1

47. Date at start of stage 1:

48. Time at start of stage 1:

49. ICP at start of stage 1(mmHg):.....

50. ICP at the end of stage 1:.....

51. Type of sedation (1st drug):

Dose:..... (mg/Kg/hr or ml/hr)

52. Type of sedation (2nd drug):

Dose:..... (mg/Kg/hr or ml/hr)

53. Neuromuscular paralysis: Yes No

Stage 2

54. Date at start of stage 2:

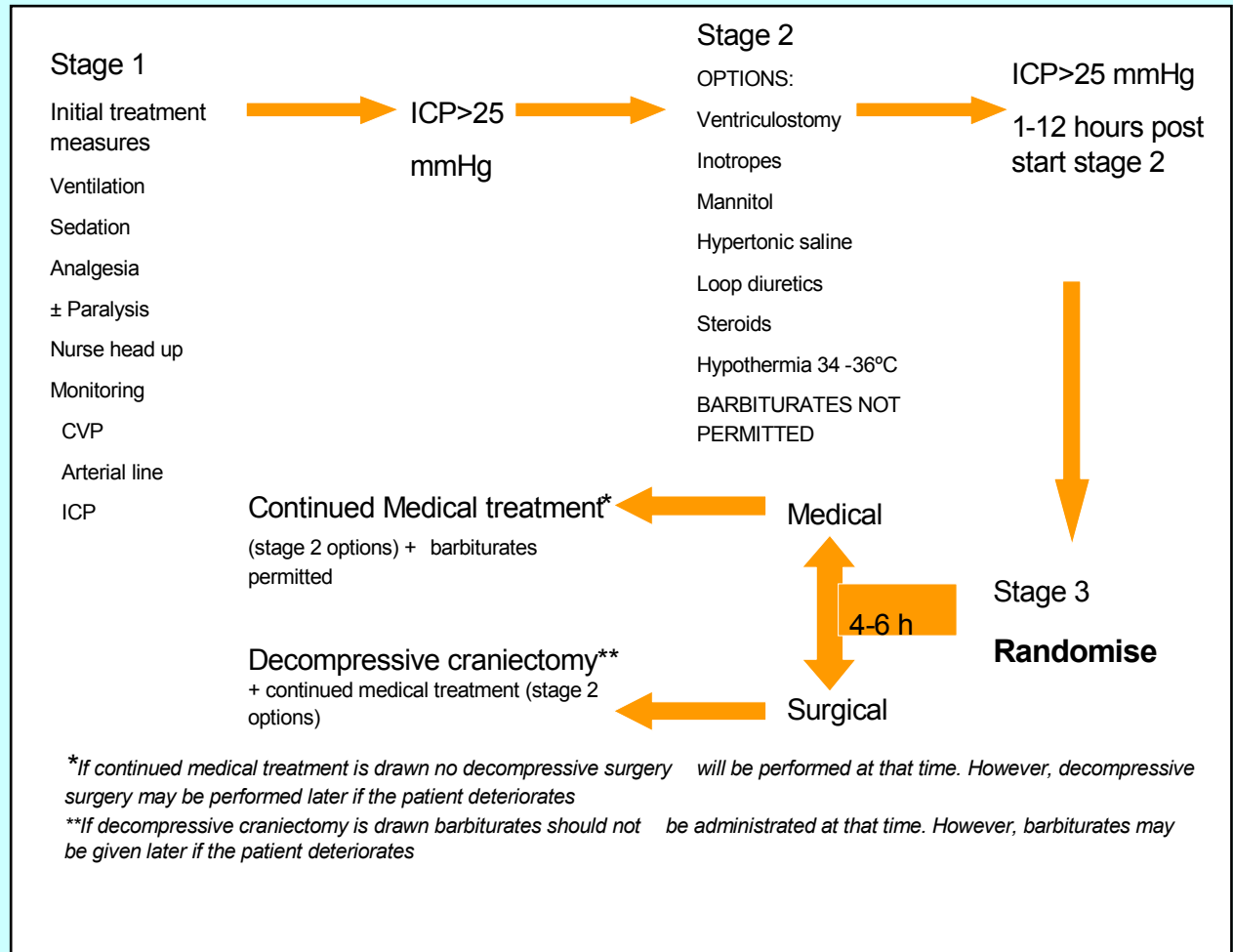
55. Time at start of stage 2:

