Institution

MRN

Initials

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Demographics** |  |  |
| Age (yrs) |  |  |
| Female (0/1) |  |  |
| Race (0/1) |  |  |
| Hispanic |  |  |
| Non-hispanic |  |  |
| AA |  |  |
| Asian |  |  |
|  |  |  |
| Co-morbidities (0/1) |  |  |
|  Hypertension  |  |  |
|  Coronary artery disease |  |  |
|  History of cardiac surgery |  |  |
|  Non-insulin dependent  diabetes |  |  |
|  Chronic alcohol abuse |  |  |
|  Congestive heart failure |  |  |
|  CVA/stroke |  |  |
|  Chronic drug abuse |  |  |
|  Insulin dependent  diabetes |  |  |
|  Transplant history |  |  |
|  Psychiatric disorder |  |  |
|  Myocardial infarction |  |  |
|  Renal insufficiency (not on  dialysis) |  |  |
|  Renal failure (on dialysis) |  |  |
|  Asthma |  |  |
|  Rheumatoid arthritis |  |  |
|  Parkinson’s disease |  |  |
|  Cirrhosis |  |  |
|  Seizures |  |  |
|  COPD/Ephysema |  |  |
|  |  |  |
| **Mechanism (0/1)** |  |  |
| Blunt |  |  |
| Fall  |  |  |
| Found down |  |  |
| MVA |  |  |
| MCA |  |  |
| Auto vs. Peds |  |  |
| Assault |  |  |
| Other  |  |  |
|  |  |  |
| Penetrating |  |  |
| Stab wound |  |  |
| GSW |  |  |
| Other |  |  |
|  |  |  |
| **Injuries** |  |  |
| ISS |  |  |
| AIS |  |  |
|  Head |  |  |
|  Chest |  |  |
|  Abdomen |  |  |
|  Ext |  |  |
| Head injury |  |  |
|  Epidural hemorrhage |  |  |
|  Subdural hemorrhage |  |  |
|  Subarachnoid  hemorrhage |  |  |
|  Intraparenchymal  hemorrhage |  |  |
| Spinal injury |  |  |
| Fracture cervical |  |  |
| Fracture thoracic |  |  |
| Fracture lumbar |  |  |
| Fracture cervical with cord injury |  |  |
| Fracture thoracic with cord injury |  |  |
| Fracture lumbar with cord injury |  |  |
| Fracture other without cord injury (ICD-9) code |  |  |
| Fracture other with cord injury (ICD-9) code |  |  |
| Injuries Other (ICD-9) |  |  |
|  |  |  |
| **Physiology on admit** |  |  |
| SBP on admit (mm Hg) |  |  |
| SBP <90 (0/1) |  |  |
| GCS (score) |  |  |
| GCS <9 (0/1) |  |  |
| Base deficit (mmol/L) |  |  |
| Hgb (g/dL) |  |  |
| Alcohol screen done (0/1) |  |  |
| Blood alcohol level (mg/dL) |  |  |
| Urine toxicology done (0/1) |  |  |
| Utox Negative |  |  |
| Utox +cannabis |  |  |
| Utox +cocaine |  |  |
| Utox +PCP |  |  |
| Utox +benzodiazapines |  |  |
| Utox +barbiturates |  |  |
| Utox +narcotics/opiates |  |  |
| Utox +amphetamines |  |  |
| Utox +methamphetamines |  |  |
| Utox +other |  |  |
|  |  |  |
| **Outcomes** |  |  |
| Mechanical ventilation (0/1) |  |  |
| Days ventilated (days) |  |  |
| ICU-LOS (days) |  |  |
| H-LOS (days) |  |  |
|  |  |  |
| Died (0/1) |  |  |
| <24hrs (0/1) |  |  |
| >24hrs (0/1) |  |  |
| HD of death (day) |  |  |
| Disposition  |  |  |
| Left AMA |  |  |
| Jail |  |  |
| Psychiatric facility |  |  |
| Home |  |  |
| Rehab facility |  |  |
| Skilled nursing facility |  |  |
| Extended care facility |  |  |
| Other acute care  facility |  |  |
|  |  |  |
| **Complications** (0/1) |  |  |
| Progression of brain injury |  |  |
| Progression of neurological deficit  |  |  |
| Unplanned return to OR |  |  |
