



Early Rib Analgesia with SERratus: ERASER Trial
 A Pragmatic Randomised Control Trial Evaluating the Clinical and Cost-Effectiveness of Serratus Anterior Plane Block with Catheter Insertion compared to Usual Care in Patients with Multiple Rib Fractures

BASELINE CLINICIAN FORM

This trial uses eCRF only and all data should be entered onto <https://bctu-redcap.bham.ac.uk>. This form illustrates the data that is being collected for baseline.

Section 1 - PARTICIPANT'S DETAILS

Trial no: <input type="text"/>	Partial DOB: <i>e.g. Jan2017</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Site ID: <input type="text"/>
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Section 2 - RELEVANT MEDICAL HISTORY

Comorbidities

Charlson Comorbidity Index *Does the participant have these comorbidities:*

Myocardial infarction: <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Congestive heart failure: <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Peripheral vascular disease: <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Cerebrovascular disease or Transient ischemic attack: <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Dementia: <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
COPD: <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Connective tissue disease: <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Peptic ulcer disease <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Liver disease: <i>Select one</i>	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate to severe
Diabetes mellitus: <i>Select one</i>	<input type="radio"/> None <input type="radio"/> Without end-organ damage <input type="radio"/> With end-organ damage
Hemiplegia or paraplegia: <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Chronic kidney disease: <i>Select one</i>	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate to severe
Solid tumour: <i>Select one</i>	<input type="radio"/> None <input type="radio"/> Localised <input type="radio"/> Metastatic
Leukaemia: <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Lymphoma: <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
AIDS: <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes

Reference: Charlson M.E., Pompei P., Ales K.L., MacKenzie C.R. A new method of classifying prognostic comorbidity in longitudinal studies: development and validation. *J Chron Dis.* 1987;40:373–383.

Does the participant have a history of:	
Asthma <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
COPD <i>Select one</i>	
<input type="radio"/> No <input type="radio"/> GOLD1 (<i>mild: FEV₁ ≥ 80% predicted</i>) <input type="radio"/> GOLD 2 (<i>moderate: 50% ≤ FEV₁ < 80% predicted</i>) <input type="radio"/> GOLD 3 (<i>severe: 30% ≤ FEV₁ < 50% predicted</i>) <input type="radio"/> GOLD 4 (<i>very severe: FEV₁ < 30% predicted</i>)	
Pulmonary vein stenosis <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes, congenital <input type="radio"/> Yes, acquired
Pneumonia <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Bronchiectasis <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Previous pneumothorax <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Previous atelectasis <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Pulmonary embolism <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Pulmonary oedema <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Bradycardia <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Lung tumour <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Pulmonary hypertension <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Pulmonary fibrosis <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Sarcoidosis <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Interstitial lung disease <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Sleep apnoea <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Alpha-1-antitrypsin deficiency <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Previous transfusion related acute lung injury (TRALI) <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Previous acute respiratory distress syndrome (ARDS) <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Tuberculosis <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Epilepsy <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes
Neurocognitive disorder <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes

Continue to next page

Current Daily medications

Is the participant taking Insulin: *Select one:* No Yes - please provide details

Dose: _____	Units: _____	Tick here if daily dose unknown: <input type="checkbox"/>	Start date: D D M M M Y Y Y Y	Tick here if start date unknown: <input type="checkbox"/>
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Is the participant taking other antihyperglycaemic agents: *Select one:* No Yes - please provide details

Dose: _____	Units: _____	Tick here if daily dose unknown: <input type="checkbox"/>	Start date: D D M M M Y Y Y Y	Tick here if start date unknown: <input type="checkbox"/>
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Is the participant taking Steroids / other immunosuppressive agents: *Select one:* No Yes - please provide details

Dose: _____	Units: _____	Tick here if daily dose unknown: <input type="checkbox"/>	Start date: D D M M M Y Y Y Y	Tick here if start date unknown: <input type="checkbox"/>
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Is the participant taking Anticoagulants: *Select one:* No Yes - please provide details

Dose: _____	Units: _____	Tick here if daily dose unknown: <input type="checkbox"/>	Start date: D D M M M Y Y Y Y	Tick here if start date unknown: <input type="checkbox"/>
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Is the participant taking Antiplatelet agents: *Select one:* No Yes - please provide details

Dose: _____	Units: _____	Tick here if daily dose unknown: <input type="checkbox"/>	Start date: D D M M M Y Y Y Y	Tick here if start date unknown: <input type="checkbox"/>
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Current Daily analgesic medication

Is the participant taking Paracetamol: *Select one:* No Yes - please provide details

Dose: _____	Units: _____	Tick here if daily dose unknown: <input type="checkbox"/>	Start date: D D M M M Y Y Y Y	Tick here if start date unknown: <input type="checkbox"/>
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Is the participant taking Codeine: *Select one:* No Yes - please provide details

