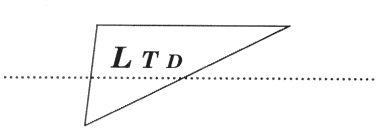
FI




NIDDK

Liver Transplantation Database

# POST-TRANSPLANT FOLLOW-UP ICP MONITORING FORM

02/12/1991

FORM KEYS

Patient ID _____

Transplant No. _____

Episode of ICP Monitoring _____

COMPLETION LOG

Data Collector ID _____-_____
Center Initials

DATE

Data Collection _____/_____/_____

Data Entry _____/_____/_____

Sysid _____

Verification _____/_____/_____

Cleaned _____/_____/_____

Transfer _____/_____/_____
MM DD YY

FI

**POST-TRANSPLANT FOLLOW-UP ICP MONITORING FORM**

NIDDK Liver Transplantation Database

PATIENT ID _____-_____

TRANSPLANT NUMBER _____

I. Was a Fulminant Form (FS) filled out pretransplant? Yes__ No__

II. Episode of ICP Monitoring (check one)

__ 1. First episode __ 3. Third episode __ 5. Continuing (days 11-15)

__ 2. Second episode __ 4. Continuing (days 6-10) __ 6. Continuing (days 16-20)

| | | | | | |
|---|---|---|---|---|---|
| 1. Date | ____/____/____ MM DD YY | ____/____/____ MM DD YY | ____/____/____ MM DD YY | ____/____/____ MM DD YY | ____/____/____ MM DD YY |
| 2. Type (code as specified on opposite page) | _____ | _____ | _____ | _____ | _____ |
| 3. Maximum reading | _____ | _____ | _____ | _____ | _____ |
| 4. Minimum reading | _____ | _____ | _____ | _____ | _____ |
| 5. Minimum cerebral perfusion pressure (MAP-ICP) | _____ | _____ | _____ | _____ | _____ |
| 6. Number of treatments given | _____ | _____ | _____ | _____ | _____ |
| IF ONE OR MORE, complete for each treatment given | | | | | |
| 6.1.1 Type (code as specified) | _____ | _____ | _____ | _____ | _____ |
| 6.1.2 Reading at start | _____ | _____ | _____ | _____ | _____ |
| 6.1.3 Reading at 1 hr | _____ | _____ | _____ | _____ | _____ |
| 6.2.1 Type (code as specified) | _____ | _____ | _____ | _____ | _____ |
| 6.2.2 Reading at start | _____ | _____ | _____ | _____ | _____ |
| 6.2.3 Reading at 1 hr | _____ | _____ | _____ | _____ | _____ |
| 6.3.1 Type (code as specified) | _____ | _____ | _____ | _____ | _____ |
| 6.3.2 Reading at start | _____ | _____ | _____ | _____ | _____ |
| 6.3.3 Reading at 1 hr | _____ | _____ | _____ | _____ | _____ |
| 6.4.1 Type (code as specified) | _____ | _____ | _____ | _____ | _____ |
| 6.4.2 Reading at start | _____ | _____ | _____ | _____ | _____ |
| 6.4.3 Reading at 1 hr | _____ | _____ | _____ | _____ | _____ |
| 7. Monitor dysfunction | _____ | _____ | _____ | _____ | _____ |

IF YES, check all that apply

**POST-TRANSPLANT FOLLOW-UP ICP MONITORING FORM**
NIDDK Liver Transplantation Database

PATIENT ID _____-_____

| | | | | | |
|---|---|---|---|---|---|
| 7.1 Poor wave form | _____ | _____ | _____ | _____ | _____ |
| 7.2 Value < clinical manifestation | _____ | _____ | _____ | _____ | _____ |
| 7.3 Value > clinical manifestation | _____ | _____ | _____ | _____ | _____ |
| 7.4 Other | _____ | _____ | _____ | _____ | _____ |

IF YES specify in Section III. Comments

8. Was ICP monitor removed? Yes__ No__

IF YES

8.1 Date monitor removed _____/_____/_____
MM DD YY

8.2 Was HEAD CT done at time of removal? Yes__ No__

IF DONE, check all that apply

___ 8.1.1 Edema
___ 8.1.2 Bleed
___ 8.1.3 Herniation
___ 8.1.4 Focality

IF YES specify under COMMENTS, section III

III. COMMENTS: Yes__ No__

IF YES

**POST-TRANSPLANT FOLLOW-UP ICP MONITORING FORM**

NIDDK Liver Transplantation Database

PATIENT ID _____-_____

(60 char/line)

ICP MONITOR TYPE

1. Epidural
2. Subarachnoid
3. Intraventricular

ICP MONITOR TREATMENT CODE

1. None
2. Mannitol
3. Pentobarbital
4. Hyperventilation
5. Prostaglandins
6. Other