

ER ASSESSMENT: ABC STATUS

AdmABC = ABC Status on arrival to study hospital

1. CDE Variable	AdmABC = ABC status on arrival
2. CDE Definition	Status of airway (A), breathing (B) and circulation (C) on arrival to study hospital.
3. Recommended instrument for assessment	ATLS assessment
4. Description of measure	Categorical; multiple entries permitted.
5. Permissible values	<p><u>Airway:</u></p> <ul style="list-style-type: none"> • Clear • Obstructed • Adjunctive airway (e.g. Mayo) • Intubated • Unknown <p><u>Breathing:</u></p> <ul style="list-style-type: none"> • Spontaneous, adequate • Spontaneous, insufficient • Manual support with bag, valve, mask • Mechanical ventilation • Unknown <p><u>Circulation:</u></p> <ul style="list-style-type: none"> • No specific therapy • IV fluids • Vasopressors • CPR • Unknown <p>Supplemental oxygen: no/yes/unknown</p>
6. Classification: Basic/Intermediate/Advanced	Identical
7. Procedure	Assess (and document later) the ABC status immediately upon arrival in the ER, prior to resuscitation therapy.
8. Comments/Special instructions: N/A.	
9. Rationale/justification: Problems with the ABC status may cause substantial second insults (hypoxia and hypotension), exacerbating the brain injury in TBI.	
10. References: <i>Murray GD, Butcher I, McHugh GS, et al. Multivariable prognostic analysis in traumatic brain injury: results from the IMPACT study. J Neurotrauma. Feb 2007;24(2):329-337.</i> <i>Brain Trauma Foundation, American Association of Neurological Surgeons (AANS), Congress of Neurological Surgeons (CNS), AANS/CNS Joint Section on Neurotrauma and Critical Care: Guidelines for the management of severe traumatic brain injury. I. Blood pressure and oxygenation. J Neurotrauma. 2007;24 (Suppl 1):S7-S13.</i>	

<p>Recommended time for assessment: Immediately upon arrival in ER.</p>
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ER ASSESSMENT

Respiratory rate

RespRate = Respiratory Rate

1. CDE Variable	RespRate
2. CDE Definition	Respiratory rate on admission to emergency room
3. Recommended instrument for assessment	Breaths/min
4. Description of measure	Numerical.
5. Permissible values	Rate: 4-40 (0-100)
6. Classification: Basic/Intermediate/Advanced	Identical
7. Procedure	Record respiratory rate and type of ventilation; check 'unknown' if information is not available
8. Comments/Special instructions:	Detailed information on breathing and type of ventilation is captured under the element: ABC status. However, when recording respiratory rate, we consider it essential to link the rate to the type of ventilation (spontaneous or ventilated) at the same time.
9. Rationale/justification:	Hypoxia, hypercapnia, and hypocapnia have all been associated with poor outcome.
10. References:	<i>Davis, DP.</i> Early ventilation in traumatic brain injury. <i>Resuscitation.</i> Mar 2008;76(3):333-340. Guidelines for the management of severe traumatic brain injury. XIV. Hyperventilation. <i>J Neurotrauma.</i> 2008;25:276-8 <i>Murray GD, Butcher I, McHugh GS, et al.</i> Multivariable prognostic analysis in traumatic brain injury: results from the IMPACT study. <i>J Neurotrauma.</i> Feb 2007;24(2):329-337.
Recommended time for assessment:	All versions: admission to emergency department.