Guide to completing the MODET study CRF

Please record ND for not documented, NA for not applicable and UK for unknown rather than leave blank fields.

CRF PAGE 1.	
Time of injury	Complete the time of injury (in most cases this will be the time of emergency call) using the 24-hour clock
Injury codes	*(see table below)*
Intubation, code red activation and TXA bolus	Insert Yes or No as appropriate in the PHC and ED fields.
Fluid/blood resuscitation	Record fluids/blood from H0 (from injury) to H24 (24 hours from injury – this may have to be estimated if the exact time is unknown). If no fluids or blood were given please record 0.

Mechanism of Injury	Code
Pedestrian vs vehicle	1
Motorcycle vs other vehicle	2
Car vs stationary object	3
Car vs vehicle	4
Pedestrian vs motorcycle	5
Pedestrian vs falling object	6
Stabbing	7
Fall from height	8
Blunt assault	9
Jump from height	10
Gunshot wound	11
Cycling incident	12
Sports injury	13
Cyclist vs vehicle	14
Motorcycle vs stationary object	15
Hit by train/tram	16
Crush injury	17
Blast injury	18
Deliberate self-harm	19
Other	20
Fall <2m (e.g. low level fall from standing)	21

APACHE scores	If not calculated locally these can be obtained from the **ICNARC office**. Please use local arrangements with the critical care audit office for obtaining the scores.	
Significant co-morbidity categories	Record code rather than free text (unless an explanation is necessary):	

Region	Comorbidity	Code
Cardiac	Angina, Arrhythmias, Heart failure, MI, Valve disease	1
Vascular	Stroke/TIA, Hypertension, Peripheral vascular disease	2
Respiratory	Asthma, COPD, Emphysema	3
Neurological	Dementia, Hemiplegia/paraplegia, Degenerative disorders e.g. MS, MND, Parkinson's	4
Endocrine	Type 1 and 2 Diabetes	5
Renal	Moderate or severe renal disease	6
GI	GORD, GI ulceration, Inflammatory bowel diseases, Liver diseases	7
Cancer/immunity	AIDS, Active cancer, Leukaemia, Lymphoma, Metastatic disease	8
MSK	Rheumatoid or osteo arthritis, Osteoporosis, Connective tissue disorders	9
Psychological	Depression, Anxiety disorders, Bipolar disease, Schizophrenia/psychoses	10
Substances	Alcohol dependence, drug use, smoker	11
Senses	Hearing or visual impairment	12
Other	Any other significant comorbidity (deemed by research or clinical team	13

Pre injury regular medications	Record significant medications such as anticoagulants, antiplatelets, steroids, chemotherapy, etc, rather than laxatives, antidepressants or vitamins (for example).
Frailty assessment	Don't frailty score all patients. MODET requires pre injury not post injury frailty therefore use the screen questions on CRF page 1 to determine if a full score on page 5 is required.
If the CLINICAL FRAILTY SCORE is required (page 5)	This can be done at a clinically appropriate time, with relatives/friends helping as necessary. Only frailty assess those who trigger the score on page 1 of the CRF, irrespective of the patients age.

CRF PAGE 2.	
Ventilation	Record mode if the patient received any ventilatory support in the 24H period. If self-ventilating record SV.

If a value has not been measured in a 24 hr period, please record the previous days value & score. If the value is not measured for > 2 days, please record ND

Divide worst PaO2 in 24H (or oxygen saturations in a non-ventilated patient) with the corresponding FiO2, then score according to result

If intubated and sedated, use the pre intubation GCS daily until patient awake or off sedation and GCS can be assessed. Score according to worst GCS in a 24H period (see below)

Record LOWEST platelets then score, and HIGHEST bilirubin and creatinine, then score for each

Organ system	Score 0	Score 1	Score 2	Score 3	Score 4
Respiratory PaO_2 divided by FiO_2 (P/F ratio)	>53.3	40-53.3	<40	<25.7	<13.3
Cardiovascular	MAP ≥70	MAP < 70 no inotropes or vasopressors	Dopamine <5.0 or Dobutamine/ Metaraminol any dose	Dopamine 5-14 or Adrenaline ≤0.1 or Norad ≤0.1	Dopamine ≥ 15 or Adrenaline >0.1or Norad >0.1
Glasgow coma score	15	13-14	10-12	6-9	<6
Platelets	>150	101-150	51-100	21-50	≤20
Bilirubin	0-19	20-32	33-101	102-204	>204
Creatinine	<110	110-170	171-299	300-440	>440

IF THE PATIENT IS ON RRT…. Do not record the Creatinine. Instead measure the 24H urine output. If they produce ≥200mls/day then allocate a renal SOFA of '3' or < 200mls/day then allocate a renal SOFA of '4'.

