

TNO: **Concomitant Treatments**

CONCOMITANT TREATMENTS	
Craniotomy for evacuation of haematoma	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date of treatment: <input type="text"/>
Neuromuscular paralysis infusion for ICP control	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date of treatment: <input type="text"/>
Pharmacologic blood-pressure augmentation	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date of treatment: <input type="text"/>
Therapeutic hypothermia for ICP control	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date of treatment: <input type="text"/>
Decompressive craniectomy	Yes – bifrontal <input type="checkbox"/> Yes – unilateral <input type="checkbox"/> No <input type="checkbox"/> If yes, date of treatment: <input type="text"/>
Barbiturate coma	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date of treatment: <input type="text"/>
CSF drainage	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date of treatment: <input type="text"/>

FORM COMPLETED BY:	
Name (please print):	Date completed: <input type="text"/>
Signature:	DD/MMM/YYYY