The Role of HIV in Post-Injury Coagulation

WTA Multicenter Study

Case Report Form

Note: Data will be entered by participating sites directly into the study's REDCap online database.

DEMOGRAPHICS

SUBJECT INFO:	
Study ID	
YEAR of ED arrival	
Gender	
Age	
Race	White Black Hispanic Asian Native Am Pacific Is Other Unknown
Latino	Yes No
Weight (kg)	
Height (cm)	
BMI	

TRAUMA DATA

Mechanism	Blunt	Per	netrating			
	GSW	MultiGSW	MVC MCC	Assault		
	Crush	SW MultiS	SW Ped vs Auto	Bike vs Auto		
Mechanism Type:	Fall	Burn	Burn w/Ir	Burn w/Inhalation		
	Hanging	FoundDown	n Other	Unknown		
Mechanism Notes:						

COMORBIDITIES AND HIV DATA

COMORBIDITIES						
HIV / AIDS	Yes					
Hepatic Failure or Cirrhosis	Yes	No				
Immunosuppression	Yes	No				
Chronic Lung Disease (Asthma, COPD, Interstitial Lung Disease)	Yes	No				
Hepatitis C	Yes	No.	If yes, Hep C treated?	Yes	No	
CAD (hx of MI, CABG, PTCA)	Yes	No				
ESRD	Yes	No				
Diabetes Mellitus	Yes	No	If yes, Insulin required?	Yes	No	
CHF	Yes	No				
Active Malignancy	Yes	No	If yes, specify:			
Psych Disorder	Yes	No	If yes, specify:			
Comorbidity Notes:						
	<u>HIV DA</u>	ATA				
Currently on ARVs on admit?	Yes	No	Unknown			
Prior history of ARVs?	Yes	No	Unknown			
CD4 COUNT						
Last CD4 Count <u>Prior</u> to admit			Unknown			
Date of last CD4 (list as # of days prior to admit):			Unknown			
First CD4 Count <u>After</u> admit			Not done			
Date of post-admit CD4 count (list as # of says from hospital admission)						
VIRAL LOAD						
Viral Load <u>Prior</u> to admit			Unknown			
Date of Viral Load (list as # of days prior to admit):			Unknown			
First Viral Load <u>After</u> admit			Not done			
Date of post-admit Viral Load (list as # of says from hospital admission)						

OUTPATIENT MEDICATIONS

NOACs/Anticoagulants/Antiplatelets: Outpatient				
NOACs Including: Pradaxa (dabigatran) Xarelto (rivaroxaban) Eliquis (apixaban) Savaysa (edoxaban) Bevyxxa (betrixaban)	Yes	No		
Standard Anticoagulants Including: Coumadin (warfarin) Lovenox (enoxaparin)	Yes	No		
Aspirin	Yes	No		
Antiplatelets, other than aspirin Including: Aggrenox (aspirin/dipyridamole) Plavix (clopidogrel)	Yes	No		
OTHER not captured above, please list:				

LAB SAMPLES

Admit (HR 0 Labs)

HEMATOLOGY			CHEMISTRY	
WBC (k/uL)			Creatinine (mg/dL)	
Hemoglobin (g/dL)			Total Bili (mg/dL)	
Hematocrit (%)			Calcium (mg/dL)	
Platelet (k/uL)			Ionized Calcium (mmol/L)	
WBC Differential			COAGULUATION	
Absolute Neutrophil			PT (sec)	
Absolute Lymphocyte			PTT (sec)	
Absolute Monocyte			INR	
Absolute Eosinophil			Fibrinogen (mg/dL)	
Absolute Basophil				
Absolute Large Lymphocyte			OTHER	
			Lactate (mmol/L)	
			Blood Type	
Blood Gas			Albumin (g/dL) *first within 1 wk	
<u>Please specify Venous or</u> <u>Arterial Blood gas:</u>	VBG	ABG	Prealbumin (mg/dL) <i>*first within 1 wk</i>	
pH			CRP (mg/L) *first within 1 wk	
pCO2				
pO2				
НСО3-				
Base deficit / excess				
*please use minus sign for base deficit, ex:				
base deficit -4.0, or base excess 4.0				

