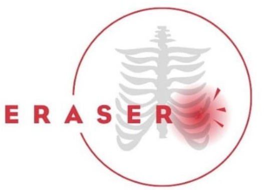
IRAS no: 307628



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

DAILY ASSESSMENT LOG

This trial uses eCRF only and all data should be entered onto **https://bctu-redcap.bham.ac.uk**. This form illustrates the data that are being collected daily until the participant is discharge from hospital. **The data in this form should be collected on Day 1 to Day 5 and Day 14.**

Section 1 - INTERVENTION DETAILS

Trial no: ☐☐☐☐☐	Partial date of birth: *e.g. Jan 2023* M M M Y Y Y Y	Site ID: ☐☐☐☐☐
Date Today: D D M M M Y Y Y Y	Has the patient had a SAP catheter inserted during ERASER? ◯ Yes* ◯ No	

***If Yes, please answer the following questions**

Was the SAP catheter inserted today? ◯ Yes - enter date/time ◯ No - inserted previously	Date of insertion: D D M M M Y Y Y Y	Time of insertion: H H M M
Site of SAP catheter insertion: *Select one* ◯ Left ◯ Right ◯ Bilateral		
Was the SAP catheter removed today? ◯ Yes - enter date/time ◯ No - in place ◯ No - Removed previously		
Date of removal: D D M M M Y Y Y Y	Time of Removal: H H M M	

Section 2 - DAILY ASSESSMENTS

Participant status: ◯ L0 care ◯ L1 care ◯ L2 critical care ◯ L3 critical care ◯ Discharged from hospital * ◯ Deceased **

*** Please complete the discharge form ** Please complete a change of status form**

Did the patient mobilise today (defined as sitting out of bed in a chair or walking)? ◯ Yes ◯ No ◯ Mobilisation contraindicated

Does the patient have clinician diagnosed Pneumonia? *Select one* ◯ No ◯ Yes - Please confirm antibiotics that have been prescribed

If the patient has been diagnosed with pneumonia, please outline which antibiotics have been prescribed: *Select all that apply*
◯ Amoxicillin ◯ Doxycycline ◯ Clarithromycin ◯ Erythromycin ◯ Co-amoxiclav ◯ Levofloxacin ◯ Other

If Other, please specify:

Is this participant taking part in the MEND sub-study? *Select one* ◯ Yes ◯ No

If the participant is taking part in MEND, please confirm which blood sample has been taken today: *Select one*
◯ Day 1 ◯ Day 5 ◯ Day 14 (if still admitted) ◯ Pre-discharge ◯ Not an applicable date for sample collection

Clinical Pulmonary Infection Score (CPIS):

Current Body temp __ __ . __ ℃	Tick if not available: ☐
Highest Body temp within the last 24 hours: __ __ . __ ℃	Tick if not available: ☐
Developed ARDS ◯ No ◯ Yes — Tick if not available: ☐	Had a Tracheal culture in last 24 hours: ◯ No ◯ Yes
Tracheal culture ◯ No growth or ≤1 pathogenic bacteria ◯ >1+ pathogenic bacteria ◯ >1+ plus pathogenic bacteria on Gram Stain	
Tracheal secretion: ◯ Nil ◯ Tracheal secretions with less purulence ◯ Abundant purulent secretions	Tick if not available: ☐
CXR in last 24 hrs: ◯ No ◯ Yes — Chest x-ray result ◯ No infiltrate ◯ Diffuse (or patchy) infiltrate ◯ Localised infiltrate ◯ Interpretation not available	
Chest X-ray progression of pulmonary infiltrates: ◯ Yes ◯ No ◯ Unknown	
WBC count __ __ . __ $x10^9/L$	Tick if not available: ☐
CRP (C- reactive protein) __ __ . __ mg/L	Tick if not available: ☐

Lung Function. See diagram in appendix for guideline on O_2 reading.

