



PATIENT ENTRY FORM

THIS FORM MUST BE COMPLETED FOR EACH PATIENT BEFORE RANDOMISATION TO ENSURE PATIENT IS ELIGIBLE FOR THE TRIAL

INFORMATION ABOUT YOUR HOSPITAL

1. **Country:** The country in which your hospital is located
2. **Name of the hospital:** This is where the patient is located at randomisation **OR** the code number is allocated to your hospital by the Co-ordinating Centre – this can be found in your Hospital Site File
3. **Name of caller:** Name of person randomising the patient

INFORMATION ABOUT THE PATIENT

4. **Patient sex:** Please circle either male or female
5. **Patient Initials:** As the Co-ordinating Centre is not allowed to collect patient identifiable data – the initials you put here must help you trace the patient when outcome data is due for collection
6. **Patient hospital identification number:** This is the unique Identification Number given to the patient by your hospital. Please ensure this is correct as this may be the only way you have to trace the patient
7. **Do you know patient's date of birth?:** Date of birth **OR** age is required **NOT** both. Patients believed to be less than 16 years old are **NOT** eligible for this study. Please note date format **YEAR/MONTH/DAY**

INFORMATION ABOUT THE INJURY

8. **Estimated number of hours since injury:** Please put number of hours. If this is more than 8 hours, the patient is not eligible for this study
9. **Type of injury:** Please circle **one** answer only.
If patient has **both** blunt and penetrating injuries, please circle (3)

FIRST MEASUREMENT IN HOSPITAL OF THE FOLLOWING

(if unknown give value at randomisation):

The FIRST in-hospital recording of the following clinical measurements are required. If no previous recordings are available, please measure before randomising.

10. **Systolic BP (mmHg):** use your standard procedure – if unrecordable – please put '0'
11. **Respiratory rate (per min):** use your standard procedure – if patient is intubated prior to recording – put '0'
12. **Central capillary refill time (sec):** see best practice below
13. **Heart rate (per min):** use your standard procedure
14. **Glasgow Coma Score (max 15):** please provide total score and circle a score for each element

CAPILLARY REFILL TIME: BEST PRACTICE

CRT is measured by applying firm digital pressure to the 'selected area' e.g. chest for a period of two to five seconds; timing commences on release of pressure. Timing is stopped when the blanched area returns to its normal basal skin colour. (McGee and Boyko 1998, Schriger and Baraff 1991, Saavedra et al 1991).

CRASH2 PATIENT ENTRY
ALL QUESTIONS BELOW NEED TO BE ANSWERED BEFORE CALLING THE RANDOMISATION SERVICE

INFORMATION ABOUT YOUR HOSPITAL

1. Country
2. Name of hospital (or your hospital code)
3. Name of caller

INFORMATION ABOUT THE PATIENT

4. Patient sex (please circle) Male Female
5. Patient initials
6. Patient hospital identification number
7. Do you know patient's date of birth?
a. YES - date of birth YEAR MONTH DAY b. NO - approximate age

INFORMATION ABOUT THE INJURY

8. Estimated number of hours since injury hours
9. Type of injury (please circle) 1 Blunt 2 Penetrating 3 Both

FIRST MEASUREMENT IN HOSPITAL OF THE FOLLOWING (IF UNKNOWN GIVE VALUE AT RANDOMISATION)

10. Systolic BP (mmHg) 11. Respiratory rate (per min)
12. Central capillary refill time (sec) 13. Heart rate (per min)
14. Glasgow Coma Score (max 15)

Eye opening	Verbal responses	Motor responses
4 Spontaneous	4 Oriented	4 Obedient
3 To sound	3 Coherent	4 Push/pull
2 To pain	4 Not oriented	3 Flexion
1 None	3 Incoherent	2 Withdrawal
	2 Slurred	1 Non
	1 None	1 None

How call Randomisation Service with these answers and write down the treatment pack number given at the end of the phone call

Box Pack

Get this pack and follow the instructions on it carefully
Or paper randomise as per instructions in site file

- **PLEASE TELEPHONE THE RANDOMISATION SERVICE OR ALLOCATE THE LOWEST AVAILABLE PACK NUMBER**
- **RECORD THE ALLOCATED BOX/PACK NUMBER ON THE FORM**
- **NON-TELEPHONE RANDOMISATION: RECORD DATE AND TIME OF RANDOMISATION ON THE FORM (YEAR/MONTH/DAY)**
- **TELEPHONE RANDOMISATION: DATA WILL BE COLLECTED BY RANDOMISATION SERVICE WHEN YOU CALL**
- **NON-TELEPHONE RANDOMISATION: SEND DATA VIA INTERNET (OR EMAIL, FAX, POST)**
- **PLEASE KEEP ORIGINAL ENTRY FORM IN YOUR HOSPITAL SITE FILE OR IF POSTING THE FORM TO US PLEASE MAKE A COPY FOR YOUR SITE FILE**