TRACK-TBI

Transforming Research and Clinical Knowledge in Traumatic Brain Injury

International Traumatic Brain Injury Research Initiative

Case Report Forms

Hospital Variables
TBI Patients

Table of Contents

CLINICAL PROTOCOL GRID

CA	CA+MRI/HDFT	Procedure	Admission	Hospital	2W	3M*	6M	12M
♦	♦	Admission Data	X	X+				
♦	♦	Blood (DNA, Biomarkers)	X (optional repeat @ 3-6h)					
♦	♦	Blood (Biomarkers)		X (day 3,5)+	X		X	
♦	♦	Daily Clinical Data	X+	X (daily)+				
♦	♦	High Resolution ICU Data	X¤	X (daily)¤				
♦	♦	CSF (Biomarkers, optional)		X (days 1-7)¤				
♦	♦	Clinical Brain CT (and MRI)	X	X (all)+				
	♦	3T Research Brain MRI			X		X	
♦	♦	Outcomes: Full Battery			X	X	X	X

* Outcomes administration at the 3M time conducted only by telephone

\+ Collected only for those admitted to the Ward or ICU

¤ Collected only for those admitted to the ICU

Admission/Discharge

Patient Identification Information

Round trips between Ward or ICU to OR and back to Ward or ICU do not need to be recorded

ICU or Ward Admission

Date & Time of Admission (mm/dd/yyyy hh:mm)	Time Since Injury (Admission)	Previous Unit	Current Unit	Date & Time of Discharge	Time Since Injury (Discharge)
		☐ ED ☐ OR ☐ ICU ☐ Ward ☐ Transfer from other Hospital	☐ OR ☐ Ward ☐ ICU		
		☐ ED ☐ OR ☐ ICU ☐ Ward ☐ Transfer from other Hospital	☐ OR ☐ Ward ☐ ICU		
		☐ ED ☐ OR ☐ ICU ☐ Ward ☐ Transfer from other Hospital	☐ OR ☐ Ward ☐ ICU		
		☐ ED ☐ OR ☐ ICU ☐ Ward ☐ Transfer from other Hospital	☐ OR ☐ Ward ☐ ICU		
		☐ ED ☐ OR ☐ ICU ☐ Ward ☐ Transfer from other Hospital	☐ OR ☐ Ward ☐ ICU		
		☐ ED ☐ OR ☐ ICU ☐ Ward ☐ Transfer from other Hospital	☐ OR ☐ Ward ☐ ICU		

	Height (cm)	Weight (kg)	Date	Measurement Type
Admission:				☐ Measured ☐ Estimated/Self reported
Last Recorded				☐ Measured ☐ Estimated/Self reported

Hospital Discharge

Discharge Status
○ Alive ○ Dead

DNR Written Date Time

Time Since Injury (DNR)

Support Withdrawn/Comfort Care Date Time

Time Since Injury (Support Withdrawn)

Hospital Discharge Date Time

Discharge to:
- ☐ Other hospital
- ☐ Rehab unit
- ☐ Nursing home
- ☐ SNF
- ☐ Home
- ☐ LTAC
- ☐ Other

Time Since Injury (Hosp Discharge)

Discharge to Other

Death Date Time

Time Since Injury (Death)

Death Date Time Reliability
- ☐ Verified
- ☐ Estimated
- ☐ Unknown

Place Of Death
- ☐ Ward
- ☐ ICU
- ☐ OR

Principal Cause of Death
- ☐ Head injury/initial injury
- ☐ Head injury/secondary intracranial damage
- ☐ Systemic trauma
- ☐ Medical complications
- ☐ Unknown
- ☐ Other

Death Cause Reliability
- ☐ Verified
- ☐ Estimated
- ☐ Unknown

Death Cause Other

Surgeries

Patient Identification Information

If more than 1 surgical procedure was performed during one surgery, please list each procedure on their own line.
The same start and end date/time will indicate that the procedures were performed during the same surgery.

If Other is chosen, please specify in the Notes section.