| PE |  |  |
| DVT |  |  |
| GIB |  |  |
| Myocardial infarction |  |  |
| CHF |  |  |
| AKI |  |  |
| ALI |  |  |
| ARDS |  |  |
| Pneumonia  |  |  |
| UTI |  |  |
| Bacteremia |  |  |
| Cellulitis |  |  |
| SSI |  |  |
| CSF infection |  |  |
|  |  |  |
| **Medications** |  |  |
| Dabigatran (0/1) |  |  |
| Rivaroxaban (0/1) |  |  |
| Apixaban (0/1) |  |  |
| Edoxaban (0/1) |  |  |
| Other (agent) |  |  |
|  |  |  |
| **Labs on admit** |  |  |
| aPTT (sec) |  |  |
| PT (sec) |  |  |
| INR |  |  |
| TEG  |  |  |
|  |  |  |
| Timing to normalization of coagulation parameters |  |  |
|  PT/INR normal on admit |  |  |
|  aPTT normal on admit |  |  |
|  Platelets normal on admit  |  |  |
|  TEG normal on admit |  |  |
|   |  |  |
|  Time to normal PT/INR (hrs) |  |  |
|  Time to normal aPTT (hrs) |  |  |
|  Time to normal platelets (hrs) |  |  |
|  Time to normal TEG (hrs) |  |  |
|  |  |  |
| **Interventions** |  |  |
| ICP monitor |  |  |
|  Bolt/Camino |  |  |
|  Date placed (Hosp day) |  |  |
|  Ventriculostomy |  |  |
|  Date placed (hosp day) |  |  |
| Angiography (0/1) |  |  |
|  Diagnostic  |  |  |
|  Embolization  |  |  |
|  Stent  |  |  |
| Craniotomy  |  |  |
| Craniectomy  |  |  |
| Thoracotomy  |  |  |
| Sternotomy  |  |  |
| Laparotomy  |  |  |
| Surgery Other |  |  |
|  |  |  |
| Timing to intervention (hrs) |  |  |
|  Time to ICP placement |  |  |
|  Time to craniotomy |  |  |
|  Time to craniectomy |  |  |
|  Time to thoracotomy |  |  |
|  Time to sternotomy |  |  |
|  Time to laparotomy |  |  |
|  Time to surgery other |  |  |
|  |  |  |
| Hold anticoagulant (0/1) |  |  |
| Reverse anticoagulant (0/1) |  |  |
| Drug specific agent (0/1) |  |  |
| Drug used |  |  |
| Hemodialysis for reversal |  |  |
| Hospital date agent resumed (day) |  |  |
|  |  |  |
| **Transfusion** |  |  |
| PRBC (units first 24hrs) |  |  |
| PRBC (units total) |  |  |
| FFP (units first 24hrs) |  |  |
| FFP (units total) |  |  |
| Platelets (units first 24hrs) |  |  |
| Platelets (units total) |  |  |
| Cryoprecipitate (first 24hrs) |  |  |
| Cryoprecipitate (units total) |  |  |
| Factor VIIa (dose first 24hrs) |  |  |
| Factor VIIa (dose total) |  |  |
| Prothrombin complex (units first 24hrs) |  |  |
| Prothrombin complex (units total) |  |  |
| Protamine (dose first 24hrs) |  |  |
| Protamine (dose total) |  |  |
| Tranexamic acid (dose first 24hrs) |  |  |
| Tranexamic acid (dose total) |  |  |
| DDAVP (dose first 24hrs) |  |  |
| DDAVP (dose total) |  |  |
| Vitamin K (mg first 24hrs) |  |  |
| Vitamin K (mg total) |  |  |
|  |  |  |
| **Complications**  |  |  |
| Bleeding requiring intervention (0/1) |  |  |
| Re-bleeding (0/1) |  |  |
| Transfusion reaction |  |  |
|  Fever |  |  |
|  Rash  |  |  |
|  TRALI |  |  |
|  TACO |  |  |
|  Anaphylaxis |  |  |
|  Hemolysis |  |  |
|  |  |  |
| **VTE prophylaxis** |  |  |
| Mechanical (0/1) |  |  |
| Date mechanical (Hospital day) |  |  |
| Pharmacologic (0/1) |  |  |
| Heparin subcutaneous |  |  |
| Lovenox  |  |  |
| Fragmin  |  |  |
| Heparin infusion |  |  |
| Date pharmacological (Hospital day) |  |  |