For cardiovascular: if the patient is on inotropes, examine the highest dose in the 24H period (Scores 2, 3 or 4 depending on dose – calculated in µg/kg/min).

If not on inotropes, is the MAP <70? Score 1; or if 70 or above? Score 0

White cells – if there is more than one measurement in 24H, please record the most abnormal count

GCS notes	Whilst the patient is sedated continue to record the PHC or ED GCS (preferably the first recorded GCS). Once off sedation (even for just a proportion of the day) try to record **the most accurate LOWEST GCS.** If the patient is conscious but cannot talk due to a tube/trachy, try to estimate the verbal component of the GCS (1=**No response**. 4= **confusion**. 5=**orientated** – d/w with clinical staff). Don't record 'T' for a SOFA score.
Inotrope notes	If the patient is prescribed an inotrope not listed on the SOFA score, please record name and dose and leave the score blank.
Respiratory equivalence	In patients who are self-ventilating or do not have an arterial blood gas measurement use the Sp02 (%) to Pa02 (KPa) approximations for SOFA scoring the respiratory system:

Sp02 (%) measurement	Approximate Pa02 (KPa)	Sp02 (%) measurement	Approximate Pa02 (KPa)
100	13.5	89	8
99	13	88	7.5
98	12.5	87	7
97	12	86	6.5
96	11.5	85	6
95	11	84	5.5
94	10.5	83	5
93	10	82	4.5
92	9.5	81	4
91	9	80	3.5
90	8.5		

CRF PAGE 3.	
Nutrition baseline	Record height, weight and BMI (weight/squared height) as close to as admission as realistically possible.
NUTRIC Nutritional assessment	Calculate score once all necessary information is available.
Feeding mode or route	Record: Enteral tube (1), Parenteral (2), Oral diet (3).
Reasons for non-delivery of feed	Record: 1. ~~DO NOT USE THIS CODE NUMBER~~ 2. Large Aspirates 3. Vomiting 4. NGT Displacement 5. Other 6. Fasting Pre/Post Extubation 7. Fasting for Scan 8. Fasting for Tracheostomy (Surgical or Percutaneous) 9. Fasting for Surgical intervention (Other than Tracheostomy) 10. Fasting for Invasive procedure (e.g. TOE, OGD, Bronchoscopy or Angiography) 11. Awaiting NGT confirmation post admission
Prescribed Prokinetics?	Record Y/N

CRF PAGE 4.	

Outcomes. Record code and only use free text where necessary (e.g. in death mode):

Outcome	Descriptor	Code
Death	Record details such as cardiorespiratory arrest, brainstem testing, treatment withdrawn	1
Infection	Clinical and microbiology confirmation of infection – not colonisation or 'suspected'. Please record the day that the swab/sample confirms the pathogen	2
VAP	As per local diagnostic guidance	3
VTE	DVT or PE confirmed radiologically +/- D Dimers	4
Stroke	Ischaemic	5
Stroke	Thrombotic	6
Cardiac event	MI, heart block, tachyarrhythmia, new onset AF, heart failure or other significant cardiac event	7
Cardiac arrest	Any episode of cardiorespiratory arrest where the patient survived	8
Deliriums	New onset in critical care	9
Other	Free text description of significant adverse outcome	10

Major surgical episodes from ED or critical care	Record **major** surgical or angiographic procedures (i.e. not minor wound debridement or small bone orthopaedic surgery).
ISS and AIS scores	Please liaise with the local TARN team at each MTC on a regular (monthly or bi monthly), retrospective basis for AIS and ISS scores.