Cranial Surgeries

Cranial Surgery Description	Date/Time Surgery Start	Time Since Injury (Surgery Start)	Date/Time Surgery End	Time Since Injury (Surgery End)	Surgery Timing
					☐ Emergent ☐ Elective ☐ Emergent return to OR
					☐ Emergent ☐ Elective ☐ Emergent return to OR
					☐ Emergent ☐ Elective ☐ Emergent return to OR
					☐ Emergent ☐ Elective ☐ Emergent return to OR
					☐ Emergent ☐ Elective ☐ Emergent return to OR

Extracranial Surgeries

Extracranial Surgery Description	Date/Time Surgery Start	Time Since Injury (Surgery Start)	Date/Time Surgery End	Time Since Injury (Surgery End)	Surgery Timing
					☐ Emergent ☐ Elective ☐ Emergent return to OR
					☐ Emergent ☐ Elective ☐ Emergent return to OR
					☐ Emergent ☐ Elective ☐ Emergent return to OR
					☐ Emergent ☐ Elective ☐ Emergent return to OR
					☐ Emergent ☐ Elective ☐ Emergent return to OR

Notes or additional information about surgeries

5

Monitoring Devices

Patient Identification Information

ICP Monitor Used (If yes, do TIL form)
- Yes
- No

Scalp EEG Used
- Yes
- No

Unit	ICP Location	Device Used	Other ICP Device	Date & Time ICP Inserted	Time Since Injury (ICP Insert)	Date & Time ICP Removed	Time Since Injury (ICP Removal)	Reason for Stopping
		☐ Ventriculostomy ☐ Subdural ☐ Intraparenchymal ☐ Epidural ☐ Other						☐ Monitor/catheter failure ☐ Patient considered unsalvageable ☐ Patient died ☐ Clinically no longer required
		☐ Ventriculostomy ☐ Subdural ☐ Intraparenchymal ☐ Epidural ☐ Other						☐ Monitor/catheter failure ☐ Patient considered unsalvageable ☐ Patient died ☐ Clinically no longer required
		☐ Ventriculostomy ☐ Subdural ☐ Intraparenchymal ☐ Epidural ☐ Other						☐ Monitor/catheter failure ☐ Patient considered unsalvageable ☐ Patient died ☐ Clinically no longer required
		☐ Ventriculostomy ☐ Subdural ☐ Intraparenchymal ☐ Epidural ☐ Other						☐ Monitor/catheter failure ☐ Patient considered unsalvageable ☐ Patient died ☐ Clinically no longer required
		☐ Ventriculostomy						☐ Monitor/catheter

		☐ Subdural ☐ Intraparenchymal ☐ Epidural ☐ Other						failure ☐ Patient considered unsalvageable ☐ Patient died ☐ Clinically no longer required

Was Moberg or BedMaster Monitor Used?
☐ No
☐ Yes-Moberg
☐ Yes-BedMaster

Initial start date and time:

Final stop date and time:

Measurements collected

Vital Signs
☐ Yes
☐ No

ICP
☐ Yes
☐ No

EEG
☐ Yes
☐ No

PbtO2
☐ Yes
☐ No

Pulse Ox
☐ Yes
☐ No

CPP
☐ Yes
☐ No

Was an external ventricular drain used?
☐ Yes
☐ No

Was optional protocol for CSF collection done?
☐ Yes
☐ No
☐ No, site doesn't do CSF

Was CSF collection done during EVD insertion?
☐ Yes
☐ No

Was CSF collection done during Day 1?
☐ Yes
☐ No

Was CSF collection done during Day 2?
☐ Yes
☐ No

Was CSF collection done during Day 3?
☐ Yes
☐ No

Was CSF collection done during Day 4?
☐ Yes

☐ No

Was CSF collection done during Day 5?
☐ Yes
☐ No

☐ All continuous neuromonitoring files uploaded to Box

BRAIN TISSUE OXYGEN PROBES (LICOX)

Probes Used
○ Yes
○ No

Date and Time Inserted | Time Since Injury (Licox Insert)

Date and Time Removed | Time Since Injury (Licox Removal)

Unit	Location	Reason for stopping:
○ ED	○ Right	○ Monitor/catheter failure
○ OR	○ Left	○ Patient considered unsalvageable
○ ICU		○ Patient died
		○ Clinically no longer required

JUGULAR VENOUS SATURATION ($SjVO_2$)

Device Used
○ Yes
○ No

Date and Time Inserted | Time Since Injury ($SjVO_2$ Insert)

Date and Time Removed | Time Since Injury ($SjVO_2$ Removal)

