

Confidential

Page 1

Variable list

Patient ID _____

Hospital Danderyds Sjukhus
 Karolinska Universitetssjukhuset Solna
 Karolinska Universitetssjukhuset Huddinge
 Norrtälje Sjukhus
 S:t Görans Sjukhus
 Södertälje Sjukhus
 Södersjukhuset
(Hospital where the emergency department was located)

1 Sex Male Female

2 Age _____
(Years)

3 Date of trauma _____
(YYYY-MM-DD (if unknown, leave blank))

Time of trauma _____
(HH:MM (if unknown, leave blank))

4 Emergency department admission date _____
(YYYY-MM-DD (if unknown, leave blank))

Emergency department admission time _____
(HH:MM (if unknown, leave blank))

5 Time from injury to emergency department admission 0-3 hours
 3-6 hours
 6-12 hours
 12-24 hours
 Unknow

6 Doctor assessment date _____
(YYYY-MM-DD (if unknown, leave blank))

Doctor assessment time _____
(HH:MM (if unknown, leave blank))

7 Date of discharge from emergency room _____
(YYYY-MM-DD (if unknown, leave blank))

Confidential

Page 2

Time of discharge from emergency room

(HH:MM (if unknown, leave blank))

8 Comorbidities

- None of the below
 Dementia
 Alcoholism
 Liver cirrhosis
 Chronic renal impairment
 Intraventricular shunt
 Anticoagulation treatment
 Antiplatelet treatment
 Bleeding disorder
 (Select all that apply)

If "anticoagulation treatment" = yes, specify type(s)

- Warfarin
 Apixaban (Eliquis)
 Rivaroxaban (Xarelto)
 Dabigatran (Pradaxa)
 Edoxaban (Lixiana)
 LMWH (low-molecular-weight heparin)
 Other
 (Select all that apply)

If "antiplatelet treatment" = yes, specify type(s)

- ASA (Tromblyl)
 Clopidogrel (Plavix)
 Ticagrelor (Brilique)
 Prasugrel (Effient)
 Dipyridamole (Persantin)
 Ticlopidine (Ticlid)
 Eptifibatide (Integrilin)
 Other
 (Select all that apply)

If "bleeding disorder" = yes, specify type

9 Trauma mechanism

- Low energy fall (same level)
 High energy fall (> 1 meter or > 5 steps)
 Motor vehicle accident (not motorcycle)
 Motorcycle accident
 Bicycle accident
 Pedestrian hit by traffic
 Other traffic accident
 Shot by gun
 Stabbed by sharp object
 Struck by blunt object
 Blast injury (e.g. explosion)
 Other
 Unknown

10 Multitrauma

- Yes No
 (Defined as radiology ordered for body part other than brain / cervical spine due to suspicion of traumatic injury)

Confidential

Page 3

If "multitrauma" = yes, specify	<input type="checkbox"/> Thorax <input type="checkbox"/> Abdomen <input type="checkbox"/> Spine (thoracic or lumbar) <input type="checkbox"/> Upper Extremity <input type="checkbox"/> Lower Extremity (Select all that apply)
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11 GCS = 15 before injury	<input type="radio"/> Yes <input type="radio"/> No ("No" means that the patient was GCS 14 or below prior to injury (e.g. dementia))
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12 GCS on emergency department admission	<input type="radio"/> GCS = 15 <input type="radio"/> GCS = 14 <input type="radio"/> GCS = 13 (GCS when the physician performed the first assessment of the patient)
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GCS eye score	<input type="radio"/> 4 (eyes open spontaneously) <input type="radio"/> 3 (eyes open to verbal command) <input type="radio"/> 2 (eyes open to pain) <input type="radio"/> Unknown
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GCS verbal score	<input type="radio"/> 5 (orientated to time, person, place) <input type="radio"/> 4 (confused) <input type="radio"/> 3 (innappropriate words) <input type="radio"/> Unknown
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GCS motor score	<input type="radio"/> 6 (obeys command) <input type="radio"/> 5 (moves to localised pain) <input type="radio"/> 4 (flex to withdraw from pain) <input type="radio"/> Unknown
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13 Deterioration in GCS after first assessment	<input type="radio"/> Yes <input type="radio"/> No (Deteriorated in GCS after initial assessment of GCS)
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14 Intoxicated	<input type="radio"/> Yes <input type="radio"/> No (Intoxicated on assessment (e.g. alcohol))
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If "intoxicated" = yes, specify substance(s)	<input type="checkbox"/> Alcohol <input type="checkbox"/> Central stimulants (e.g. amphetamines, cocaine, LSD, ecstasy) <input type="checkbox"/> Anxiolytics (e.g. benzodiazepines) <input type="checkbox"/> Cannabis <input type="checkbox"/> Opioids <input type="checkbox"/> Other <input type="checkbox"/> Unknown (Select all that apply)
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15 Pupillary status	<input type="radio"/> Normal <input type="radio"/> Unilateral dilation <input type="radio"/> Bilateral dilation (If not detailed, choose "normal")
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If abnormal pupillary status - reactive to light?	<input type="radio"/> Yes <input type="radio"/> No
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Confidential

