

Institution
 Subject number

Demographics		
Age (yrs)		
Male (0/1)		
Race (0/1)		
Hispanic		
Non-hispanic		
AA		
Asian		
Co-morbidities (0/1)		
Hypertension		
Coronary artery disease		
If 1: Coronary stents		
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/Emphysema		
Mechanism (0/1)		
Blunt		
Fall		
Found down		
Motor vehicle crash		

Motorcycle crash		
Recreational vehicle crash		
Auto vs. Pedestrian		
Assault		
Other		
Penetrating		
Stab wound		
GSW		
Other		
Injuries		
ISS		
AIS		
Head		
Face		
Neck		
Thorax		
Abdomen		
Spine		
Upper extremity		
Lower extremity		
Head injury		
Epidural hemorrhage		
Subdural hemorrhage		
Subarachnoid hemorrhage		
Intraparenchymal hemorrhage		
Spinal injury		
Fracture cervical		
Associated cord injury		
Fracture thoracic		
Associated cord injury		
Fracture lumbar		
Associated cord injury		
Fracture other without cord injury (ICD-10) code		
Fracture other with cord injury (ICD-10) code		
Injuries Other (ICD-10)		
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		
Transfer		
Was pt transferred to your TC?		
Outcomes		
Mechanical ventilation (0/1)		
Days ventilated (days)		
ICU admission (0/1)		
ICU-LOS (days)		
H-LOS (days)		
Disposition (0/1)		
Against Medical Advice		
Jail		
Psychiatric facility		
Home		
Rehab facility		
Skilled nursing facility		
Extended care facility		
Other acute care Facility/transfer		
Hospice		
Death		
<24 hrs		
>24 hrs		
Hosp day of death (day)		
Complications (0/1)		
Progression of brain injury		
Progression of neurological deficit		
Unplanned return to OR		

PE		
DVT		
GIB		
Myocardial infarction		
CHF		
CVA/TIA		
AKI		
ALI		
ARDS		
Pneumonia		
UTI		
Bacteremia		
Cellulitis		
SSI		
CSF infection		
Heparin Induced Thrombocytopenia (HIT)		
Antiplatelet/coagulation Medications		
ASA (0/1) (<82mg vs >82mg)		
Clopidogrel (0/1)		
Prasugrel (0/1)		
Ticagrelor (0/1)		
Cangrelor (0/1)		
Dipyridamole (0/1)		
Dabigatran (0/1)		
Rivaroxaban (0/1)		
Apixaban (0/1)		
Edoxaban (0/1)		
Betrixaban (0/1)		
Other (agent)		
Labs on admit		
aPTT (sec)		
PT (sec)		
INR		
TEG (if available)		
Platelet testing (mapping, VerifyNow, aggregometry)		
Platelet count		
BUN		
Creatinine		
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		
Enoxaparin		
Dalteparin		
Heparin infusion		
Other anticoagulant		

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

CVA/TIA:

AKI: Increased SCr \geq 0.3mg/dL within 48 hours or SCr \geq 1.5 times baseline

ALI/ARDS = acute onset of hypoxemia with:

- Bilateral pulmonary infiltrates on chest x-ray
- Pulmonary capillary wedge pressure <18mmHg(2.4kPa)
- ALI=PaO₂/FiO₂ <300mmHg (40kPA)
- ARDS=PaO₂/FiO₂ <200mmHg (40kPA)

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: \geq 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

Heparin Induced Thrombocytopenia: positive immunoassay identifying antibodies against heparin/PF4 or positive serotonin releasing assay (SRA) or heparin-induced platelet aggregation assay (HIPA)

Transfusion reactions

1. Fever = temperature $\geq 101.5F$ 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