MODET Multiple Organ Dysfunction in Elderly Trauma

Site ID number: ☐☐ Patient ID number: ☐☐☐ Date of MTC admission ☐☐☐☐2☐0☐1☐ (D D M M Y Y Y Y) Date of critical care admission: ☐☐☐☐2☐0☐1☐ (D D M M Y Y Y Y)

Patient gender: Male ☐ **Female** ☐ **Date & time of injury:**_____

Patient age range: ☐ **16-44** ☐ **45-64** ☐ **65-74** ☐ **75-84** ☐ **≥85**

Mechanism of Injury (describe below): Blunt ☐ Penetrating ☐

Tick mechanism of injury (if both, select the most prominent injury)

Injury code ☐☐

TRANSFER FROM OTHER HOSPITAL/TRAUMA UNIT Y/N

INITIAL ASSESSMENT AND MANAGEMENT:

	Intubated Y/N	Code red declared Y/N	TXA 1 g bolus given Y/N	Earliest FiO2	Earliest SaO2 (%)	Earliest SBP	Worst-GCS	Cardiac arrest? Y/N	Earliest INR	Earliest Lactate (mmol/L)	Earliest Base deficit (mEq/L)
On Scene											
ED admission											

RESUSCITATION	Crystalloid (mL)	Colloid (mL)	PRBC (units)	FFP (units)	Platelets (pools)	Cryo (pools)	Other (e.g. HTS)
Total from injury: H0- H24							

ADMITTED TO CRITICAL CARE FROM: ED/THEATRE/WARD/TRANSFER FROM OTHER ICU (CIRCLE)

CRITICAL CARE APACHE II SCORE: ☐

ENROLLED INTO ANY OTHER STUDIES? *STATE WHICH*:

SIGNIFICANT CO- MORBIDITIES:	**PRE INJURY REGULAR MEDICATIONS:**

FRAILTY ASSESSMENT

COMPLETE PAGE 5 ONLY IF PATIENT OR RELATIVE ANSWERS YES TO ANY OF THE FOLLOWING QUESTIONS:-

IRRESPECTIVE OF AGE, PRIOR TO THE TRAUMATIC INJURY THE PATIENT HAD:	
A history of falls or the mechanism of injury = low level fall	Y/N
A history of reduced mobility or immobility	Y/N
A history of acute confusion/memory loss/delirium	Y/N
New onset or worsening incontinence	Y/N
Was on 5 or more regular medications	Y/N

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Daily SOFA scores in critical care unit (up to discharge or Day 28)

The **worst** score of the 24H critical care chart should be recorded for each variable.
If on any day a specific blood sample is not collected, record ND and assign the same score of the previous days measurement.
If the test is not done on the day of admission then the score assigned is 0 until a measurement is made.

Date Year:	Day	Ventilation supported at any point in 24H (mode)	PaO2	FiO2	P/F Ratio	Resp Score	Highest dose vasopressor Type	Dose	Hours (0-24)	MAP	CVS Score	GCS	CNS Score	Platelets	Plt Score	Bilirubin	Bili Score	Creatinine	Renal Score	RRT (Hours 0-24)	TOTAL SOFA SCORE	Neutrophils	Lympho-cytes
	Admission																						
	1																						
	2																						
	3																						
	4																						
	5																						
	6																						
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Nutritional assessment in the critical care unit

HEIGHT IN LENGTH (m): ADMISSION WEIGHT (KG): ACTUAL/ESTIMATE (CIRCLE) ADMISSION BMI (WEIGHT/SQUARED HEIGHT):

NUTRIC SCORE NUTRITIONAL RISK ASSESSMENT:

VARIABLE	RANGE	POINTS
Age	<50 50-74 ≥75	0 1 2
APACHE II score	<15 15-19 20-28 >28	0 1 2 3
Admission SOFA	<6 6-9 ≥10	0 1 2
Co-morbidities	0-1 2+	0 1
Days from hospital to critical care admission	0-<1 1+	0 1
Total NUTRIC score		

Date Year:	Day	Feed mode or route	Feed name or product	Proknetics Y/N	Target mls in 24H	Delivered mls in 24H	% Received in 24H	Reason for non delivery	IV Glucose %/mls in 24H	Propofol mls in 24H
	Admission									
	1									
	2									
	3									
	4									
	5									
	6									
	7									
	8									
	9									
	10									
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DAY FROM INJURY	ADVERSE EVENTS, OUTCOMES & DEATHS	FREE TEXT DESCRIPTION IF NECESSARY

DAY FROM INJURY	MAJOR SURGICAL EPISODES /ANGIOGRAPHY from ED or CRITICAL CARE

TOTAL VENTILATION PERIOD (DAYS) ☐☐

TOTAL INOTROPES (DAYS) ☐☐

CRITICAL CARE (L3) LENGTH OF STAY (DAYS) ☐☐ (L2) LENGTH OF STAY (DAYS) ☐☐

TOTAL LENGTH OF HOSPITAL STAY (DAYS) ☐☐

DATE PATIENT DISCHARGED FROM HOSPITAL/DIED ☐☐☐☐2☐0☐1☐ (D D M M Y Y Y Y)

DISCHARGED TO THE FOLLOWING LOCATION

☐ Usual place of residence
☐ Another hospital/care facility
☐ Died
☐ Unknown

AIS	Max AIS for Region
Head & Neck	
Face	
Thorax	
Abdo / pelvis	
Extremity	
External	

INJURY SEVERITY SCORE: ☐☐

Please perform pre-injury frailty assessment when clinically appropriate. Relatives may help with scoring

Frailty domain	Measure	0 point	1 point	2 points
Cognition	Please imagine that this pre-drawn circle is a clock. I would like you to place the numbers in the correct positions then place the hands to indicate a time of 'ten past eleven'	No errors	Minor spacing errors	Other errors
General health status	In the past year, how many times have you been admitted to a hospital? In general, how would you describe your health?	0 Excellent, very good or good	1–2 Fair	≥2 Poor
Functional independence	With how many of the following activities do you require help? (meal preparation, shopping, transportation, telephone, housekeeping, laundry, managing money, taking medications)	0–1	2–4	5–8
Social support	When you need help, can you count on someone who is willing and able to meet your needs?	Always	Sometimes	Never
Medication use	Do you use five or more different prescription medications on a regular basis? At times, do you forget to take your prescription medications?	No No	Yes Yes	
Nutrition	Have you recently lost weight so your clothes have become looser?	No	Yes	
Mood	Do you often feel sad or depressed?	No	Yes	
Continence	Do you have a problem with losing control of urine when you don't want to?	No	Yes	
Self reported performance	2 weeks ago, were you able to: Do housework such as washing windows or floors without help? Walk up and down two flights of stairs without help? Walk half a mile/a kilometre without help?	 Yes Yes Yes	 No No No	

FRAILTY SCORE =	
0-5	Not frail
6-7	Vulnerable
8-9	Mild frailty
10-11	Moderate frailty
12-18	Severe frailty