Unit	Location	Reason for stopping:
○ ED	○ Right	○ Monitor/catheter failure
○ OR	○ Left	○ Patient considered unsalvageable
○ ICU		○ Patient died
		○ Clinically no longer required

CEREBRAL BLOOD FLOW (CBF) PROBE

Probe Used
○ Yes
○ No

Date and Time Inserted | Time Since Injury (CBF Probe Insert)

Date and Time Removed | Time Since Injury (CBF Probe Removal)

Unit	Location	Reason for stopping:
○ ED	○ Right	○ Monitor/catheter failure
○ OR	○ Left	○ Patient considered unsalvageable
○ ICU		○ Patient died
		○ Clinically no longer required

Complications

Patient Identification Information

Does patient have complications?

Yes No

NEUROLOGICAL

- Rhinorrhea
- Otorrhea
- Meningitis
- Seizure
- Ventriculitis
- Stroke
- Neurogenic Shock
- Other CSF Leak
- Other
- Other

CARDIOVASCULAR

- Cardiac Arrest
- CHF
- DVT
- Major Arrhythmia
- MI
- Hypertension Requiring Treatment
- Hypotension Requiring Treatment
- Hemorrhagic Shock
- Other
- Other

HEMATOPOETIC

- Coagulopathy
- DIC
- Anemia Requiring Treatment
- Other
- Other

PULMONARY

- ARDS
- Fat Embolus
- Pulmonary Embolism
- Pleural Effusions
- Pneumonia

GI/ABDOMEN

- Abdominal Compartment Syndrome
- Bowel Obstruction
- GI Bleed
- Hepatic Encephalopathy
- Hepatic Failure
- Pancreatitis
- Renal Failure
- Other
- Other

WOUND

- Abcess
- Seroma / hematoma / bleeding
- Wound Dehiscence
- Wound Infection
- Pressure Ulcer
- Other
- Other

LAB ABNORMALITIES

- Hypoglycemia
- Hyperglycemia
- Hyponatremia
- Hypernatremia
- PT/PTT/INR Abnormality
- Other
- Other

INFECTION OTHER THAN PNEUMONIA / WOUND

- Bacteremia
- Fever (Temp>38.5) of unknown origin
- Presumed Infection
- Sepsis
- Septicemia
- UTI
- Septic Shock
- Other

- [ ] Presumed Pneumonia
- [ ] Respiratory Failure
- [ ] VAP
- [ ] Asthma
- [ ] Other
- [ ] Other

- [ ] Other

OTHER COMPLICATIONS

- [ ] MSOF
- [ ] Transfusion Reaction

Scheduled Medications

Patient Identification Information

When picking a Medication name, type the first letters of either the generic name or the trade name, and choose the appropriate medication from the drop down list.

The generic name will be displayed when saved.

If the medication you need to add is not shown on the list please email support@tracktbi.freshdesk.com

Record medications for first five days in hospital and for all days that ICP monitor is in place.

If a med hasn't been stopped by last hospital day, 5th day or last ICP day, leave stop date blank and check "Stop Date is after last hospital day, 5th day or after last ICP Day"

Intermittent medications
Use 1 entry for each distinct medication. Record Start Date/Time and Stop Date/Time. Dose units should be mg or other measure of dosage.
For Insulin dose enter "Sliding Scale" for patients with varied dosages.

Continuous intravenous medications
Use Infusion Rate instead of Dose. Use both start and stop time. Enter 'Continuous' for frequency. IV fluids with electrolytes/vitamins are not being coded as medications.

Generic/Trade Name	Dose	Route	Frequency	Start Date Time	Stop Date Time	Stop Date after: last hospital day, 5th day, or last ICP Day
		☐ intravenous ☐ inhaled ☐ intramuscular ☐ rectal ☐ vaginal ☐ oral ☐ subcutaneous ☐ topical ☐ paravertebral ☐ intradermal ☐ ophthalmic ☐ nasogastric ☐ percutaneous ☐ intercatheter ☐ G-Tube ☐ otic				
		☐ intravenous ☐ inhaled ☐ intramuscular ☐ rectal ☐ vaginal ☐ oral ☐ subcutaneous ☐ topical ☐ paravertebral				

		☐ intradermal ☐ ophthalmic ☐ nasogastric ☐ percutaneous ☐ intercatheter ☐ G-Tube ☐ otic				
		☐ intravenous ☐ inhaled ☐ intramuscular ☐ rectal ☐ vaginal ☐ oral ☐ subcutaneous ☐ topical ☐ paravertebral ☐ intradermal ☐ ophthalmic ☐ nasogastric ☐ percutaneous ☐ intercatheter ☐ G-Tube ☐ otic				
		☐ intravenous ☐ inhaled ☐ intramuscular ☐ rectal ☐ vaginal ☐ oral ☐ subcutaneous ☐ topical ☐ paravertebral ☐ intradermal ☐ ophthalmic ☐ nasogastric ☐ percutaneous ☐ intercatheter ☐ G-Tube ☐ otic				
		☐ intravenous ☐ inhaled ☐ intramuscular ☐ rectal ☐ vaginal ☐ oral ☐ subcutaneous ☐ topical				

		paravertebral ☐ intradermal ☐ ophthalmic ☐ nasogastric ☐ percutaneous ☐ intercatheter ☐ G-Tube ☐ otic				

PRN Medications

Patient Identification Information

When picking a Medication name, type the first letters of either the generic name or the trade name, and choose the appropriate medication from the drop down list.

The generic name will be displayed when saved.

If the medication you need to add is not shown on the list please email support@tracktbi.freshdesk.com

Record medications for first five days in hospital and for all days that ICP monitor is in place.

Use one form per day.

Record all intravenous continuous medications and sliding scale insulin on Scheduled Meds form.

Date of Medications

Generic/Trade Name	Dose	Route	Date Time Given
		☐ intravenous ☐ inhaled ☐ intramuscular ☐ rectal ☐ vaginal ☐ oral ☐ subcutaneous ☐ topical ☐ paravertebral ☐ intradermal ☐ ophthalmic ☐ nasogastric ☐ percutaneous ☐ intercatheter ☐ G-Tube ☐ otic	
		☐ intravenous ☐ inhaled ☐ intramuscular ☐ rectal ☐ vaginal ☐ oral ☐ subcutaneous ☐ topical ☐ paravertebral ☐ intradermal ☐ ophthalmic ☐ nasogastric ☐ percutaneous ☐ intercatheter ☐ G-Tube ☐ otic	

		☐ intravenous ☐ inhaled ☐ intramuscular ☐ rectal ☐ vaginal ☐ oral ☐ subcutaneous ☐ topical ☐ paravertebral ☐ intradermal ☐ ophthalmic ☐ nasogastric ☐ percutaneous ☐ intercatheter ☐ G-Tube ☐ otic	
		☐ intravenous ☐ inhaled ☐ intramuscular ☐ rectal ☐ vaginal ☐ oral ☐ subcutaneous ☐ topical ☐ paravertebral ☐ intradermal ☐ ophthalmic ☐ nasogastric ☐ percutaneous ☐ intercatheter ☐ G-Tube ☐ otic	
		☐ intravenous ☐ inhaled ☐ intramuscular ☐ rectal ☐ vaginal ☐ oral ☐ subcutaneous ☐ topical ☐ paravertebral ☐ intradermal ☐ ophthalmic ☐ nasogastric ☐ percutaneous ☐ intercatheter ☐ G-Tube ☐ otic	

Hospital Labs

Patient Identification Information

Record all labs for first 5 days of hospitalization and all days for patients with ICP monitoring.

For patients with multiple labs at different times during the day, create a New Lab form for each collection.

Notes

Date & Time of Lab

Time Since Injury (Daily Labs)

- ☐ **Blood Chemistry Done**
- ☐ **Haematology Done**
- ☐ **ABGs Done**
- ☐ **Cultures Done**

☐ Click here to simultaneously check off "Not Done" for any blank Blood Chemistry values

BLOOD CHEMISTRY	Not done	Results	Units	Value calculated to SI Units	
Glucose	☐		mg/dL		mmol/L
Urea	☐		mg/dL		mmol/L
Creatinine	☐		mg/dL		µmol/L
Amylase	☐		U/L or IU/L		
ASAT/SGOT	☐		U/L or IU/L		
ALAT/SGPT	☐		U/L or IU/L		
LDH	☐		U/L		
Alkaline Phosphatase	☐		U/L or IU/L		
Total Bilirubin	☐		mg/dL		µmol/L
Sodium	☐		mmol/L or mEq/L		
Potassium	☐		mmol/L or mEq/L		
Magnesium	☐		mg/dL		mmol/L
Calcium	☐		mg/dL		mmol/L
Lactate	☐		mg/dL		mmol/L
Other					(Enter name and unit of other lab)

☐ Click here to simultaneously check off "Not Done" for any blank Haematology values

HAEMATOLOGY	Not done	Results	Units	Value calculated to SI Units	
Hemoglobin	☐		g/dL		mmol/L
Hematocrit	☐		%		
White blood cell	☐		$X10^9$/L or $X10^3$/µL		
White blood cell differential count:					
Neutrophils	☐		%		
Lymphocytes	☐		%		
Eosinophils	☐		%		
Others			%		
Platelet	☐		$X10^9$/L or $X10^3$/µL		
Prothrombine Time (PT)	☐		sec.		
INR	☐				
aPTT	☐		sec.		
Fibrinogen	☐		mg/dL		µmol/L
D-dimers	☐		µg/ml		
FDP	☐		µg/ml		

☐ Click here to simultaneously check off "Not Done" for any blank ABG values

ABGs	Not done	Results	Units	Value calculated to SI Units	
PaO_2	☐		mm Hg		kPa
$PaCO_2$	☐		mm Hg		kPa
pH	☐				
BE	☐		mmol/L or mEq/L		

BD	☐	mmol/L or mEq/L
HCO_3	☐	mmol/L or mEq/L

Cultures

Date & Time of Culture	Time Since Injury (Culture)	Source	Other Source	Growth	Organism
		☐ Blood ☐ Bronchial lavage ☐ Catheter tip ☐ CSF ☐ Gastric aspirate ☐ Nasal ☐ Sputum ☐ Stool ☐ Throat ☐ Urine ☐ Wound ☐ Other		○Yes ○No	
		☐ Blood ☐ Bronchial lavage ☐ Catheter tip ☐ CSF ☐ Gastric aspirate ☐ Nasal ☐ Sputum ☐ Stool ☐ Throat ☐ Urine ☐ Wound ☐ Other		○Yes ○No	
		☐ Blood ☐ Bronchial lavage ☐ Catheter tip ☐ CSF ☐ Gastric aspirate ☐ Nasal ☐ Sputum ☐ Stool ☐ Throat ☐ Urine ☐ Wound ☐ Other		○Yes ○No	
		☐ Blood ☐ Bronchial lavage ☐ Catheter tip ☐ CSF ☐ Gastric aspirate ☐ Nasal ☐ Sputum ☐ Stool ☐ Throat ☐ Urine ☐ Wound ☐ Other		○Yes ○No	
		☐ Blood ☐ Bronchial lavage ☐ Catheter tip ☐ CSF ☐ Gastric aspirate ☐ Nasal ☐ Sputum ☐ Stool ☐ Throat ☐ Urine ☐ Wound ☐ Other		○Yes ○No	
		☐ Blood ☐ Bronchial lavage ☐ Catheter tip ☐ CSF ☐ Gastric aspirate ☐ Nasal ☐ Sputum		○Yes ○No	

- [ ] Stool
- [ ] Throat
- [ ] Urine
- [ ] Wound
- [ ] Other

Daily Vitals

Patient Identification Information

Record all vitals for first 5 days of hospitalization and all days for patients with ICP monitoring.

Daily Vitals Date
This needs to be entered and saved for the record to save.

Notes

Vitals Date Time	SBP	DBP	HR	RR	Temp °C	SpO_2

GCS & Pupils

GCS Date Time	Eyes	Motor	Verbal	Score	L Pupil	L Pupil Untest/Unk	L Pupil Shape	L Pupil React	R Pupil	R Pupil Untest/U