Oxygenation: *Worst 3 readings today*		**Supplementary oxygen**		**Observations**	
	Time	Mode of delivery*	O_2 flow rate (l/min)	SpO_2 (%)	Respiratory rate

* **1=** Nil; **2** = Nasal Cannula; **3**= Face Mask; **4**= Venturi; **5**= High flow nasal oxygen (HFNO); **6=**CPAP - 5 cmH_2O; **7=**CPAP - 10 cmH_2O, **8=** CPAP - 15 cmH_2O; **9=** NIV/BiPap; **10=** Mechanical ventilation; **11=** Non-rebreather mask; b-12 = tracheostomy mask

Oxygen saturation (SaO_2): ___ ___ ___ % — Tick if not available: ☐

Is the patient on supplementary oxygen? ◯ Yes ◯ No

If patient on supplementary oxygen, how is this being delivered? *Select one*
◯ Nasal cannula ◯ Face mask ◯ Venturi ◯ Non-rebreather mask ◯ High Flow Nasal Oxygen (HFNO)
◯ Continuous Positive Airway Pressure (CPAP) - 5 cmH_2O ◯ CPAP - 10 cmH_2O ◯ CPAP - 15 cmH_2O ◯ Mechanical ventilation

Oxygen Flow: ___ ___ L/min

Partial pressure of oxygen (PaO_2): ___ ___ ___ . ___ KPa — Tick if not available: ☐

Fraction of inspired oxygen (FiO_2): ___ ___ ___ % — Tick if not available: ☐

Peak Inspiratory Pressure: ___ ___ cmH_2O — Tick if not available: ☐

Patient respiration rate: ___ ___ breaths/minute — Has patient been proned in last 4 hours? ◯ Yes ◯ No

Incentive Spirometry: ___ ___ ___ ___ ml — Tick if not available: ☐

Current Total daily Analgesic medication prescribed (including intervention):

Is the patient taking paracetamol: *Select one* ◯ No ◯ Yes - please provide details

Dose:	Units:	Tick here if daily dose unknown:	Start Date:	Or tick here if date unknown:
______	______	☐	D D M M M Y Y Y Y	☐

Is the patient taking Codeine: *Select one* ◯ No ◯ Yes - please provide details

Dose:	Units:	Tick here if daily dose unknown:	Start Date:	Or tick here if date unknown:
______	______	☐	D D M M M Y Y Y Y	☐

Is the patient taking Gabapentin: *Select one* ◯ No ◯ Yes - please provide details

Dose:	Units:	Tick here if daily dose unknown:	Start Date:	Or tick here if date unknown:
______	______	☐	D D M M M Y Y Y Y	☐

Is the patient taking Pregabalin: *Select one* ◯ No ◯ Yes - please provide details

Dose:	Units:	Tick here if daily dose unknown:	Start Date:	Or tick here if date unknown:
______	______	☐	D D M M M Y Y Y Y	☐

Is the patient taking Ketamine: *Select one* ◯ No ◯ Yes - please provide details

Dose:	Units:	Tick here if daily dose unknown:	Start Date:	Tick here if daily dose unknown:
______	______	☐	D D M M M Y Y Y Y	☐

Is the patient taking NSAIDS: *Select one* ◯ No ◯ Yes - please provide details

Dose:	Units:	Tick here if daily dose unknown:	Start Date:	Or tick here if date unknown:
______	______	☐	D D M M M Y Y Y Y	☐

Is the patient taking Tramadol: *Select one* ◯ No ◯ Yes - please provide details

Dose:	Units:	Tick here if daily dose unknown:	Start Date: D D M M M Y Y Y Y	Or tick here if date unknown:

Is the patient taking other analgesic medication: *Select one* ◯ No ◯ Yes - please provide details | If other, please specify

Dose:	Units:	Tick here if daily dose unknown:	Start Date: D D M M M Y Y Y Y	Or tick here if date unknown:

Is the participant on Morphine: ◯ Yes ◯ No

If Yes, what type of morphine is being administered: *Select one:* ◯ Morphine PCA ◯ Intermittent IV / nurse controlled Morphine ◯ Oral Morphine ◯ Other | If other, please specify

Dose:	Units:	Tick here if daily dose unknown:	Start Date: D D M M M Y Y Y Y	Or tick here if date unknown:

Additional support received during the 24 hour period:

Respiratory: *Select one*	◯ None ◯ Basic ◯ Advanced	Dermatological: *Select one*	◯ No ◯ Yes
Cardiovascular: *Select one*	◯ None ◯ Basic ◯ Advanced	Gastro-intestinal: *Select one*	◯ No ◯ Yes
Renal: *Select one*	◯ No ◯ Yes	Neurological: *Select one*	◯ No ◯ Yes
Liver: *Select one*	◯ No ◯ Yes	Organ support max: *Select one*	◯ No ◯ Yes

