

## Data Collection Form: Non-Accidental Head Injury

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Team Members: RN RRT Paramedic  
**Team Number:** \_\_\_\_\_ APRN EMT MD Other \_\_\_\_\_

#	Metrics	Yes	No	Notes
1	<b>Assess both airway and breathing</b> (listen to patient chest using stethoscope, ask about airway patency or directly examine airway) <b>Verbalize in the first 3 minutes</b>			assess breath sounds, <b>AND</b> work of breathing
2	<b>Assess hemodynamics</b> (BP, HR, pulses, cap refill) Verbalize on clinical change			
3	<b>Assess level of consciousness</b> (reaction to tactile stimuli <b>AND</b> pupil reactivity)			
4	<b>Verbalize concern for increased intracranial pressure</b> (by stating HR/BP/RR changes)			
5	<b>Apply neuroprotective measures</b> HOB elevated 20-30 degrees <b>AND</b> keep head midline			
6	<b>Administer hyperosmolar solution IV</b> <input type="checkbox"/> 3% Hypertonic Saline (3-5mL/kg) <b>AND/OR</b> <input type="checkbox"/> Mannitol (0.25-1gm/kg)			<input type="checkbox"/> IV dose _____ (only one is needed to get a (yes) but ok if both agents are given)
7	<b>Perform Bag Valve Mask ventilation</b> with correct hand position (one hand or two hand technique is acceptable) <b>AND</b> verify good seal (no leak & good chest rise)			Both elements are expected
8	<b>Verbalize the need for definitive airway</b>			
9	<b>Medical Control OR receiving facility contacted with change in patient clinical status</b>			Give (yes) if done at any phase throughout the scenario

**Note:**

**Transport teams may call their medical control to ask for recommendations at any point throughout the scenario. They will receive credit for the performed elements whether they call or not.**

**If team proceeds with intubation, please complete the following cells for data collection.  
Intubation is not required for the scenario, but if the team intubates, we would like to collect data regarding intubation practices**

A	<b>Use induction medications for intubation</b> (Teams can use <u>any regimen</u> they are comfortable with based on their institutional policy or practice style, may include sedation and/or analgesic and/or paralytic)			<input type="checkbox"/> Sedation given Med _____ Dose _____ <input type="checkbox"/> Analgesia given Med _____ Dose _____ <input type="checkbox"/> Neuromuscular Blockade given Med _____ Dose _____ <input type="checkbox"/> Other:
B	<b>Check the function of the blade</b> (light bulb or camera if using video)			
C	<b>Use appropriate size ETT</b> (size 3 - 4)			
D	<b>Use cuffed ETT</b>			
E	<b>Check suction catheter function</b>			soft or rigid catheter (circle)
F	<b>Time to intubation</b> _____ (from laryngoscope entering mouth )			(chest rise or confirmation on the simulator)
G	<b>Confirm ETT placement with CO2 detection/monitoring</b> <input type="checkbox"/> ETCO2 wave <input type="checkbox"/> Color detector <b>AND/OR</b> bilateral breath sounds & equal chest rise (2 methods of confirmation preferred)			

**Notes:**