Dose: _____	Units: _____	Tick here if daily dose unknown: <input type="checkbox"/>	Start date: D D M M M Y Y Y Y	Tick here if start date unknown: <input type="checkbox"/>
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Is the participant taking Gabapentin: *Select one:* No Yes - please provide details

Dose: _____	Units: _____	Tick here if daily dose unknown: <input type="checkbox"/>	Start date: D D M M M Y Y Y Y	Tick here if daily dose unknown: <input type="checkbox"/>
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Is the participant taking Pregabalin: *Select one:* No Yes - please provide details

Dose: _____	Units: _____	Tick here if daily dose unknown: <input type="checkbox"/>	Start date: D D M M M Y Y Y Y	Tick here if start date unknown: <input type="checkbox"/>
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Is the participant taking Ketamine: *Select one:* No Yes - please provide details

Dose: _____	Units: _____	Tick here if daily dose unknown: <input type="checkbox"/>	Start date: D D M M M Y Y Y Y	Tick here if start date unknown: <input type="checkbox"/>
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Is the participant taking Tramadol: *Select one:* No Yes - please provide details

Dose: _____	Units: _____	Tick here if daily dose unknown: <input type="checkbox"/>	Start date: D D M M M Y Y Y Y	Tick here if start date unknown: <input type="checkbox"/>
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Is the participant taking NSAIDs: *Select one:* No Yes - please provide details

Dose: _____	Units: _____	Tick here if daily dose unknown: <input type="checkbox"/>	Start date: D D M M M Y Y Y Y	Tick here if start date unknown: <input type="checkbox"/>
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Is the participant taking other analgesic medication: *Select one:* No Yes If other, please specify: _____

Dose: _____	Units: _____	Tick here if daily dose unknown: <input type="checkbox"/>	Start date: D D M M M Y Y Y Y	Tick here if start date unknown: <input type="checkbox"/>
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Is the participant on Morphine: *Select one:*

- No (*go to next question*)
 Morphine PCA
 Intermittent IV / nurse controlled Morphine
 Oral Morphine
 Unknown

Dose: _____	Units: _____	Tick here if daily dose unknown: <input type="checkbox"/>	Start date: <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	M	Y	Y	Y	Y	Or tick here if date unknown: <input type="checkbox"/>
D	D	M	M	M	Y	Y	Y	Y					

Continue to next section

Section 3 - CRITICAL CARE UNIT (CCU) ADMISSION DETAILS

Has the participant been admitted to the Critical Care Unit: *Select one*

- No (*go to next section*)
 Yes (*give further details*)

CCU admission: Date: <i>e.g. 31Jan2017</i>	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	M	Y	Y	Y	Y	Time: <i>24 hr clock e.g. 1830</i>	<table border="1"> <tr> <td>H</td><td>H</td><td>M</td><td>M</td> </tr> </table>	H	H	M	M
D	D	M	M	M	Y	Y	Y	Y								
H	H	M	M													

CCU bed configuration: *Select one. For a list of description: see appendix A*

- 00: Level 0
 01: Level 1
 02: Level 2
 03: Level 3
 Temporary use of non critical care bed

CCU function: *Select one. For a list of description: see appendix B*

- 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16
 17 18 19 90 91 92

CCU admission source: *Select one*

- Same NHS hospital site
 Other NHS hospital site (same or different NHS Trust)
 Independent hospital provider in the UK
 Non-hospital source within the UK
 Non UK source

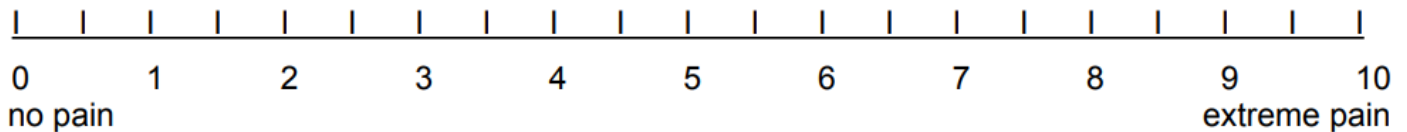
CCU admission type: *Select one*

- Unplanned local admission
 Unplanned transfer in (e.g. from outside local area)
 Planned transfer in
 Planned local surgical admission
 Planned local medical admission from the local area
 Repatriation

Continue to next section

Section 4 - Visual Analog Scale: Participant Pain Rating

Ask the participant to rate the pain they are experience and mark on the scale.