Evidence of local anaesthetic toxicity:

Cardiac arrhythmias unexplained bradycardia <35 *(deemed by the investigator as local anaesthetic toxicity)* ◯ No ◯ Yes

Atrial arrhythmias *(e.g. atrial fibrillation, atrial flutter etc.)* ◯ No ◯ Yes

Ventricular arrhythmias ◯ No ◯ Yes

Is there any clinical evidence of:

Nerve injury *(deemed by the investigator as a consequence of the insertion)* ◯ No ◯ Yes

Catheter site infection ◯ No ◯ Yes

Bleeding or haematoma ◯ No ◯ Yes

Please continue to next question

Visual Analog Scale: Participant Pain Rating

Please ask the participant to rate their pain every 4 hours and mark this on the scale below to the nearest 0.5

0 no pain 1 2 3 4 5 6 7 8 9 10 extreme pain

Time of assessment: *24 hr clock e.g. 1400* H H M M

Tick here if participant is not awake and unable to provide an answer *e.g. if sedated or asleep* ☐

0 no pain 1 2 3 4 5 6 7 8 9 10 extreme pain

Time of assessment: *24 hr clock e.g. 1400* H H M M

Tick here if participant is not awake and unable to provide an answer *e.g. if sedated or asleep* ☐

0 no pain 1 2 3 4 5 6 7 8 9 10 extreme pain

Time of assessment: *24 hr clock e.g. 1400* H H M M

Tick here if participant is not awake and unable to provide an answer *e.g. if sedated or asleep* ☐

0 no pain 1 2 3 4 5 6 7 8 9 10 extreme pain

Time of assessment: *24 hr clock e.g. 1400* H H M M

Tick here if participant is not awake and unable to provide an answer *e.g. if sedated or asleep* ☐

0 no pain 1 2 3 4 5 6 7 8 9 10 extreme pain

Time of assessment: *24 hr clock e.g. 1400* H H M M

Tick here if participant is not awake and unable to provide an answer *e.g. if sedated or asleep* ☐

0 no pain 1 2 3 4 5 6 7 8 9 10 extreme pain

Time of assessment: *24 hr clock e.g. 1400* H H M M

Tick here if participant is not awake and unable to provide an answer *e.g. if sedated or asleep* ☐

Section 3 - COMPLETED BY

The person completing this form must have been delegated the role of data collection on the trial Site and Signature Delegation Log.

This section is completed by: *name*	Signature:	Date of signature: *e.g. 31Jan2017* D D M M M Y Y Y Y

Section 4 - Appendix

WHO CLINICAL IMPROVEMENT SCALE, OXYGEN DEPENDENCE & MEASUREMENT

1	2		3		4	5	6
Room air only – no supplemental oxygen	Nasal speculae or Hudson mas	Venturi face mask	High-flow nasal oxygen	CPAP or NIV-BiPAP	Mechanical ventilation (oro-tracheal tube or tracheostomy)		
					$SpO_2/FiO_2 \geq 200$	$SpO_2/FiO_2 \geq 200$ ***OR*** Vasopressors	$SpO_2/FiO_2 \geq 200$ ***AND*** Vasopressors, dialysis or ECMO
Record 'air'	Record, alter flow rate in L/min	Record, change type of mask & flow rate in L/min	Record, alter $\%O_2$ from the control panel	Record, alter $\%O_2$ from the control panel.	Record, alter $\%O_2$ from the ventilator	Record, alter $\%O_2$ from the ventilator + other support	

Oxygen flow (L/min)	FIO2 (%)	
	Nasal cannula (NC)	Face mask (FM)
1	24	-
2	24	-
3	28	-
4	32	28
5	40	35
6	50	40
7	-	45
8	-	50
9	-	55
10	-	60
15	-	

Venturi valve colour	Inspired oxygen concentration (%)	Oxygen flow (l/min)	Total gas flow (l/min)
Blue	24	2–4	51–102
White	28	4–6	44–67
Yellow	35	8–10	45–65
Red	40	10–12	41–50
Green	60	12–15	24–30