

POSTDISCHARGE / OUTPATIENT CARE

LateSurgIC = Late Intracranial Surgery after discharge

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| 1. CDE Variable | LateSurgIC = Late Intracranial surgery after discharge |
| 2. CDE Definition | Has the individual with TBI had any intracranial surgery since his/her discharge from acute care? If yes, what was the type of intracranial surgery and what was the date of surgery? |
| 3. Recommended instrument for assessment | N/A |
| 4. Description of measure | Date Categorical; multiple entries. |
| 5. Permissible values | <p><u>Basic:</u></p> <ul style="list-style-type: none"> • No • Yes • Unknown <p><u>Intermediate/Advanced:</u> If Yes, type of intracranial surgery:</p> <ul style="list-style-type: none"> • Hydrocephalus • Chronic Subdural Hematoma • Other, specify • Unknown <p><u>Date of Intracranial surgery:</u></p> <ul style="list-style-type: none"> • DD – MMM – YYYY • 99 – 999 – 9999 = Unknown |
| 6. Classification: Basic/Intermediate/Advanced | See above |
| 7. Procedure | Ask the individual with TBI, a reliable proxy or obtain medical records to determine if the individual with TBI has had any intracranial surgery since his/her discharge from acute care? If information obtained from patient, verification from review of medical records is advised. |
| 8. Comments/Special instructions: | Cranioplasty following decompressive craniectomy is considered intracranial surgery. Both replacement of the bone flap and implantation of an artificial bone substitute are considered cranioplasty. |
| 9. Rationale/justification: | |
| 10. References: | |

Recommended time for assessment:

On standardised follow up visits as required by protocol.

POSTDISCHARGE / OUTPATIENT CARE

LateSurgEC = Late Extracranial Surgery after discharge

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| 1. CDE Variable | LateSurgEC = Late Extracranial surgery after discharge |
| 2. CDE Definition | Has the individual with TBI had any extracranial surgery since his/her discharge from acute care? If yes, what was the type of extracranial surgery and what was the date of surgery? |
| 3. Recommended instrument for assessment | N/A |
| 4. Description of measure | Date Categorical; multiple entries. |
| 5. Permissible values | <u>Basic:</u> <ul style="list-style-type: none"> • No • Yes • Unknown <u>Intermediate/Advanced:</u> <ul style="list-style-type: none"> • If Yes, specify the type of extracranial surgery: _____ <u>Date of Extracranial surgery:</u> <ul style="list-style-type: none"> • DD – MMM – YYYY • 99 – 999 – 9999 = Unknown |
| 6. Classification: Basic/Intermediate/Advanced | See above |
| 7. Procedure | Ask the individual with TBI, a reliable proxy or obtain medical records to determine if the individual with TBI has had any extracranial surgery since his/her discharge from acute care? |
| 8. Comments/Special instructions: | Cranioplasty following decompressive craniectomy is not considered extracranial surgery but intracranial surgery. For the intermediate and advanced versions please provide specification of the type of surgery performed. |
| 9. Rationale/justification: | |
| 10. References: | |

Recommended time for assessment:

On standardised follow up visits as required by protocol.