INPATIENT MEDICATIONS			
NOACs/Anticoagul Collect to first 28 days in hospital	ants//	Antiple	atelets: Inpatient
NOACs Including: Pradaxa (dabigatran) Xarelto (rivaroxaban) Eliquis (apixaban) Savaysa (edoxaban) Bevyxxa (betrixaban)	Yes	No	Start date (days from admit):
Standard Anticoagulants Including: Coumadin (warfarin)	Yes	No	Start date (days from admit):
Aspirin	Yes	No	Start date (days from admit):
Antiplatelets, other than aspirin Including: Aggrenox (aspirin/dipyridamole) Plavix (clopidogrel)	Yes	No	Start date (days from admit):
DVT Prophylaxis	Yes	No	Start date (days from admit):
DVT Prophylaxis Medication	Yes Enoxa	No aparin	Start date (days from admit): Heparin Other
DVT Prophylaxis Medication Dosage (Dose/Route/Frequency)	Yes Enoxa	No aparin	Start date (days from admit): Heparin Other
DVT Prophylaxis Medication Dosage (Dose/Route/Frequency) Total number of doses prescribed (aka optimal number of doses given, if none were missed or held) Example: On morning of hospital day 3, patient started on Enoxaparin 30mg SC BID, discharged afternoon of hospital day 10: optimal total doses = 15	Yes Enox:	No	Start date (days from admit): Heparin Other
DVT Prophylaxis Medication Dosage (Dose/Route/Frequency) Total number of doses prescribed (aka optimal number of doses given, if none were missed or held) <i>Example: On morning of hospital day 3,</i> <i>patient started on Enoxaparin 30mg SC</i> <i>BID, discharged afternoon of hospital day</i> <i>10; optimal total doses = 15</i> Total number of doses NOT given (held or missed)	Yes	No aparin	Start date (days from admit): Heparin Other
DVT Prophylaxis Medication Dosage (Dose/Route/Frequency) Total number of doses prescribed (aka optimal number of doses given, if none were missed or held) <i>Example: On morning of hospital day 3,</i> <i>patient started on Enoxaparin 30mg SC</i> <i>BID, discharged afternoon of hospital day</i> <i>10; optimal total doses = 15</i> Total number of doses NOT given (held or missed)	Yes	No	Start date (days from admit): Heparin Other
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HEMOSTATIC MEDICATIONS

Collect to first 28 days in hospital. Collect start date, dosage, and number of doses given.

Cyklokapron (Tranexamic Acid)	Yes No Start date (days from admit): Dosage (dose/route/frequency): Number of doses given:
RiaSTAP (Fibrinogen Concentrate)	Yes No Start date (days from admit): Dosage (dose/route/frequency): Number of doses given:
KCentra (Prothrombin complex concentration)	Yes No Start date (days from admit): Dosage (dose/route/frequency): Number of doses given:
Factor VII	Yes No Start date (days from admit): Dosage (dose/route/frequency): Number of doses given:

MOF SCORING DATA

	Admit Day	Day 1	Day 2	Day 3	Day 4	Day 6	Day 6	Day 7
Pulmonary: Lowest P/F ratio*								
Renal: Highest creatinine								
Cardiac: Vasopressors**	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Hepatic: Highest total bilirubin								

*No OR values for lowest P/F; **Do not record Yes for vasopressors required if ONLY used in the OR

OUTCOMES

THROMBOE	EMBOLIC C	OMPLICA	TION	\mathbf{S}			
Thromboembolic Complication	Yes No						
Time of complication (# of hours from	m admit)						
Type of Complication	Type of Complication			MI	CVA	Oth	er
Thromboembolic complication des	cription						
Type of Diagnosis		Inc	idental	s	ympton	natic	
Diagnoses by		СТ	Ultr	asour	nd O	ther.	
	-						
Mortality @28 days	Alive	Dead		ISS			
Vital Status at hospital discharge	Alive	Dead		AIS	Head		
Date time of death (# of hours from Admit)				AIS	Face		
Total Hospital Days				AIS	Chest		
ICU Days (to 28days)				AIS	Abdom	en	
Vent Days (to 28days)				AIS	Extrem	nity	
				AIS	Skin		
	Expire	d Hom	e				
	SNF	Reha	b				
Discharge Location	Txf to A	nother Hospi	tal				
	AMA	Inpatient P	sych				
	Other:						

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FUNCTIONAL COAGULATION MEASURES

Please record any functional coagulation results your site obtains: TEG – any test – and/or ROTEM. It is not necessary to have both TEG and ROTEM, either is fine!

Date time of blood sample collection (minutes from hospital arrival):

ROTEM:

EXTEM:	FIBTEM :
Ex CT	Fib CT
Ex CFT	Fib Alpha
Ex Alpha	Fib A10
Ex A10	Fib A20
Ex A20	Fib MCF
Ex MCF	Fib ML
Ex ML	
INTEM:	APTEM:
INTEM: In CT	АРТЕМ: Ар СТ
INTEM: In CT In CFT	APTEM: Ap CT Ap CFT
INTEM: In CT In CFT In Alpha	APTEM: Ap CT Ap CFT Ap Alpha
INTEM: In CT In CFT In Alpha In A10	APTEM: Ap CT Ap CFT Ap Alpha Ap A10
INTEM: In CT In CFT In Alpha In A10 In A20	APTEM: Ap CT Ap CFT Ap Alpha Ap A10 Ap A20
INTEM: In CT In CFT In Alpha In A10 In A20 In MCF	APTEM: Ap CT Ap CFT Ap Alpha Ap A10 Ap A20 Ap MCF
INTEM: In CT In CFT In Alpha In A10 In A20 In MCF In ML	APTEM: Ap CT Ap CFT Ap Alpha Ap A10 Ap A20 Ap MCF Ap ML

TEG:

Citrated Rapid TEG:	Citrated Kaolin:	Functional Fibrinogen:
CRT ACT	CK SP	FF FLEV
CRT SP	CK R	FF SP
CRT R	CK K	$\mathbf{FF} \mathbf{R}$
CRT K	CK Alpha	$\mathbf{FF} \mathbf{K}$
CRT Alpha	CK MA	FF Alpha
CRT MA	CK G	$\mathbf{FF}\mathbf{MA}$
CRT G	CK Ly30	$\mathbf{FF} \mathbf{G}$
CRT Ly30		FF EPL
		FF Ly34