



Traumatic Brain Injuries: A cross sectional study of moderate to severe TBI's at a tertiary care centre in the Punjab, Pakistan.

Study Number:

Patient Details

Patient ID: _____

Gender: M F

Age: _____

Ethnicity: Pakistani: Caucasian: Black: Other:

If other, please specify: _____

Presentation

Mode of Arrival:

Ambulance Car: Walk: Other:

If other, please specify: _____

Estimated Date & Time of Injury: _____ Date & Time of Presentation: _____

Time Delay in Presentation (in hours or days): _____

Identifiable Reason for Delay: _____

Traumatic Brain Injury

Mechanism of Injury:

- Road Traffic Accident
 - Car: Wearing Seatbelt: Y/N Passenger: Y/N Driver: Y/N
 - 2-wheeler: Wearing Helmet: Y/N Motorcycle: Y/N Bicycle: Y/N
 - Pedestrian:
 - Other: If other, please specify: _____
- Fall:
 - Balcony:
 - Stairs:
 - Roof Top:
 - Other: If other, please specify: _____

- Assault:

Firearm:

Sharp:

Blunt:

Other: If other, please specify: _____

- Other (please detail the mechanism of injury):

Pre-Hospital Care (as per ATLS guidelines)

Glasgow Coma Scale Taken Pre-Hospital: Y/N If taken, please state score (out of 15): _____

C-Spine Immobilisation (if required): Y/N

IV access gained (if required): Y/N Was resuscitation required? Y/N Successful/Unsuccessful

Airway access gained (if required): Y/N

State any other pre-hospital intervention:

In-Hospital Management

Multiple injuries: Y/N Was resuscitation required? Y/N Successful/Unsuccessful

Please state the nature of other injuries:

Did these injuries supersede the need for immediate neurosurgical intervention: Y/N

If so, please state which department is responsible for management: _____

Imaging

CT Head: Y/N

MRI Head: Y/N

Time from presentation to imaging (hrs): _____

Other imaging required, please state which: _____

Imaging Findings (e.g SAH/EDH/SDH):

Further Intervention Details:

Neurosurgical Intervention Required: Y/N

Intervention Needed (e.g decompression/skull base repair):

GCS

GCS taken in hospital: Y/N

If taken, please state score (out of 15): _____

Filled out by: _____

Position: _____

Which team is responsible for management: _____