

ER Therapy and discharge

Patient Identification Information

ER therapy

(InjuryHx.EDAirway) **Airway**

- No specific treatment
- Supplemental oxygen (via nasal tube or mask)
- Adjunctive airway (eg. Mayo tube)
- Temporary support with bag, valve, mask (eg. ambubag)
- Intubation
- Mechanical ventilation
- Unknown

(InjuryHx.EDSpinalImmob) **Spinal immobilization**

- No
- Yes
- Unknown

(Subject.SubjectID) **Circulation**

- (InjuryHx.EDCircNone) No specific treatment
- (InjuryHx.EDCircIV) IV fluids

- (InjuryHx.EDCircVaso) Vasopressors
- (InjuryHx.EDCircCPR) CPR
- (InjuryHx.EDCircUnknown) Unknown

IV fluids specifics:

- (InjuryHx.EDIVCrystalloids) Crystalloids
- (InjuryHx.EDIVSaline) Hypertonic saline
- (InjuryHx.EDIVMannitol) Mannitol
- (InjuryHx.EDIVColloids) Colloids
- (InjuryHx.EDIVAlbumin) Albumin
- (InjuryHx.EDIVBlood) Blood

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(Subject.SubjectID)

Surgery

(Subject.SubjectID)

Scheduled procedures

(Subject.SubjectID) ICP monitoring:

- (InjuryHx.EDICPMonitoring) No
- Yes
- Unknown

(Subject.SubjectID)

Emergency surgical interventions:

(Subject.SubjectID)

Intracranial

- (InjuryHx.EmerSurgInterventionsIntraCran) No
- Yes
- Unknown
- (InjuryHx.EmerSurgInterventionsIntraCranYes) Craniotomy for haematoma/contusion
- Decompressive Craniectomy
- Depressed skull fracture
- Other intracranial procedure
- (InjuryHx.EmerSurgIntraCranSurviveNoSurg) The short term survival chances of the patients if I **DO NOT** operate will be: ___%
-
- (InjuryHx.EmerSurgIntraCranSurviveYesSurg) The short term survival chances of the patient if I **DO** operate will be: ___%
-

(Subject.)

(Subject.SubjectID)

Extracranial

- (InjuryHx.EmerSurgInterventionsExtraCran) No
- Yes
- Unknown
- (InjuryHx.EmerSurgInterventionsExtraCranYes) Damage control thoracotomy
- Damage control laparotomy
- Extraperitoneal pelvic packing
- External fixation limb
- Cranio-maxillo-facial reconstruction
- Other
- (InjuryHx.EmerSurgInterventionsExtraCranYesOther) Specify Other

(Subject.)

(Subject.SubjectID)

Interventional radiology:

- (InjuryHx.InterventRadiology) No
- Yes
- Unknown

(Subject.) **Transfusions and Treatment of coagulopathy** (InjuryHx.EDCorrCoagulopathy) No

- Yes
- Unknown

(InjuryHx.EDCoagulopathyType1) Type (InjuryHx.EDCoagulopathyVolume1) Volume (ml)

- Packed red blood cell concentrates (pRBCs)
- Fresh whole blood
- Fresh frozen plasma (FFP)
- Freeze dried plasma / lyophilized plasma
- Platelet concentrates
- PCC (prothrombin complex concentrates)
- Fibrinogen concentrate
- Albumin
- Recombinant factor FVIIa
- Tranexamic acid (TXA)
- Cryoprecipitate
- Desmopressin (DDAVP)
- Factor XIII
- Calcium
- Vitamin K (Konakion)

(InjuryHx.EDCoagulopathyType2) Packed red blood cell concentrates (pRBCs) (InjuryHx.EDCoagulopathyVolume2)

- Fresh whole blood
- Fresh frozen plasma (FFP)
- Freeze dried plasma / lyophilized plasma
- Platelet concentrates
- PCC (prothrombin complex concentrates)
- Fibrinogen concentrate
- Albumin
- Recombinant factor FVIIa
- Tranexamic acid (TXA)
- Cryoprecipitate
- Desmopressin (DDAVP)
- Factor XIII
- Calcium
- Vitamin K (Konakion)

(InjuryHx.EDCoagulopathyType3) Packed red blood cell concentrates (pRBCs) (InjuryHx.EDCoagulopathyVolume3)

- Fresh whole blood
- Fresh frozen plasma (FFP)
- Freeze dried plasma / lyophilized plasma
- Platelet concentrates
- PCC (prothrombin complex concentrates)
- Fibrinogen concentrate
- Albumin
- Recombinant factor FVIIa
- Tranexamic acid (TXA)
- Cryoprecipitate
- Desmopressin (DDAVP)
- Factor XIII
- Calcium
- Vitamin K (Konakion)

(InjuryHx.EDCoagulopathyType4) Packed red blood cell concentrates (pRBCs) (InjuryHx.EDCoagulopathyVolume4)

- Fresh whole blood
- Fresh frozen plasma (FFP)
- Freeze dried plasma / lyophilized plasma
- Platelet concentrates
- PCC (prothrombin complex concentrates)
- Fibrinogen concentrate
- Albumin
- Recombinant factor FVIIa
- Tranexamic acid (TXA)
- Cryoprecipitate
- Desmopressin (DDAVP)
- Factor XIII
- Calcium
- Vitamin K (Konakion)

(Subject.) (InjuryHx.EDBloodTrans) No
Blood transfusion Yes
 Unknown

Baseline Risk Assessment

(Subject.) **Most reliable Motor Score for risk assessment** (InjuryHx.BaselineGCSMostReliableMotorScore) (1-6)

(Subject.) Time of assessment: (InjuryHx.BaselineGCSMostReliableAssessmentTime) Post-stabilization
 Admission
 First hospital
 Scene of accident
 Other

(Subject.) Conditions of assessment: (InjuryHx.BaselineGCSMostReliableAssessmentCondition) No sedation/paralysis
 After stopping sedation
 After pharmacological reversal
 Under sedation

(Subject.)

