TOPHR HIT PARAMEDIC DATA CHECKLIST

If lost please return to the Prehospital and Transport Medicine Research Program, Tel: 416-480-5339
To secure your incentive, please ensure that you fill out each section completely and accurately. All information is confidential and only for research use.

Run Number: ____________________  Patient Health Insurance Number (HIN): ____________________

Randomization Number: ____________________  Did you remember to label the infusion bags? □ Yes □ No

Please check mark if patient met the Inclusion & Exclusion Criteria:

Inclusion Criteria:
- □ Age ≥ 16
- □ Blunt trauma mechanism of injury
- □ GCS ≤ 8
- □ Trauma centre: SMH or S & W
- □ IV Access

Exclusion Criteria:
- □ No known or suspected pregnancy
- □ No VSA prior to randomization
- □ Arrive scene to IV access is not >4 hours
- □ No burn (thermal, chemical, electrical, radiation)
- □ No asphyxia (strangulation, hanging, choking, suffocation, drowning)

Basics of Mechanism:
- □ Transport (vehicle or pedestrian)
- □ Fall
- □ Interpersonal violence

If yes, please specify: ____________________

Date Trauma Occurred: ___ ___ ___  ___ / ___  ___  / ___  ___  
Time Trauma Occurred: ___  ___  / ___  ___  
y     y     y       y       m     m        d     d                                     h     h        m     m

Date Trauma Recognized: ___ ___ ___  ___ / ___  ___  / ___  ___  
Time Trauma Recognized: ___  ___  / ___  ___  
y     y     y       y       m     m        d     d                                                                h     h        m     m

Trauma Witnessed:
- □ Yes
- □ No

If yes, Trauma Witnessed By:
- □ Toronto EMS
- □ Layperson bystander(s)
- □ Off duty medical professional(s)

- □ Other, please specify: ____________________

Bystander Care:
- □ Yes
- □ No

If yes, Bystander Care Provided By:
- □ Layperson bystander(s)
- □ Off duty medical professional(s)

- □ Other, please specify: ____________________

Patient intubated prior to study fluid administration:
- □ Yes
- □ No

Please check mark each box below to ensure you are the crew that performed the following:
- □ Administered the study fluid
- □ Transported the patient
- □ Completed the ACR

If you answered yes to all three tasks above, please indicate the following:

Attendant Name: __________________  Oasis Number: ____________________  Incentive Choice: (Home Depot, Mountain Équ., Cadillac Fairview, Indigo)

Driver Name: __________________   Oasis Number: ____________________  Incentive Choice: (Home Depot, Mountain Équ., Cadillac Fairview, Indigo)

Student Name: __________________   Oasis Number: ____________________  Incentive Choice: (Home Depot, Mountain Équ., Cadillac Fairview, Indigo)

Other Name: __________________   Oasis Number: ____________________  Incentive Choice: (Home Depot, Mountain Équ., Cadillac Fairview, Indigo)

Vehicle Number: __________________  Originating Station Number: ____________________

For other crews on scene, please indicate the following:

1) Vehicle Number: __________          Station Number: __________          ACP or PCP: __________

2) Vehicle Number: __________          Station Number: __________          ACP or PCP: __________

3) Vehicle Number: __________          Station Number: __________          ACP or PCP: __________

Patient received the full amount (250 mL) of the study fluid: □ Yes □ No
If yes, Date Infusion Completed: ___ ___ ___ / ___ / ___ / ___  
Time Infusion Completed: ___ / ___ / ___ 
If no, Total Amount Infused: ____________________mL

Reason for Incomplete Infusion of Study Fluid:
- □ IV stopped due to poor connection
- □ IV stopped due to complication/adverse event, please specify: ____________________
- □ IV pulled out by patient
- □ IV interstitial
- □ IV stopped by hospital staff
- □ Other, please specify: ____________________

Patient Received: □ Hypertonic Saline 7.5% Dextran 6% (250 ml)  □ Sodium Chloride 0.9% (250 ml)

Was the trauma team notified of the study fluid the patient received: □ Yes □ No 
(FYI...the trauma team should not have been notified of solution type; only that the patient was enrolled into this trial)

Study fluid is easy to administer: 1          2          3          4          5  
Medical directive is easy to follow: 1          2          3          4          5

Do you have any hesitation to using HSD in the field? □ Yes □ No □ Other, please specify: ____________________
If yes, please indicate why: ___________________________________________________________________________

CTAS Score (depart scene): □ 1 Resuscitation □ 2 Emergency □ 3 Urgent □ 4 Less urgent □ 5 Non urgent □ 6 Not applicable  
CTAS Score (arrive hospital): □ 1 Resuscitation □ 2 Emergency □ 3 Urgent □ 4 Less urgent □ 5 Non urgent □ 6 Not applicable

Patient Status Change Score: □ 1 Improved □ 2 Unchanged □ 3 Worsened □ 4 Became VSA en route □ 5 Not applicable  
Case Severity Score: □ 1 Minor □ 2 Moderate □ 3 Severe □ 4 Life threatening □ 5 VSA

Did you deviate from the TOPHR HIT medical directive? □ No □ Yes
If yes, please indicate why: ___________________________________________________________________________

Please ensure the following critical data points and times are documented on the ACR (collected prior to treatment, post treatment and arrival to ED):
- □ Pulse
- □ ECG code
- □ Airway management
- □ GCS (E, V, M and total)
- □ Pupils
- □ Immobilization
- □ GCS
- □ Sat O2
- □ Blood pressure
- □ Temperature
- □ Capillary glucose
- □ Oxygen therapy
- □ End Tidal CO2
- □ Respirations
- □ IV fluids
- □ Ventilation

Further, please ensure the following are also documented on the ACR:
- □ Health Insurance Number
- □ Arrival Patient
- □ Date of Birth
- □ Gender
- □ Medications
- □ Call Date
- □ Depart scene
- □ Patient address
- □ Vehicle number
- □ Breathing complications
- □ Call time
- □ Arrival hospital
- □ Postal code
- □ Station number
- □ Crew mobile
- □ Surname
- □ Age
- □ IV attempts

*Attendant please sign and date:
Print Name: _________________________ Signature: _________________________ Date: ____________________ (mmm/dd/yyyy)