

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

PATIENT DETAILS

WEEK

Participant Initials:

Date of Birth:

/

/

Subject ID:

(Please Circle the correct answer)

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

RESCUE ASD

[illegible][illegible]



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

E4 Spontaneously

E3 To Speech

E2 To Pain

E1 None

Untestable

Closed to swelling

Other

Unknown

MOTOR

M6 Obeys Command

M5 Localized pain

M4 Flexion withdrawal

M3 Abnormal flexion

M2 Abnormal extension

M1 None

Untestable

Deep sedation /paralysis

Other

Unknown

VERBAL

V5 Oriented

V4 Confused

V3 Inappropriate words

V2 Incomprehensible sound

V1None

Untestable

Tracheotomy /Endotrach tube

Other

Unknown

PUPILS REACTIVITY

LEFT EYE

- NEGATIVE

+ POSITIVE

UNTESTABLE

UNKNOWN

SIZE (1– 9 mm)

RIGHT EYE

- NEGATIVE

+ POSITIVE

UNTESTABLE

UNKNOWN

SIZE (1– 9 mm)

(SERIOUS) ADVERSE EVENTS

ANY AE/SAE during hospital stay should be filled in the AE/SAE Form in Baseline CRF pack

DISCHARGE FROM ICU DETAILS

Has the informed 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

Died, please give the Principal cause

NSU

Different Hospital

Unknown

Nursing Home

Other, please specify

Head Injury/ Initial Injury

Head Injury/ Secondary Intracranial damage

Systemic Trauma

Medical Complications

Unknown

Other, please specify

Date of discharge

D

D

/

M

M

M

/

Y

Y

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)

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