

THE USE OF FACTOR VIIa IN TRAUMA PATIENTS WTA/AAST MULTICENTER CASE REGISTRY

Please complete the following information for any data forms submitted for this study:

Coordinating Center: University of California San Francisco	Submitting Institution:
Principal Investigator: M. Margaret Knudson, MD, FACS	Principal Investigator:
Study Coordinator: Campbell Stewart	Study Coordinator:
Address: San Francisco General Hospital Box 0807 Ward 3A 1001 Potrero Avenue San Francisco, 94110	Address:
Telephone - PI: M. Margaret Knudson, MD 415-206-4623	Telephone - PI:
Email - PI: pknudson@sfghsurg.ucsf.edu	Email - PI:
Telephone – Study Coordinator: Campbell Stewart 415-206-4644	Telephone – Study Coordinator:
Email–Study Coordinator: cstewart@sfghsurg.ucsf.edu	Email–Study Coordinator:
Center FAX: 415-206-5484	Institution FAX:

THE USE OF FACTOR VIIa IN TRAUMA PATIENTS WTA/AAST MULTICENTER CASE REGISTRY

Patient Age: _____ Gender: _____ Admission Weight: _____

Mechanism of Injury:

MVC: _____ Fall: _____ SW: _____
 GSW: _____ Pedestrian: _____ Other: _____

Lowest blood pressure in field: _____ Lowest blood pressure in ED: _____

Base deficit on arrival: _____ Temperature on arrival: _____

Preexisting conditions (*check all that apply*):

- | | |
|--|--|
| <input type="checkbox"/> History of cardiac disease | <input type="checkbox"/> History of stroke |
| <input type="checkbox"/> Peripheral vascular disease | <input type="checkbox"/> History of cirrhosis |
| <input type="checkbox"/> Taking coumadin | <input type="checkbox"/> Previous thromboembolic event |

Describe all injuries and score AIS (*use one line per injury*):

Region	AIS	Region	AIS
1) Head/Neck		2) Face	
3) Chest		4) Abdomen/Pelvic contents	
5) Extremities/Bony pelvis		6) External	

TOTAL ISS: _____

PRIOR TO 1st DOSE OF VIIa

Describe ALL bleeding sites:

Region	Region
1) Head/Neck	2) Face
3) Chest	4) Abdomen/Pelvic contents
5) Extremities/Bony pelvis	6) External

List all operations performed PRIOR TO FIRST dose of VIIa (*describe all adjunctive measures used to control bleeding, such as packing, sealants, sutures etc.*):

Procedures	Adjunctive measures

Angiographic/Embolization procedures performed PRIOR TO FIRST dose of VIIa:

1.	4.
2.	5.
3.	6.

Prior to 1st dose of VIIa

Units of RBC transfused		pH just prior to administration	
Units of FFP transfused		PTT just prior to administration	
Units of platelets transfused		INR just prior to administration	
Blood pressure at time of administration		Base deficit just prior to administration	

List indications for administration of VIIa (*please be as specific as possible*):

1.	3.
2.	4.

Large vessel bleeding? ___ yes ___ no

Coagulopathic bleeding? ___ yes ___ no

FACTOR VIIA DOSE (PLEASE record as µg/kg)

Time from admit to 1st dose (hrs): _____ 1st dose _____ µg/kg

Time from 1st dose to 2nd (if given): _____ 2nd dose _____ µg/kg

Time from 2nd dose to 3rd (if given): _____ 3rd dose _____ µg/kg

AFTER VIIa DOSE

Was there a notable effect on bleeding? ___ yes ___ no Describe effect (whether Yes or No): _____

Was thrombelastography used? ___ yes ___ no Describe results: _____

Time from administration until hemostasis achieved	
Corrected PTT	
Corrected INR	
Units of RBC transfused within 24hrs post VIIa	
Units of FFP transfused within 24 hrs post VIIa	
Units of platelets transfused within 24 hrs post VIIa	
Time to correct base deficit (hrs)	
Corrected base deficit	
Time to correct hypothermia (hrs)	

List all procedures preformed after administration of VIIa:

Procedures

Adjunctive measures

OUTCOMES: Lived: _____ Died: _____ Time from admission to death (hrs): _____

Cause of death: _____

Hospital length of stay: _____ ICU days: _____ Ventilator days: _____

COMPLICATIONS (check all that apply): ___ ARDS ___ Acute MI ___ Stroke

___ Renal failure If patient had renal failure, please describe: _____

___ Infectious or Other Complication Describe: _____

THROMBOTIC complications: ___ PE ___ DVT ___ arterial thrombosis

Please describe: _____

Additional comments:

