STAGE 1 (TO BE RETURNED* WITHIN 3 DAYS OF ENROLMENT) RESCUE AS RES RESCUE AS RESCUE AS RESCUE AS RESCUE AS RESCUE AS RESCUE													
PATIENT DETAILS													
Participant Initials: Date	e of Birth:	/ M	M M	Y	/	Subject	t ID:						
ELIGIBILITY REVIEW				ENROLMENT									
INCLUSION CRITERIA				Please use this link to access TENLEA: https://rescueasdh.org									
To be included in the trial, the following must all be answered YES				Was the patient randomised ?									
1. Patients > 16 years	Yes	No				Yes		ı		No			
2. Acute subdural haematoma on CT	 ,] 163						→	
3. The admitting neurosurgeon feels that the acute		No No	RANDOMISED PARTICIPANTS				OBSERVATIONAL COHORT						
subdural haematoma needs to be evacuated either by craniotomy or decompressive craniectomy (bone flap > 11 cm) *			Subject ID allotted as (use Randomisation system output)				If not randomised, Subject ID allotted as (use generated Subject ID)						
*Patients with additional lesions (such as intrace Haemorrhage/contusions) may be included	erebral		·	1	1 I			 	T I	1			
EXCLUSION CR	ITERIA		R -					0	-				
To be included in the trial, the following must all be answered			Treatment allocated and received (Select only one)			Treatment given							
 Bilateral unresponsive dilated pupils of ≥5mr brainstem injuries on CT 	m and/or Yes	No No	1.Craniotomy and received Craniotomy 2. Decompressive Craniectomy and received Decompressive Craniectomy 3. Craniotomy and received			1.Craniotomy 2.Decompressive Craniectomy-unilateral 3.Decompressive Craniectomy-bilateral 4. Other, please specify							
2. Uncorrected coagulopathy	Yes	No No											
Bilateral acute subdural haematomas both re evacuation	equiring Yes	No											
4. Previous enrolment in RESCUE-ASDH study	Yes	No	Decompressive Craniectomy				4. Other, piedse speeliy						
5. Severe pre-existing physical or mental disability or severe co-morbidity which would lead to a poor out No			4. Decompressive Craniectomy and received Craniotomy				Diago sive reason why not suitable for						
come even if the patient made a full recovery from the head injury			If option 3 or 4, please give reasons				Please give reason why not suitable for randomisation						
Is the participant eligible?	Yes	No	Intra	perative	brain sw	elling			Intraoper	ative b	rain swe	lling	
Name and title of Operating Surgeon		-		relaxed					Brain rela	axed			
Date of eligibility review	D D / M M M /	YY	Other	please s	pecify				Other, pl	ease sp	ecify		
PI to verify eligibility and sign within 3 working days randomisation of the participant into the trial	of		Nam	e of the s	urgeon/p	person er	nrolling]	
Date signed by PI		Y	Date	of enroln	nent			D	D / M	М	/ Y Y]	

STAGE 1 (TO BE RETURNED* WITHIN 3 DAYS OF ENROLMENT) RESCUE RESCUE								
PATIENT DETAILS AS DETAILS								
Participant Initials:	Date of Birth: D / M	M M / Y Y	Subject ID:					
	EARLY INJURY EVENT DETAILS	SURGERY DETAILS						
Injury Date	D D / M M M / Y Y	Date of Surgery	DD / M M M / Y Y D Tick here if Surgery ended next day					
Injury Time (approx) (please use 24 hr clock)		Time Surgery started (Knife to skin time) (please use 24 hr clock)	Time Surgery finished (Knife to skin time) (please use 24 hr clock)					