**Definitions**

Progression of brain injury: increase in size or severity of intracranial hemorrhage on imaging, or new intracranial hemorrhage on repeat imaging

Progression of original neurological insult: deterioration or additional loss of function from that noted upon arrival in ED or trauma bay

Unplanned return to OR: unexpected and/or unplanned return to the OR for same or similar procedure

PE: embolus to the lungs documented by arteriography, nuclear scan or autopsy

DVT: venous thrombosis involving the deep venous system confirmed by autopsy, venogram, duplex scan or non-invasive vascular evaluation

GIB: secondary hemorrhage from the GI tract causing decrease in hematocrit >5% or requiring blood transfusion

MI: acute irreversible myocardial injury and necrosis documented by increased troponin and serial T wave, ST segment or Q wave ECG changes or a diagnostic radionuclide scan

CHF: syndrome of shortness of breath, fluid retention and fatigue associated with elevated cardiac filling pressures and inadequate peripheral oxygen delivery caused by cardiac dysfunction

AKI: acute kidney injury as evidenced by creatinine ≥3.5 mg/dL or BUN ≥100 mg/dL

ALI/ARDS = acute onset of hypoxemia with:

 Bilateral pulmonary infiltrates on chest x-ray

 Pulmonary capillary wedge pressure <18mmHg(2.4kPa)

 PaO2/FiO2 <300mmHg (40kPA)=ALI

 PaO2/FiO2<200mmHg (40kPA)=ARDS

Pneumonia: presence of fever, leukocytosis, gram stain of sputum with predominant organism and white blood cells, chest x-ray with infiltrate and culture demonstrating a pathogen

UTI: ≥50,000 colonies in a clean urine culture and/or presumptive diagnosis that leads to treatment with antibiotics

Bacteremia: any positive blood culture excluding isolates that are felt to be contaminants

Cellulitis: skin/soft tissue infection as evidenced by drainage of purulent material from a wound or active treatment of the wound including opening a closed wound, or administering antibiotics for the wound (excluding prophylactic antibiotics)

SSI: surgical site infection involving drainage of purulent material from wound requiring opening of a closed wound, or antibiotic therapy (excluding prophylactic antibiotics)

CSF infection: positive culture of cerebrospinal fluid, positive culture of CSF, or >50% polymorphonuclear cells on cell count or minimum 50 cells counted or CSF sugar <15% or evidence of meningitis or encephalitis on MRI

Transfusion reactions

1. Fever = temperature ≥101.5F or 38.5C temporally related to blood transfusion

2. Rash = maculopapular skin lesions or hives temporally related to blood transfusion

3. TRALI = Meets criteria previously stated for ALI/ARDS with hypotension and fever that occurs within 6 hours of blood transfusion and has no other reasonable explanation of pulmonary symptoms. Usually resolves quickly

4. TACO = dyspnea, orthopnea, peripheral edema, rapid increase in blood pressure temporally related to blood transfusion