Page 4

- 16 Post-traumatic neurological deficit
- None of the below
 - Weakness in extremity
 - Numbness in extremity
 - Diplopia (double-vision)
 - Blurry vision
 - Dysphasia (problems with speech)
 - Dizziness / loss of balance
 - Loss of coordination
 - Other
- (Select all that apply. Do NOT check if patient had impairment prior to injury (e.g. already paralyzed patient))

If "other deficit" = yes, specify

- 17 Other worrisome factors
- None of the below
 - Amnesia
 - Confirmed loss of consciousness
 - Suspected loss of consciousness (e.g. if patient is unsure)
 - Vomiting
 - Persistent headache
 - Seizure
 - Scalp wound that needed suturing (excl. face)
 - Suspected open or depressed skull fracture
 - Sign(s) of skull base fracture
- (Select all that apply)

If "amnesia" = yes, specify type(s)

- Retrograde (can't recall entire traumatic event)
- Anterograde (can't remember new information)
- Combined retrograde and anterograde
- Unknown / missing

If "loss of consciousness" = yes, specify if it was due to the head injury (i.e. not syncope / fainting)

- Yes
- No
- Unclear

If "vomiting" = yes, specify amount

- Once
- More than once
- Unknown / missing

If "sign(s) of skull base fracture" = yes, specify

- Racoon-eyes (bruising around eye - "black eye", "brillenhematoma")
- Battle's sign (bruising of the mastoid process behind ear)
- Rhinorrhea (CSF-leak from nose)
- Otorrhea (CSF-leak from ear)
- Anosmia (loss of smell)
- Hematotympanon (blood behind ear drum)
- Deafness
- Nystagmus
- Facial nerve paralysis
- Other

If "other sign(s) of skull base fracture" = yes, specify

- 18 Lab sampled Yes No

Confidential

Page 5

Date of lab sampling (first test)	<input type="text"/>
	(YYYY-MM-DD)
Time of lab sampling (first test)	<input type="text"/>
	(HH:MM)
S100B	<input type="text"/>
	(µg/L)
PK(INR)	<input type="text"/>
APT-time	<input type="text"/>
	(seconds)
Hemoglobin (Hb)	<input type="text"/>
	(g/L)
Platelet count	<input type="text"/>
	(150 x 10 ⁹ /L)
Serum ethanol	<input type="text"/>
	(mmol/L)
Alcohol promille level (breathalyzer)	<input type="text"/>
	(promille)
19 Date of CT scan	<input type="text"/>
	(YYYY-MM-DD)
Time of CT scan	<input type="text"/>
	(HH:MM)
20 Intracranial lesion on CT	<input type="radio"/> Yes <input type="radio"/> No
If "intracranial lesion on CT" = yes, specify type(s)	<input type="checkbox"/> Cerebral contusion <input type="checkbox"/> Traumatic subarachnoid haemorrhage <input type="checkbox"/> Epidural hematoma <input type="checkbox"/> Acute subdural hematoma <input type="checkbox"/> Chronic subdural hematoma <input type="checkbox"/> Intraventricular hematoma <input type="checkbox"/> Diffuse axonal injury <input type="checkbox"/> Sinus thrombosis <input type="checkbox"/> Traumatic infarct <input type="checkbox"/> Skull fracture (neurocranium, not face) (Select all that apply)

Confidential

Page 6

If "skull fracture" = yes, specify type(s)

- Linear fracture with impression
 Linear fracture without impression
 Crush fracture with impression
 Crush fracture without impression
 Other

If "intracranial lesion on CT" = yes, specify management

- None (sent home from emergency department)
 Admission < 48 hours due to TBI ("overnight observation")
 Admission > 48 hours due to TBI
 Paus or reversal of anticoagulants or antiplatelets
 Intubated due to TBI
 Transfer to neurosurgical department
 Death due to TBI
 (Select all that apply)

If patient was admitted due to TBI, specify amount of days in hospital

Follow-up CT performed

- Yes No

If "follow-up CT performed" = yes, specify reason(s)

- Decided on admission regardless of neurology
 Decreased consciousness
 Increased headache
 New neurological abnormality
 Vomiting
 Other
 Unclear / unknown

If "follow-up CT performed" = yes, specify if the lesion progressed

- Yes No

21 Re-admission within 30 days with CT-verified intracranial lesion

- Yes No