CRASH-2 Clinical Randomisation of an Antifibrinolytic in Significant Haemorrhage

OUTCOME FORM

Attach treatment pack sticker here

COMPLETE AT DISCHARGE FROM THE RANDOMISING HOSPITAL,

DEATH IN HOSPITAL OR 28 DAYS AFTER INJURY, WHICHEVER OCCURS FIRST

1. HOSPITAL

(Hospital name or code)

2. PATIENT

Patient Initials		Hospital ID Number		Sex	**M**	**F**
Date of Birth	YEAR / MONTH / DAY					

3. OUTCOME

3.1 DEATH IN HOSPITAL

Date of death YEAR / MONTH / DAY

Cause of death

- ☐ Bleeding
- ☐ Head injury
- ☐ Myocardial Infarction
- ☐ Stroke
- ☐ Pulmonary Embolism
- ☐ Multi organ failure
- ☐ Other – describe

3.2 PATIENT ALIVE

☐ **Discharged** – Date of discharge YEAR / MONTH / DAY

☐ **Still in this hospital now** *(28 days after injury)* – Date YEAR / MONTH / DAY

3.3 IF ALIVE TICK ONE BOX THAT BEST DESCRIBES THE PATIENT'S CONDITION *(at 28 days or prior discharge)*

- ☐ No symptoms
- ☐ Minor symptoms
- ☐ Some restriction in lifestyle but independent
- ☐ Dependent, but not requiring constant attention
- ☐ Fully dependent, requiring attention day and night

4. MANAGEMENT

a) **Days in Intensive Care Unit** *(if not admitted to ICU, write '0' here)*		
b) **Significant Head Injury**	**YES**	**NO**
c) **Operation site -** *Tick one box on every line*		
• Neurosurgical	**YES**	**NO**
• Chest	**YES**	**NO**
• Abdomen	**YES**	**NO**
• Pelvis	**YES**	**NO**

7. TRANSFUSION

a) Blood products transfusion	**YES**	**NO**
b) Units transfused in 28 days		
• Red cell products	units	
• Fresh frozen plasma	units	
• Platelets	units	
• Cryoprecipitate	units	
• Recombinant Factor VIIa	**YES**	**NO**

8. PERSON COMPLETING

5. COMPLICATIONS

Tick one box on every line		
• Pulmonary Embolism	**YES**	**NO**
• Deep Vein Thrombosis	**YES**	**NO**
• Stroke	**YES**	**NO**
• Operation for bleeding	**YES**	**NO**
• Myocardial Infarction	**YES**	**NO**
• Gastrointestinal bleeding	**YES**	**NO**

6. TRIAL TREATMENT

a) Complete **loading dose** given	**YES**	**NO**
b) Complete **maintenance dose** given	**YES**	**NO**

FORM

NAME	
POSITION	
DATE	

NOW SEND THIS FORM TO THE CO-ORDINATING CENTRE IN ONE OF THE FOLLOWING WAYS:

- SECURE WEBSITE
- ELECTRONIC DATA FORMS / EMAIL
- FAX +44 (0)20 7299 4663

SEE INSTRUCTIONS IN YOUR SITE FILE

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