

STAGE 2 (TO BE RETURNED* WITHIN 2 WEEKS FROM DISCHARGE FROM ICU)

PATIENT DETAILS

WEEK

Participant Initials:

Date of Birth:

 / /

Subject ID:

 -

Date of admission to ICU	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Head elevation for ICP control										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nursed flat (180°) for CPP management										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sedation (low dose as required for mechanical ventilation)										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Higher dose sedation for ICP control (not aiming for burst suppression)										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Metabolic suppression for ICP control with high dose barbiturates or propofol										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Neuromuscular blockade (paralysis)										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CSF drainage <120 ml/day (< 5 ml/hour)										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CSF drainage ≥120 ml/day (≤ 5 ml/hour)										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fluid loading for maintenance of cerebral perfusion										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vasopressor therapy required for management of cerebral perfusion										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mild hypocapnia for ICP control [PaCO ₂ 4.6-5.3 kPa (35-40 mmHg)]										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Moderate hypocapnia for ICP control [PaCO ₂ ≥4 kPa (30 mmHg)]										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intensive hypocapnia for ICP control [PaCO ₂ < 4 kPa (30 mmHg)]										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hyperosmolar therapy with mannitol up to 2g/kg/24 hours										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hyperosmolar therapy with hypertonic saline > 0.3g/kg/24 hours										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hyperosmolar therapy with mannitol > 2g/kg/24 hours										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hyperosmolar therapy with hypertonic saline up to 0.3g/kg/24 hours										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Treatment of fever (temp. >38 °C) or spontaneous temp. of 34.5 °C										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mild hypothermia for ICP control with a lower limit of 35 °C										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hypothermia below 35 °C										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intracranial operation for progressive mass lesion, not scheduled on admission										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Decompressive Craniectomy—Ipsilateral to index surgery										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Decompressive Craniectomy—Contra lateral to index surgery										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

STAGE 2 (TO BE RETURNED* WITHIN 2 WEEKS FROM DISCHARGE FROM ICU)

PATIENT DETAILS

WEEK

2

Participant Initials:

Date of Birth:

 / /

Subject ID:

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Date of admission to ICU	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Day <u>8</u>	Day <u> </u>	Day <u> </u>	Day <u> </u>	Day <u> </u>	Day <u> </u>	Day <u>14</u>
Head elevation for ICP control		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nursed flat (180°) for CPP management		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CSF drainage ≥120 ml/day (≤ 5 ml/hour)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fluid loading for maintenance of cerebral perfusion		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vasopressor therapy required for management of cerebral perfusion		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mild hypocapnia for ICP control [PaCO ₂ 4.6-5.3 kPa (35-40 mmHg)]		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Moderate hypocapnia for ICP control [PaCO ₂ ≥4 kPa (30 mmHg)]		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intensive hypocapnia for ICP control [PaCO ₂ < 4 kPa (30 mmHg)]		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hyperosmolar therapy with mannitol up to 2g/kg/24 hours		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hyperosmolar therapy with hypertonic saline > 0.3g/kg/24 hours		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hyperosmolar therapy with mannitol > 2g/kg/24 hours		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hyperosmolar therapy with hypertonic saline up to 0.3/kg/24 hours		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Treatment of fever (temp. >38 °C) or spontaneous temp. of 34.5 °C		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Intracranial operation for progressive mass lesion, not scheduled on admission		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Decompressive Craniectomy—Unilateral to index surgery		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Decompressive Craniectomy—Contralateral to index surgery		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

RESCUE ASD

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[illegible]

Participant Initials:

Date of Birth:

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M

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Y

Y

Subject ID:

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Evaluation Date:

