

ER ADMISSION THERAPEUTIC PROCEDURES

ERAir = Emergency T_x airway support

ERCirc = Emergency T_x circulation support

1. CDE Variable	ERAir = Emergency T _x airway support ERCirc = Emergency T _x circulation support
2. CDE Definition	Procedures to support airway, breathing and circulation in the emergency room.
3. Recommended instrument for assessment	N/A
4. Description of measure	Categorical; multiple entries possible.
5. Permissible values	<p><u>Airway:</u> <u>Basic/ Intermediate/Advanced</u></p> <ul style="list-style-type: none"> • No specific treatment • Supplemental oxygen (via nasal tube or mask) • Adjunctive airway (for example Mayo tube) • Temporary support with bag, valve, mask (for example ambubag) • Intubation • Mechanical ventilation • Unknown <p><u>Circulation</u> <u>Basic/ Intermediate/Advanced</u></p> <ul style="list-style-type: none"> • No specific treatment • IV fluids <ul style="list-style-type: none"> - Crystalloids - Hypertonic saline - Colloids - Blood • Vasopressors • CPR • Unknown
6. Classification: Basic/Intermediate/Advanced	See Above
7. Procedure	Record airway support and types of intervention to maintain circulation during treatment in the emergency room.
8. Comments/Special instructions:	Supplemental oxygen is defined as providing oxygen via nasal canula, oxygen mask or any other external oxygen source. Examples of an adjunctive airway are the mayo device, combitube or LME. Please mark all applicable items.
9. Rationale/justification:	Airway and blood pressure control are critical parts of the initial resuscitation of the trauma patient. Both hypoxia and hypotension are highly relevant second insults early after injury, which can increase mortality and decrease chances for recovery.
10. References:	<i>Murray GD, Butcher I, McHugh GS, et al. Multivariable prognostic analysis in traumatic brain injury: results from the IMPACT study. J Neurotrauma. Feb 2007;24(2):329-337.</i>

Chesnut RM, Marshall LF, Klauber MR, et al. The role of secondary brain injury in determining outcome from severe head injury. J Trauma. Feb 1993; 34(2): 216-222.

Brain Trauma Foundation, American Association of Neurological Surgeons (AANS), Congress of Neurological Surgeons (CNS), AANS/CNS Joint Section on Neurotrauma and Critical Care: Guidelines for the management of severe traumatic brain injury. I. Blood pressure and oxygenation. J Neurotrauma 2007; 24 (Suppl 1): S7-S13.

Davis, DP. Early ventilation in traumatic brain injury. Resuscitation. Mar 2008; 76(3): 333-340.

Recommended time for assessment:

On discharge ER.

EMERGENCY THERAPEUTIC PROCEDURES

EmergSurg = Emergency Surgical Intervention scheduled in or on departure from ER

1. CDE Variable	EmergSurg = Emergency Surgical Intervention scheduled in or on departure from ER
2. CDE Definition	Scheduled Emergency Surgical procedure on departure from the ER
3. Recommended instrument for assessment	N/A
4. Description of measure	Binary.
5. Permissible values	Procedure: <ul style="list-style-type: none"> • ICP Monitoring No Yes • Intracranial Surgery No Yes • Extracranial Surgery No Yes
6. Classification: Basic/Intermediate/Advanced	Identical
7. Procedure	Identify and record the type of intervention from the source documents listed above.
8. Comments/Special instructions: ICP monitoring includes ventriculostomy, and parenchymal catheter tip pressure transducer devices. Intracranial surgery includes any surgical procedure performed in relation to the traumatic brain injury. Extracranial surgery relates to any other surgical intervention for injuries, such as laparotomy for abdominal bleeding or operative stabilization of limb fractures.	
9. Rationale/justification: This variable is intended to capture information on surgical procedures scheduled immediately following initial triage and stabilization in the emergency room. The necessity for emergency surgery generally indicates more severe injuries. ICP monitoring is considered a critical part of TBI management in patients with severe TBI.	
10. References: <i>Brain Trauma Foundation, American Association of Neurological Surgeons (AANS), Congress of Neurological Surgeons (CNS), AANS/CNS Joint Section on Neurotrauma and Critical Care: Guidelines for the management of severe traumatic brain injury, 3rd Edition. J Neurotrauma. 2007; 24(Suppl 1):S1-S106.</i>	

Recommended time for assessment: On discharge ER.