56. ICP at start of stage 2:.....

57. Options used in stage 2:

- Ventriculostomy
- Inotropes
- Mannitol
- Hypertonic saline
- Loop diuretics
- Steroids
- Hypothermia <36⁰c

58. ICP at the end of stage 2:.....



Randomisation

Stage 3

Medical Randomisation

59. Date of randomisation:

60. Time of randomisation:

61. ICP at time of randomisation:.....

62. MAP at time of randomisation:.....

63. Randomisation to:

Surgical arm

Medical arm

64. Barbiturates used? Yes No

65a. Date started:

65b. Time started:

66. Agent:

67. Dose: (mg/kg/hr)
/ml/hr

68a. Date stopped:

68b. Time stopped:

68c. Reason for stopping: _____

69. Did crossover
to surgical arm Yes No
occur?

69a. Reason for crossover: _____

70. Date:

71. Time:

Surgical randomisation

72. Site of decompressive craniectomy:

Right

Left

Bilateral

73. Date of surgery:

74. Time of surgery:

75. Size of decompressive craniectomy:

.....X..... cm

76. Did crossover
to barbiturates Yes No
occur?

76a. Reason for crossover: _____

77. Date:

78. Time:

79. Any surgical complications? Yes No
Type:

Outcome/Discharge

Outcome at 7 days post randomisation

80. Is the patient? Dead Alive

81. GCS at 7 days: E M V

82. Date of extubation:

83. Tracheostomy performed Yes No

84. Date of tracheostomy :

Discharge from ITU

85. Is the patient? Dead Alive

86. Date of death or discharge from ITU:

87. Time of death or discharge from ITU:

88. GCS at discharge from ITU: E M V

89. Discharge destination:

Ward in neuro unit

Ward in other hospital

Rehabilitation unit

Home

Other:

90. If patient died cause of death:

Head injury

Systemic trauma

Medical complications

Other

91. Please attach a copy of operation note.

Daily collection sheets (one to be completed from chart on admission and then daily on ITU)

Date:

ICP Data		MAP data		Therapy			Complications / SOFA score		
Time		Time		Inotropic support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Infection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
01:00	_____	01:00	_____	Hypertonic saline	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Respiratory <input type="checkbox"/>	Line <input type="checkbox"/>	
02:00	_____	02:00	_____	Mannitol	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Wound <input type="checkbox"/>	CNS <input type="checkbox"/>	
03:00	_____	03:00	_____	Loop diuretics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Urine <input type="checkbox"/>	Septicaemia <input type="checkbox"/>	
04:00	_____	04:00	_____	Hypothermia <36 ⁰ C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Temp (°C) max in this 24h:		
05:00	_____	05:00	_____	Barbiturates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Na (mmol/l) max in this 24h:		
06:00	_____	06:00	_____	Synacthen test?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bilirubin (mmols/l) max / 24h:		
07:00	_____	07:00	_____	Steroids	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Creatine (umol/l) max / 24h:		
08:00	_____	08:00	_____	Indication:			Plts (1000s/mm ³) min / 24h:		
09:00	_____	09:00	_____	CNS	<input type="checkbox"/>		PT max / 24h:		
10:00	_____	10:00	_____	Cardiovascular	<input type="checkbox"/>		PaCO ₂ (kPa or mmHg) min / 24h:		
11:00	_____	11:00	_____	Replacement	<input type="checkbox"/>		FiO ₂ % max / 24h:		
12:00	_____	12:00	_____	External ventricular drain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Corresponding PaO ₂ (kPa or mmHg) to this FiO ₂ :		
13:00	_____	13:00	_____	GCS: E <input type="checkbox"/>			Urine output (total ml /24h):		
14:00	_____	14:00	_____	M <input type="checkbox"/>					
15:00	_____	15:00	_____	V <input type="checkbox"/>					
16:00	_____	16:00	_____	or sedated <input type="checkbox"/>					
17:00	_____	17:00	_____	Pupil reaction: Left	mm	+/-/sl			
18:00	_____	18:00	_____	Right	mm	+/-/sl			
19:00	_____	19:00	_____						
20:00	_____	20:00	_____						
21:00	_____	21:00	_____						
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