Tick here if participant is unable to provide an answer: *e.g. if sedated or asleep*

Continue to next section

Section 5 - INTERVIEWER ADMINISTERED EQ-5D-5L

First, I would like to ask you about MOBILITY. Would you say that:

1. You have no problems in walking about?
 2. You have slight problems in walking about?
 3. You have moderate problems in walking about?
 4. You have severe problems in walking about?
 5. You are unable to walk about?
-

Next, I would like to ask you about SELF-CARE. Would you say that:

1. You have no problems washing or dressing yourself?
 2. You have slight problems washing or dressing yourself?
 3. You have moderate problems washing or dressing yourself?
 4. You have severe problems washing or dressing yourself?
 5. You are unable to wash or dress yourself?
-

Next, I would like to ask you about USUAL ACTIVITIES, for example work, study, housework, family or leisure activities. Would you say that:

1. You have no problems doing your usual activities?
 2. You have slight problems doing your usual activities?
 3. You have moderate problems doing your usual activities?
 4. You have severe problems doing your usual activities?
 5. You are unable to do your usual activities?
-

Next, I would like to ask you about PAIN OR DISCOMFORT. Would you say that:

1. You have no pain or discomfort?
 2. You have slight pain or discomfort?
 3. You have moderate pain or discomfort?
 4. You have severe pain or discomfort?
 5. You have extreme pain or discomfort?
-

Finally, I would like to ask you about ANXIETY OR DEPRESSION. Would you say that:

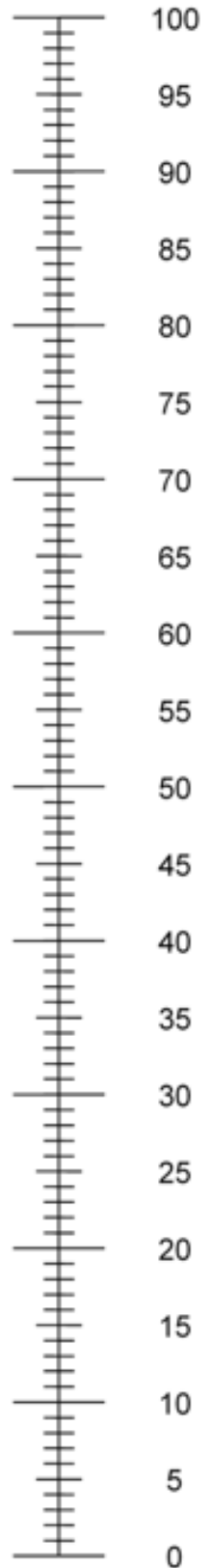
1. You are not anxious or depressed?
 2. You are slightly anxious or depressed?
 3. You are moderately anxious or depressed?
 4. You are severely anxious or depressed?
 5. You are extremely anxious or depressed?
-

EQ-5D VAS

- **Now, I would like to ask you to say how good or bad your health is TODAY.**
- **I would like you to picture in your mind a vertical line that is numbered from 0 to 100.**
(Note to interviewer: if interviewing face-to-face, please show the respondent the VAS line.)
- **100 at the top of the line means the best health you can imagine.**
0 at the bottom of the line means the worst health you can imagine.
- **I would now like you to tell me the point on this line where you would put your health TODAY.**
(Note to interviewer: mark the line at the point indicating the respondent's health today. Now, please write the number you marked on the line in the box below.)

THE RESPONDENT'S HEALTH TODAY =

The best health you can imagine



The worst health you can imagine

Section 6 - COMPLETED BY

This form must be signed by a researcher who has been delegated the duty of data collection on the Site Signature and Delegation Log.

Form completed by: _____	Signature: _____	Date of signature: e.g. 31Jan2017 <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	M	Y	Y	Y	Y
D	D	M	M	M	Y	Y	Y	Y			

Section 7 - Section 8 - Appendix

A) CCU Bed Configuration

Code	Description
00	Level 0 (patients whose needs can be met through normal ward care in an acute hospital)
01	Level 1 (patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team.)
02	Level 2 (patients requiring more detailed observation or intervention including support for a single failing organ system or post-operative care and those 'stepping down' from higher levels of care.)
03	Level 3 (patients requiring advanced respiratory support alone or monitoring and support for two or more organ systems. this level includes all complex patients requiring support for multi-organ failure.)
List adapted from NHS directory, see: https://datadictionary.nhs.uk/attributes/critical_care_level.html	

B) CCU Function

Code	Description
01	Non-specific, general adult critical care patients predominate
02	Surgical adult patients (unspecified specialty)
03	Medical adult patients (unspecified specialty)
05	Neurosciences adult patients predominate
06	Cardiac surgical adult patients predominate
07	Thoracic surgical adult patients predominate
08	Burns and plastic surgery adult patients predominate
09	Spinal adult patients predominate
10	Renal adult patients predominate
11	Liver adult patients predominate
12	Obstetrics and gynaecology adult critical care patients predominate
90	Adult: non-standard location using a ward area
04	Paediatric intensive care unit (paediatric critical care patients predominate)
16	Ward for children and young people
17	High dependency unit for children and young people
18	Renal unit for children and young people
19	Burns unit for children and young people
92	Non-standard location using the operating department for children and young people
13	Neonatal intensive care unit (neonatal critical care patients predominate)
14	Facility for babies (neonates) on a neonatal transitional care ward
15	Facility for babies (neonates) on a maternity ward
91	Other settings: non-standard location using the operating department
List adapted from NHS directory, see: https://datadictionary.nhs.uk/data_elements/critical_care_unit_function.html	