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M

M

/

Y

Y

EXPECTED DISEASE RELATED AND SYSTEMIC ADVERSE EVENTS								
	Occurrence [‡]	Date of onset	Date of resolution	Outcome*	Related**	Severity***	Serious [®]	OCCURANCE [‡]
PULMONARY								
Pneumonia	1	DD/MMM/YYYY	1	1	1	1	1	1= OCCURED
Pneumothorax								2 = UNKNOWN
Atelectasis								If left empty, assumed that the event did not happen.
Aspiration								
Pleural effusion/empyema								
Ventilator-related complications								
Adult respiratory distress syndrome								
Respiratory failure								OUTCOME*
Need for prolonged mechanical or positive pressure airway ventilation								
CARDIAC								
Myocardial infraction								
Arrhythmia								
Heart failure								3=ONGOING
Angina								4=DEATH
Pericardial effusion								RELATED**
Pericarditis								
RENAL								
Urinary tract infection								
Renal failure maybe requiring full renal support								
Renal dysfunction								2=UNLIKELY
Urinary retention								3=POSSIBLY
Haematuria								4=PROBABLY
THROMBOTIC								5=ALMOST
Deep vein thrombosis								SEVERITY***
Pulmonary embolism								
Mesenteric thrombosis								
Other thromboses (e.g. limbs)								
HEPATOBIILIARY								
Pancreatitis								2=MODERATE
Liver failure								3=SEVERE
Hepatitis								SERIOUSNESS [®]
BOWEL								
Infective diarrhea or colitis (e.g. Clostridium difficile)								
Diarrhoea of other causes								
Bowel ischaemia								
Ileus								3=REQUIRES HOSPITALIZATION OR PROLONGATION OF EXISITING HOSPITALIZATION
WOUND OTHER THAN CRANI-OTOMY OR CRANIECTOMY								4= RESULTS IN PERSISTANT OR SIGNIFICANT DISABILITY OR INCAP-CITY
Infection								
Dehiscence								
OTHER MISCELLANOUS GENERAL COMPLICATIONS								
Decubitus ulcer								
Other infections (e.g. MRSA)								5= IS OTHERWISE CONSIDERED MEDICALLY SIG-NIFICANT BY THE INVESTIGATOR
Anaesthetic related complication								
Anaemia, coagulopathy								
Pyrexia								
Septicaemia								

*Return forms to the RESCUE_ASDH Data Manager by either email (**CRF@RESCUEASDH.ORG**) or fax (+44 1223 596471)

Evaluation Date:

D	D	/	M	M	M	/	Y	Y
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PROCEDURE RELATED ADVERSE EVENTS	
1	1.1
2	2.1
3	3.1
4	4.1
5	5.1
6	6.1
7	7.1
8	8.1
9	9.1
10	10.1
11	11.1
12	12.1
13	13.1
14	14.1
15	15.1
16	16.1
17	17.1
18	18.1
19	19.1
20	20.1
21	21.1
22	22.1
23	23.1
24	24.1
25	25.1
26	26.1
27	27.1
28	28.1
29	29.1
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84	84.1
85	85.1
86	86.1
87	87.1
88	88.1
89	89.1
90	90.1
91	91.1
92	92.1
93	93.1
94	94.1
95	95.1
96	96.1
97	97.1
98	98.1
99	99.1
100	100.1

Version 1.0 September 2014



GLASGOW COMA SCALE (GCS) & DISCHARGE DETAILS

PATIENT DETAILS

Participant Initials:

Date of Birth:

D

D

/

M

M

M

/

Y

Y

Subject ID:

-

Evaluation Date:

D

D

/

M

M

M

/

Y

Y

GLASGOW COMA SCALE (GCS) AT DISCHARGE FROM ICU

EYE OPENING

E1 None

E2 To Pain

E3 To Speech

E4Spontaneously

Untestable →

Closed to swelling

Other

Unknown

MOTOR

M1 None

M2 Abnormal extension

M3 Abnormal flexion

M4 Flexion withdrawal

M5 Localized pain

M6 Obeys Command

Untestable →

Deep sedation /paralysis

Other

Unknown

VERBAL

V1None

V2 Incomprehensible sound

V3 Inappropriate words

V4 Confused

V5 Oriented

Untestable →

Tracheotomy /Endotrach tube

Other

Unknown

PUPILS

LEFT EYE

Reactivity

- NEGATIVE

+ POSITIVE

UNTESTABLE

UNKNOWN

SIZE (1– 9 mm)

RIGHT EYE

Reactivity

- NEGATIVE

+ POSITIVE

UNTESTABLE

UNKNOWN

SIZE (1– 9 mm)

DISCHARGE DETAILS

Has the consent been taken

Yes

No

If yes, who gave the consent

Patient

Next of Kin/family

Date of consent

D

D

/

M

M

M

/

Y

Y

If Consent has been taken, please fill Consultee Agreement form if next of kin or family have consented. If Patient has consented, please fill the patient consent form

DISCHARGE DESTINATION FROM ICU

(Select any one)

NSU

Unknown

Died, please fill details below

Different Hospital

Other, please specify

If Participant died, What is the principle Cause ?

(Tick as applicable)

Head Injury/ Initial Injury

Systemic Trauma

Head Injury/ Secondary Intracranial damage

Medical Complications

Unknown

Other, please specify

Completed by

D

D

/

M

M

M

/

Y

Y

Return forms to the RESCUE ASDH Data Manager by either email (CRF@RESCUEASDH.ORG) or fax (+44 1223 596471)
Cambridge Clinical Trials Unit, Cambridge University Hospitals NHS Foundation Trust, Addenbrookes Hospital, Clinical School Level 3 - Box 111, Hills Road Cambridge CB2 0QQ

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