20

					size (mm)				size (mm)	
	1-No Response 2-To Pain 3-To Verbal Command 4-Spontaneously S-Untestable (Swollen)	1-No Response 2-Extension 3-Flexion Abnormal 4-Flexion Withdrawal 5-Localizes to Pain 6-Obeys Commands P-Untestable (Paralyzed)	1-No Response 2-Incomprehensible Sounds 3-Inappropriate Words 4-Disoriented & Converses 5-Oriented & Converses T-Untestable (Artificial Airway)		1 2 3 4 5 6 7 8 9 10	Untestable Unknown	Round Oval Unknown Irregular	Brisk Sluggish Nonreactive Untestable Unknown	1 2 3 4 5 6 7 8 9 10	Untestal Unknow
	1-No Response 2-To Pain 3-To Verbal Command 4-Spontaneously S-Untestable (Swollen)	1-No Response 2-Extension 3-Flexion Abnormal 4-Flexion Withdrawal 5-Localizes to Pain 6-Obeys Commands P-Untestable (Paralyzed)	1-No Response 2-Incomprehensible Sounds 3-Inappropriate Words 4-Disoriented & Converses 5-Oriented & Converses T-Untestable (Artificial Airway)		1 2 3 4 5 6 7 8 9 10	Untestable Unknown	Round Oval Unknown Irregular	Brisk Sluggish Nonreactive Untestable Unknown	1 2 3 4 5 6 7 8 9 10	Untestal Unknow
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	1-No Response 2-To Pain 3-To Verbal Command 4-Spontaneously S-Untestable (Swollen)	1-No Response 2-Extension 3-Flexion Abnormal 4-Flexion Withdrawal 5-Localizes to Pain 6-Obeys Commands P-Untestable (Paralyzed)	1-No Response 2-Incomprehensible Sounds 3-Inappropriate Words 4-Disoriented & Converses 5-Oriented & Converses T-Untestable (Artificial Airway)		1 2 3 4 5 6 7 8 9 10	Untestable Unknown	Round Oval Unknown Irregular	Brisk Sluggish Nonreactive Untestable Unknown	1 2 3 4 5 6 7 8 9 10	Untestal Unknow

Neuro Monitoring

Date Time	ICP mm Hg	PbrO2 mm Hg	CBF	SjVO2

AIS ISS

Patient Identification Information

AIS Source
- Trauma Registry
- Coded by Abstractor

Body Region	AIS	Injury Description	ISS
External Head and Neck Brain Injury Cervical Spine Face Thorax/Chest Thoracic Spine Abdomen/Pelvic Contents Lumbar Spine Upper Extremities Lower Extremities Pelvic Girdle	1 2 3 4 5 6		
External Head and Neck Brain Injury Cervical Spine Face Thorax/Chest Thoracic Spine Abdomen/Pelvic Contents Lumbar Spine Upper Extremities Lower Extremities Pelvic Girdle	1 2 3 4 5 6		
External Head and Neck Brain Injury Cervical Spine Face Thorax/Chest Thoracic Spine Abdomen/Pelvic Contents Lumbar Spine Upper Extremities Lower Extremities Pelvic Girdle	1 2 3 4 5 6		
External Head and Neck Brain Injury Cervical Spine	1 2 3 4		

☐ Face ☐ Thorax/Chest ☐ Thoracic Spine ☐ Abdomen/Pelvic Contents ☐ Lumbar Spine ☐ Upper Extremities ☐ Lower Extremities ☐ Pelvic Girdle	☐ 5 ☐ 6		
☐ External ☐ Head and Neck ☐ Brain Injury ☐ Cervical Spine ☐ Face ☐ Thorax/Chest ☐ Thoracic Spine ☐ Abdomen/Pelvic Contents ☐ Lumbar Spine ☐ Upper Extremities ☐ Lower Extremities ☐ Pelvic Girdle	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6		

Injury Summary

Body Region	AIS	Injury Description	ISS	To populate Injury Summary, use "Save" button in top right corner
Externa	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6			
Head and Neck	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6			
Brain Injury	☐ 1 ☐ 2			

	3		
	4		
	5		
	6		
Cervical Spine	1		
	2		
	3		
	4		
	5		
	6		
Face	1		
	2		
	3		
	4		
	5		
	6		
Thorax/Chest	1		
	2		
	3		
	4		
	5		
	6		
Thoracic Spine	1		
	2		
	3		
	4		
	5		
	6		
Abdomen/Pelvic Contents	1		

2
3
4
5
6

Lumbar Spine
1
2
3
4
5
6

Extremities
Upper Extremities
1
2
3
4
5
6

Lower Extremities
1
2
3
4
5
6

Pelvic Girdle
1
2
3
4
5

26

6

Total ISS

Therapy Intensity Level (ICP patients only)

Patient Identification Information

TIL Date & Time

Time Since Injury (TIL)

Day 1 starts when the ICP monitor is inserted.

