



**DATA COLLECTION FORM FOR PATIENTS WITH MILD TRAUMATIC BRAIN INJURY (MTBI)**

Date : \_\_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ Date of injury: \_\_\_\_\_ Time: \_\_\_\_ : \_\_\_\_

|  |   |
|--|---|
| <b>Patient History</b>   | <b>Medication</b> <input type="checkbox"/> No medication  |
| Coagulopathy <input type="checkbox"/> No <input type="checkbox"/> Yes Specify :  | Warfarine <input type="checkbox"/> No <input type="checkbox"/> Yes Other anticoagulant <input type="checkbox"/> No <input type="checkbox"/> Yes Specify : |
| History of TBI <input type="checkbox"/> No <input type="checkbox"/> Yes Specify at what time:  | Acétylsalicylic acid <input type="checkbox"/> No <input type="checkbox"/> Yes Clopidogrel <input type="checkbox"/> No <input type="checkbox"/> Yes        |
| If yes, how many TBI in the past?  | Other medication, specify:  |
| Age : _____ (65 y/o or over**)   |   |
| <b>History :</b>   |   |
| Helmet (if applicable) : <input type="checkbox"/> No <input type="checkbox"/> Yes Self-assessed level of fear at time of injury : ____ /10   |   |
| Mechanism of injury: <input type="checkbox"/> Pedestrian struck by vehicle * <input type="checkbox"/> Motor vehicle crash * <input type="checkbox"/> Fall from elevation ≥ 3 feet or 5 stairs * <input type="checkbox"/> Occupant ejected from motor vehicle * <input type="checkbox"/> Fall from bicycle with no helmet * <input type="checkbox"/> Other:   |   |
| <b>Loss of consciousness:</b> <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes Duration :   |   |
| <b>Confusion :</b> <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes Duration :  |   |
| <b>Amnesia regarding the event:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes   |   |
| <b>Retrograde amnesia (pre-injury):</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Duration : _____ (if 30 minutes or more*)   |   |
| <b>Post-traumatic amnesia:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Duration :   |   |
| <b>Transient neurological symptoms:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Specify :   |   |
| <b>Post-traumatic convulsions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  |   |
| <b>Presence of one of the symptoms above: diagnosis of MILD TRAUMATIC BRAIN INJURY</b>   |   |
| Vomiting: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 2 or more**  |   |
| Headache: <input type="checkbox"/> No <input type="checkbox"/> Yes Intensity ____ /10 → If <16 y/o, worsening? <input type="checkbox"/> No <input type="checkbox"/> Yes **   |   |
| <b>Physical exam</b>   |   |
| Pupils : _____ Suspected intoxication? ? <input type="checkbox"/> No <input type="checkbox"/> Yes To what? _____   |   |
| Glasgow Coma Score (GCS): <b>Upon arrival at the Emergency Department</b> ____ / 15<br><b>2 hours after injury</b> ____ / 15 (If GCS < 15 ** **)   |   |
| Suspected open or depressed skull fracture <input type="checkbox"/> No <input type="checkbox"/> Yes ** ** Specify :  |   |
| Any sign of basal skull fracture <input type="checkbox"/> No <input type="checkbox"/> Yes ** * Specify :   |   |
| Lateralized weakness: <input type="checkbox"/> No <input type="checkbox"/> Yes   |   |
| <b>If age &lt; 16 y/o:</b> Irritability? <input type="checkbox"/> No <input type="checkbox"/> Yes ** Large, boggy hematoma of the scalp? <input type="checkbox"/> No <input type="checkbox"/> Yes *  |   |
| Other observations in <b>physical observations</b> (see other documents PRN) :   |   |
| <b>Diagnosis :</b> <input type="checkbox"/> Mild traumatic brain injury <input type="checkbox"/> Head trauma without brain injury  |   |
| Cervical sprain <input type="checkbox"/> No <input type="checkbox"/> Yes   |   |
| <b>Plan :</b> Head CT scan <input type="checkbox"/> No <input type="checkbox"/> Yes GCS of 15/15 at the time of CT scan <input type="checkbox"/> No <input type="checkbox"/> Yes<br><b>Adult High Risk criteria = **; Adult Moderate Risk criteria = *</b> <b>High Risk criteria &lt;16 y/o = **; Moderate Risk criteria &lt;16 y/o = *</b><br><input type="checkbox"/> INR (if indicated) _____ <input type="checkbox"/> Blood ethanol (if indicated) _____ |   |
| <b>ELIGIBILITY CRITERIA FOR STUDY</b>  |   |
| <input type="checkbox"/> Patient with documented MTBI : <b>Loss of consciousness, amnesia, confusion or other transient neurologic symptoms</b>  | <input type="checkbox"/> GCS 13-15 upon arrival at the ED   |
| <input type="checkbox"/> No hospitalisation  | <input type="checkbox"/> TBI occurred within 24 h from ED visit   |
| <input type="checkbox"/> Biomarkers (if the patient consents to participate to the study)  | <input type="checkbox"/> Patient aged ≥ 16 years old  |
| _____<br>Clerk's initials  | _____<br>MD signature   |

Emergency Department