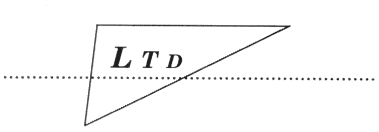
Persons using assistive technology may not be able to fully access information in this file. For assistance, e-mail niddk-cr@imsweb.com. Include the Web site and filename in your message.

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

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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

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POST-TRANSPLANT FOLLOW-UP ICP MONITORING FORM

NIDDK Liver Transplantation Database

PATIENT ID _____-_____

(60 char/line)

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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