Patient referred from Other centre?	YES NO	Size of bone flap (approx)	Location of Left Right ASDH					
Admitting Hospital name and address (Please specify name of hospital , city and post- code)		ASDH volume	☐ 0-5 cc ☐ 5-10 cc ☐ 10-15 cc ☐ 15-20 cc ☐ >20 cc					
		Other haematomas evacuated	☐ Intracerebral ☐ Extracerebral ☐ Contusions ☐ Other					
Hospital Admission Date and Time		1 100111111	rse Question mark Drain used ? Subdural Subgaleal aped Other					
(Please use 24 hr clock		Peri-operative complications	☐ Expansions of mass lesion ☐ Development of new mass lesions ☐ Stroke ☐ Vascular Injury ☐ Other ☐					
CONSENT Next of kin/family/ YES NO		Was intracranial monitoring device	☐ No ☐ Yes, Parenchymal ☐ Yes, Subdural/subarachnoid					
Friend available at the time of admission		inserted	Yes, EVD Yes, Epidural Other					
Was an initial consent taken ?	YES NO	Location of the Monitoring device	☐ Ipislateral ☐ Contralateral					
Date of initial consent	D D / M M M / Y Y	Dura Closure	☐ Open ☐ Closed ☐ Duraplasty ☐ Other					
Type of consent form filled (Please select from the following options provided)	☐ IPH enrolment form ☐ Consultee agreement form ☐ Patient Consent form	Skin Closure	Sutured Stapled					
		Bone flap storage	☐ Stored in patient's body ☐ Stored outside patient's body ☐ Sent for implant modelling ☐ Disposed ☐ Other ☐					
Completed by			YY					

STAGE 1 (TO BE RETURNED* WITH	IN 3 DAYS OF	ENROLMENT	RESCUE AS DE				
PATIEN	IT DETAILS						
Participant Initials: Date of Birth: D /	M M M / Y Y	Subject ID:	-				
CT SCAN	GLASGOW COMA SCALE (GCS)						
Date of first CT scan used for diagnosing ASDH	B	EST GCS BEFORE SEDA	TION OR INTUBATION				
Time of CT Scan (approx)	EYE OPENING	MOTOR	VERBAL				
CT SCAN RESULTS	E1 None	☐ M1 None	V1None				
Midline Shift \square No $\square \le 5.0 \text{ mm}$ $\square 5.1-10.0 \text{ mm}$ $\square \ge 10 \text{ mm}$	E2 To Pain E3 To Speech E4 Spontaneously	M2 Abnormal exten M3 Abnormal flexio M4 Flexion withdray	n V3 Inappropriate words				
Obliteration of the third Ventri- cle or basal cisterns (Select only one)	Untestable Closed to swelling	M5 Localized pain M6 Obeys Comman	☐ V5 Oriented				
High or mixed density parenchymal	Other	Untestable Deep sedation/p	Tracheotomy/Endotrach tube Other Daralysis Unknown				
Interventricular blood		Other					
Traumatic SAH		Unkīnown					
Extradural haematoma \square Absent $\square \le 25 \text{ cc}$ $\square > 25 \text{ cc}$ (tick any one)	LEFT EYE Reactivity	PUPILS - NEGATIVE UNTES	TABLE SIZE				
Subdural haematoma (tick any one) Absent $\subseteq 25 \text{ cc} = 25 \text{ cc}$	RIGHT EYE Reactivity	+ POSITIVE UNKNO	TABLE SIZE				
Intracerebral Haematoma (tick appropriate (Absent		+ POSITIVE UNKNO					
(tick any one) Posterior fossa	Discharge destination after operatio (Select any one)	ICU NSU/Ward	Unknown Died, please fill Different details below. Hospital				
Depressed Skull No Yes Practure	If Participant died, what is the principle cause ? (Tick as applicable)	Head Injury/ Initial Inju Medical Complications Other	Systemic Trauma Unknown Head Injury/ Secondary Intracranial damage				
Completed by	D D / M M M	/ Y Y					
Return forms to the RESCUE_ASDH Data Manager by email (CRF@RESCUEASDH.ORG	PAGE 3	of 3	Version 1.0 September 2014				