Physician estimate of 6 month outcome

Type of physician estimate: (InjuryHx.BaselinePhysEstOf6MoOutcomePhysicianType) ER Physician
 Intensive Care
 Neurology
 Neurosurgery
 Traumatology
 Unknown

(Subject.SubjectID) Qualification: (InjuryHx.BaselinePhysEstOf6MoOutcomePhysicianQual) Resident
 Junior staff (< 5 years)
 Senior staff (>= 5 years)
 Head of department

Given all current available information, what is, in your subjective opinion, the most likely 6-month outcome of this patient?
* to be based upon information on discharge ER or admission to hospital/ICU

Expected outcome (GOS) (InjuryHx.BaselineGOS6MoExpectedOutcome) **D** - Death
 V - Vegetative State
 SD - Severe Disability
 MD - Moderate Disability
 GR - Good Recovery

Risk of death (%) (InjuryHx.BaselineGOS6MoExpectedDeathRisk)

Risk of unfavorable outcome (D, VS, SD) (%) (InjuryHx.BaselineGOS6MoUnfavourableOutcomeRisk)

(Subject.SubjectID) Date of prognostic estimate (dd-mmm-yyyy) (InjuryHx.BaselineGOS6MoDateOfPrognosticEstimate)

ER Destination

(Subject.SubjectID) (InjuryHx.EDDischDate) dd-mmm-yyyy
Date of discharge or admission:

Time of discharge or admission: (InjuryHx.EDDischTime) hh:mm

Destination: (InjuryHx.DispER) Discharge home
 Discharge other facility
 Hospital admission--Ward
 Hospital admission--Intermediate/high care unit
 Hospital admission--ICU
 Hospital admission--OR for immediate surgical procedure
 Hospital admission--Other (e.g. observation unit)
 Unknown
 Death

Motivation for choice of destination: (InjuryHx.ERDischMotivForDestChoice) Normal CT
 Medical necessity
 Social circumstances
 No (ICU-) beds available
 Requiring specialized facilities
 Unknown
 Other
(InjuryHx.ERDischMotivForDestChoiceOther)

Please specify other:

(Subject.) Scheduled appointments

Out-patient visit (InjuryHx.ERDischHomeSchedApptOutpatient) (InjuryHx.ERDischHomeSchedApptOutpatientDate)
No Date of appointment:
 Yes
 Unknown

Referred to general practitioner (InjuryHx.ERDischHomeSchedApptReferToGP)
 No
 Yes
 Unknown

Study protocol follow-up (InjuryHx.ERDischHomeSchedApptStudyProtoFU)
 No
 Yes
 Unknown

MR Studies Planned (Subject.Cohort)
 No
 Yes

Type of care planned: (InjuryHx.ERDischHomeTypeOfCarePlanned) None
 Symptomatic treatment or/and advice for the next 24/48h
 Systematic follow-up visit by GP

- Systematic follow-up visit by specialist practitioner
- Oral information on TBI, its possible late consequences, and where to consult in case of difficulties
- Written information on TBI, its possible late consequences, and where to consult in case of difficulties

ICD CODES: *	(InjuryHx.ERDestlCDCodes1) <input type="text"/>	(InjuryHx.ERDestlCDCodes2) <input type="text"/>	(InjuryHx.ERDestlCDCodes3) <input type="text"/>	(InjuryHx.ERDestlC
Version: (InjuryHx.ERDestlCDCodesVersion)	(InjuryHx.ERDestlCDCodes5) <input type="text"/>	(InjuryHx.ERDestlCDCodes6) <input type="text"/>	(InjuryHx.ERDestlCDCodes7) <input type="text"/>	(InjuryHx.ERDestlC
<input type="radio"/> ICD-9 <input type="radio"/> ICD-10	(InjuryHx.ERDestlCDCodes9) <input type="text"/>	(InjuryHx.ERDestlCDCodes10) <input type="text"/>	(InjuryHx.ERDestlCDCodes11) <input type="text"/>	(InjuryHx.ERDestlC
	(InjuryHx.ERDestlCDCodes13) <input type="text"/>	(InjuryHx.ERDestlCDCodes14) <input type="text"/>	(InjuryHx.ERDestlCDCodes15) <input type="text"/>	(InjuryHx.ERDestlC

* To be retrieved later from hospital administrative record

Death Information

(Subject.SubjectID) Date of death: (Subject.DeathDate) dd-mmm-yyyy

Time of death: (Subject.DeathTime) hh:mm

Principal cause of death: (Subject.DeathCause) Head injury/initial injury
 Head injury/secondary intracranial damage
 Systemic trauma
 Medical complications
 Unknown
 Other
 (Subject.DeathCauseOther) Please specify other:

(Subject.SubjectID) **If patient is declared dead on the ER**

Dead on arrival (DOA) (Subject.DeathERDOA) No
 Yes
 Unknown

Unsuccessful resuscitation for extra cranial injuries (Subject.DeathERUnsuccResusForExtraCranInj) No
 Yes
 Unknown

Withdrawal of life-sustaining measures for severity of TBI (Subject.DeathERWithdrawalLifeSuppForSeverityOfTBI) No
 Yes
 Unknown

Declared brain dead following national criteria (Subject.DeathERDeclaredBrainDeadFollowingNationalCriteria) No
 Yes
 Unknown