Record values of Daily TIL every 24 hour period from time of placement to removal.

Instruction for Fluids: Calculation does not have to be tied exactly to the timing of TIL and can use hospital schedule of reporting. Thus for the first day the fluids may only reflect a partial day.

Position (check one if applicable)
- ☐ Head elevation for ICP control
- ☐ Nursed flat (180°) for CPP management

Sedation/metabolic suppression and neuromuscular blockade (check all that apply)
- ☐ Sedation (low dose as required for mechanical ventilation)
- ☐ Higher dose sedation for ICP control (not aiming for burst suppression)
- ☐ Metabolic suppression for ICP control with high dose barbiturates or propofol
- ☐ Neuromuscular blockade (paralysis)

CSF Drainage (check one if applicable)
- ☐ <120 ml/day (<5 ml/hour)
- ☐ ≥120 ml (≥5 ml/hour)

Fluid loading and vasopressor therapy (check all that apply)
- ☐ Fluid loading for maintenance of cerebral perfusion
- ☐ Vasopressor therapy required for management of cerebral perfusion

Hyperventilation (check one if applicable)
- ☐ Moderate hypocapnia for ICP control [PaCO2 ≥4 kPa (30 mmHg)]
- ☐ Intensive hypocapnia for ICP control [PaCO2 <4 kPa (30 mmHg)]

Hyperosmolar Therapy (check all that apply)
- ☐ Hyperosmolar therapy with mannitol up to 100 g/day
- ☐ Hyperosmolar therapy with hypertonic saline up to 40 g/day
- ☐ Hyperosmolar therapy with mannitol >100 g/day
- ☐ Hyperosmolar therapy with hypertonic saline >40 g/day

Treatment of fever and hypothermia (check one if applicable)
- ☐ Treatment of fever (temp >38C) or spontaneous temp below 34.5C
- ☐ Mild hypothermia for ICP control with a lower limit of 35C
- ☐ Hypothermia below 35C

Surgery for refractory ICP (decompression/ lobectomy)
(check all that apply and the decompressive craniectomy should be checked for all days after the surgery is done)
- ☐ Intracranial operation for progressive mass lesion, not scheduled on admission
- ☐ Decompressive craniectomy

Fluids
- Fluid in ml
- Blood and derivates ml
- Fluid out ml

TIL Notes

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Death Information

Patient Identification Information

To be completed for deaths during the 12 month follow-up period (will auto-populate for in-hospital deaths).

Date and time of death

Time Since Injury

Death Date Time Reliability
- ☐ Verified
- ☐ Estimated
- ☐ Unknown

Place Of Death
- ☐ ED
- ☐ Observation Unit
- ☐ Ward
- ☐ ICU
- ☐ OR
- ☐ Post Discharge - Other Hospital
- ☐ Post Discharge - Home
- ☐ Post Discharge - Rehab
- ☐ Post Discharge - Nursing Facility
- ☐ Unknown

Principal cause of death
- ○ Head injury/initial injury
- ○ Head injury/secondary intracranial damage
- ○ Systemic trauma
- ○ Medical complications
- ○ Unknown
- ○ Other

Death Cause Reliability
- ☐ Verified
- ☐ Estimated
- ☐ Unknown

Other cause of death

Is this subject a brain donor?
○ Yes, brain obtained ○ Yes, unable to obtain brain ○ No

Brain Donation Date

CT MRI

Patient Identification Information

Imaging Type
- CT
- MRI

Date & Time Imaging

Time Since Injury

Copy Text of CT/MRI report

Skull Fracture (does not count as CT+)	Absent Present Suspected Indeterminate	Extraaxial Hematoma (EDH, SDH, SAH)	Absent Present Suspected Indeterminate
Facial Fracture (does not count as CT+)	Absent Present Suspected Indeterminate	Intraaxial Pathology	Absent Present Suspected Indeterminate
CT Intracranial Lesion	Absent Present Suspected Indeterminate	Vascular Dissection	Absent Present Suspected Indeterminate
		Brain swelling	Absent Present Suspected Indeterminate
		Brain Herniation	Absent Present Suspected Indeterminate