

LATE PRESENTATION

DatTimInj = Date and time of injury

DatTimPres = Date and time of presentation to study facility

1. CDE Variable	DatTimInj = Date and time of injury DatTimPres = Date and time of presentation to study facility
2. CDE Definition	Date and time that the injury occurred. Date and time that the subject presented at the study facility.
3. Recommended instrument for assessment	Calendar/clock
4. Description of measure	Date and time: hours/minutes
5. Permissible values	<u>Date and time of injury</u> <u>Date:</u> <ul style="list-style-type: none"> • DD – MMM – YYYY • 99 – 999 – 9999 if unknown <u>Time:</u> <ul style="list-style-type: none"> • HH – MM (24 hr clock)
6. Classification: Basic/Intermediate/Advanced	See Above
7. Procedure	Obtain date and time of injury as well as date and time of presentation to study facility as accurately as possible by personal interview of subject and/or caretakers and review of medical records. Identify and record why the patient presented to the medical facility for evaluation.
8. Comments/Special instructions:	Late presentation is defined as any presentation >72 hours after injury.
9. Rationale/justification:	Late presentation is most common in mild TBI. Some patients, particularly those with prolonged or late symptoms may present at later time periods, even up to months or sometimes years after injury. In these cases it is of particular importance to record additionally the reason for seeking medical advice.
10. References:	

LATE PRESENTATION

PresReason = Reason for presentation

1. CDE Variable	PresReason = Reason for presentation at study facility.	
2. CDE Definition	<u>Reason for presentation</u> : reason for interface with medical provider.	
3. Recommended instrument for assessment	N/A	
4. Description of measure	Categorical; unique entry.	
5. Permissible values	Reason for presentation:	
	<u>Basic</u> <ul style="list-style-type: none"> • Self referral with complaints • On advice significant other • Routine screening • Repatriation • Professional referral 	<u>Intermediate/Advanced</u> <ul style="list-style-type: none"> • Self referral with complaints • On advice significant other • Routine screening • Repatriation • Professional referral <ul style="list-style-type: none"> • GP • Hospital • Other caretaker
6. Classification: Basic/Intermediate/Advanced	<u>Reason for presentation</u> : basic and intermediate/advanced	
7. Procedure	Self report, interview of care takers, medical record. Identify and record why the patient presented to the medical facility for evaluation.	
8. Comments/Special instructions:	Mild TBI may not be detected in patients without systematic clinical assessment. It is thought to be overreported in individuals with possible financial gain; it is thought to be underreported in individuals highly motivated to return to teamplay, work, or to support military operations.	
9. Rationale/justification:	Provides information on the setting in which the patient was seen upon late presentation; information on initial care is important as this may affect outcome and be associated with injury severity. Reason for presentation important for later determination of population captured.	
10. References:	<i>Moss NE, Wade DT. Admission after head injury: how many occur and how many are recorded? Injury. Apr 1996;27(3):159-161</i>	

LATE PRESENTATION

InitMedCar = Initial medical care directly after injury

InitMedProv = Provider of initial medical care directly after injury

InitMedType = Type of initial care provided

1. CDE Variable	InitMedCar = Initial medical care directly after injury InitMedProv = Provider of initial medical care directly after injury InitMedType = Type of initial care provided
2. CDE Definition	Details on initial medical care directly after injury, differentiated for setting, provider and type of initial care provided.
3. Recommended instrument for assessment	N/A
4. Description of measure	Categorical; multiple entries permitted
5. Permissible values	<u>Initial medical care directly after injury:</u> yes/no/unknown <u>Provider:</u> <ul style="list-style-type: none"> • Bystander • Trainer/coach • Medic • Emergency department • Physician • Other <u>Type of initial care provided:</u> <ul style="list-style-type: none"> • Education about course of symptoms • CT/MRI • Hospitalization • Specialized therapies (speech, physical, occupational therapy) • Evaluations (neurological; psychological) • Medication • Other
6. Classification: Basic/Intermediate/Advanced	<u>Basic:</u> setting <u>Intermediate/Advanced:</u> include information on provider and type of initial care
7. Procedure	Self report, interview of care takers, medical record. Document details on the initial medical care directly after injury.
8. Comments/Special instructions:	Mild TBI may not be detected in patients without systematic clinical assessment. It is thought to be overreported in individuals with possible financial gain; it is thought to be underreported in individuals highly motivated to return to teamplay, work, or to support military operations.
9. Rationale/justification:	Information on initial medical care is important as this may affect outcome and be associated with injury severity.
10. References:	<i>N.E.G. Moss and D.T. Wade, Neuropsychological studies of poor effort</i>