



STITCH (Trauma)
Surgical Trial in Traumatic Intracerebral Haemorrhage



MAJOR ADVERSE EVENT FORM

S Hospital Name Centre Number

Patient Number

T Patient Date of Birth (dd/mm/yy) **If no major adverse events please tick:**

I MAJOR ADVERSE EVENTS

Please use this form to report any major adverse events which include:

T Please tick all that apply:

Please give date of major adverse event: / / 20

- a) death
- b) any relevant life threatening event
- c) any relevant permanent or severely disabling event
- d) any event that requires or prolongs hospitalisation

C

Was the major adverse event directly related to:

- H** Initial ICH
- Deterioration
- Traumatic ICH Surgery
- Other Injury
- Other Surgery
- Other not related

Please provide a description of the major adverse event, treatment and outcome below:

R

DEATH

- 1) Date of Death (dd/mm/yy) / / 20
- 2) Post Mortem performed: Yes No
- 3) State underlying cause of death.....
- 4) Additional details.....

A

U

If a post mortem was performed send a copy of the report to the STITCH (Trauma) office.

Please now categorise the death by writing the most appropriate number in the box*

M

*1= head injury/initial injury, 2 = head injury/ secondary intracranial damage, 3= systemic trauma, 4= medical complications, 5= other.

A

HOSPITAL READMISSION

- 1) Date initially discharged (dd/mm/yy) / / 20
- 2) Date readmitted (dd/mm/yy) / / 20
- 3) Date discharged (dd/mm/yy) / / 20 or still an inpatient: Yes

Please return the completed form to:
STITCH (Trauma), Neurosurgical Trials Unit, 3-4 Claremont Terrace, Newcastle University, Newcastle upon Tyne, NE2 4AE, U.K.
FAX: +44 (0) 191 222 5762 TEL: +44 (0) 191 222 5764