

TNO:

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ICP Monitoring

ICP MONITORING DETAILS

Date and time ICP monitoring started	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="4"></td> <td colspan="4">DD/MMM/YYYY</td> <td colspan="4"></td> <td colspan="4">HH/MM</td> </tr> </table>																			DD/MMM/YYYY								HH/MM			
				DD/MMM/YYYY								HH/MM																			
ICP catheter anatomic site	Intraparenchymal	<input type="checkbox"/>																													
	Epidural	<input type="checkbox"/>																													
	Intraventricular	<input type="checkbox"/>																													
	Subdural	<input type="checkbox"/>																													
	Other, please specify _____	<input type="checkbox"/>																													
ICP device type	Intraparenchymal	<input type="checkbox"/>																													
	Ventriculostomy	<input type="checkbox"/>																													
	Other, please specify _____	<input type="checkbox"/>																													
Type of problem experienced during ICP monitoring	Catheter obstruction/failure	<input type="checkbox"/>																													
	Suspicion of inaccurate measurement	<input type="checkbox"/>																													
	Accidental catheter removal	<input type="checkbox"/>																													
	None	<input type="checkbox"/>																													
	Other, please specify _____	<input type="checkbox"/>																													
Was the ICP monitor revised?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>																														
Reason ICP monitoring was stopped	Clinically improved / no longer required	<input type="checkbox"/>																													
	Patient considered unsalvageable / futility	<input type="checkbox"/>																													
	Monitor / catheter failure	<input type="checkbox"/>																													
	Patient died	<input type="checkbox"/>																													
	Unknown	<input type="checkbox"/>																													
Date and time ICP monitoring stopped	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="4"></td> <td colspan="4">DD/MMM/YYYY</td> <td colspan="4"></td> <td colspan="4">HH/MM</td> </tr> </table>																			DD/MMM/YYYY								HH/MM			
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FORM COMPLETED BY:

Name (please print):

Date completed:

				DD/MMM/YYYY			

Signature: