



**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

# HOSPITAL ADMISSION 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 following randomisation.

## Section 1 - PARTICIPANT'S DETAILS

Trial no: <input type="text"/>	Partial date of birth: <i>e.g. Jan 2023</i> <input type="text"/>	Site ID: <input type="text"/>
Has the participant received the SAP block: <input type="radio"/> No <input type="radio"/> Yes - enter date/time	Date of insertion: <input type="text"/>	Time of insertion: <input type="text"/>
Site of SAP catheter insertion:	<input type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Bilateral	
Has the patient received any other form of regional anaesthesia:	<input type="radio"/> No <input type="radio"/> Yes	
Please specify the type(s) of regional anaesthesia that the participant has received: <hr/> <hr/>		

## Section 2 - INJURY DETAILS AND BODY STATUS

Date of injury: <i>e.g. 31Jan2017</i> <input type="text"/>	Time of injury: <i>24hr clock</i> <input type="text"/>
Mechanism of injury: <i>e.g. Fall; Road traffic accident, Assault, etc..</i> <hr/>	
Usual living accommodation: <i>Select one</i> <input type="radio"/> Home (Independent) <input type="radio"/> Home (dependence for some activity) <input type="radio"/> Home (with carers for all daily living activities) <input type="radio"/> Inpatient facility <input type="radio"/> Hospice <input type="radio"/> Nursing home	
Date of hospital admission: <input type="text"/>	Time of hospital admission: <input type="text"/>
Weight <input type="text"/> kg	Height <input type="text"/> cm
Consumed alcohol 24hr prior to injury: <i>Select one</i> <input type="radio"/> No <input type="radio"/> Yes	
Smoking status: <i>Select one</i> <input type="radio"/> Never smoked <input type="radio"/> Former smoker <input type="radio"/> Current smoker <input type="radio"/> Vaping and smoking <input type="radio"/> Vaping only	
Was needle aspiration decompression performed: <i>Select one</i> <input type="radio"/> No <input type="radio"/> Yes	Was chest drain inserted: <i>Select one</i> <input type="radio"/> No <input type="radio"/> Yes (left) <input type="radio"/> Yes (right) <input type="radio"/> Yes (bilateral)
Participant frailty score: <i>Select one</i> <input type="radio"/> 1 - Very fit <input type="radio"/> 2 - Well <input type="radio"/> 3 - Managing well <input type="radio"/> 4 - Vulnerable <input type="radio"/> 5 - Mildly frail <input type="radio"/> 6 - Moderately frail <input type="radio"/> 7 - severely frail <input type="radio"/> 8 - Very severely Frail <input type="radio"/> 9 - Terminally ill	

<b>Abbreviated Injury Scale (AIS)</b>	For each injury, write the ISS anatomical region in the first space (preceding the decimal point) and the AIS severity score in the second space (after the decimal point). <i>Up to 16 injuries can be entered and can include multiple injuries per anatomical area</i>			
	Anatomical region: <b>1</b> = Head or neck (incl. cervical spine) <b>2</b> = Face (incl. facial skeleton, nose, mouth, eyes and ears) <b>3</b> = Chest (incl. thoracic spine and diaphragm) <b>4</b> = Abdomen & pelvic contents (incl. lumbar spine) <b>5</b> = Extremities or pelvic skeleton <b>6</b> = External			
	Severity: <b>1</b> = Minor <b>2</b> = Moderate <b>3</b> = Serious <b>4</b> = Severe <b>5</b> = Critical <b>6</b> = Maximal (currently untreatable)			
	___ . ___	___ . ___	___ . ___	___ . ___
	___ . ___	___ . ___	___ . ___	___ . ___

Date of assessment: e.g. 31Jan2021  Time of assessment: 24hr clock

**Clinical Pulmonary Infection Score (CPIS)**

Current Body temp ___ . ___ °C	Tick if not available: <input type="checkbox"/>	Developed ARDS <input type="radio"/> No <input type="radio"/> Yes	Tick if not available: <input type="checkbox"/>
Had a Tracheal culture in last 24 hours: <input type="radio"/> Yes <input type="radio"/> No			
Tracheal culture <input type="radio"/> No growth or ≤1 pathogenic bacteria <input type="radio"/> >1+ pathogenic bacteria <input type="radio"/> >1+ plus pathogenic bacteria on Gram Stain			
Tracheal secretion <input type="radio"/> Nil <input type="radio"/> Tracheal secretions with less purulence <input type="radio"/> Abundant purulent secretions			Tick if not available: <input type="checkbox"/>
CXR in last 24 hrs: <input type="radio"/> Yes <input type="radio"/> No	CXR result: <input type="radio"/> No infiltrate <input type="radio"/> Diffuse (or patchy) infiltrate <input type="radio"/> Localised infiltrate <input type="radio"/> Interpretation not available		
Chest X-ray progression of pulmonary infiltrates: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
WBC count ___ . ___ x10 <sup>9</sup> /L	Tick if not available: <input type="checkbox"/>	CRP (C-Reactive Protein) ___ . ___ mg/L	Tick if not available: <input type="checkbox"/>

**Lung Function.** See diagram in section 4 for guideline on O<sub>2</sub> reading.

Oxygenation. Worst 3 readings since admission .

Assessment information		Supplementary oxygen		Observations	
Date	Time	Mode of delivery *	O <sub>2</sub> flow rate (l/min)	SpO <sub>2</sub> (%)	Respiratory rate

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

Oxygen saturation (SaO <sub>2</sub> ): ___ . ___ %	Tick if not available: <input type="checkbox"/>
Is the patient on supplementary oxygen? <input type="radio"/> Yes <input type="radio"/> No	
If patient on supplementary oxygen, how is this being delivered? <i>Select one</i>	
<input type="radio"/> Nasal cannula <input type="radio"/> Face mask <input type="radio"/> Venturi <input type="radio"/> Non-rebreather mask <input type="radio"/> High Flow Nasal Oxygen (HFNO) <input type="radio"/> Continuous Positive Airway Pressure (CPAP) - 5 cmH <sub>2</sub> O <input type="radio"/> CPAP - 10 cmH <sub>2</sub> O <input type="radio"/> CPAP - 15 cmH <sub>2</sub> O <input type="radio"/> Mechanical ventilation	
Oxygen Flow: ___ L/min	
Partial pressure of oxygen (PaO <sub>2</sub> ): ___ . ___ KPa	Tick if not available: <input type="checkbox"/>
Fraction of inspired oxygen (FiO <sub>2</sub> ): ___ . ___ %	Tick if not available: <input type="checkbox"/>
Peak Inspiratory Pressure: ___ cmH <sub>2</sub> O	Tick if not available: <input type="checkbox"/>
Patient respiration rate ___ breaths/minute	Has patient been prone in last 4 hours? <input type="radio"/> Yes <input type="radio"/> No
Incentive spirometry: ___ ml	Tick if not available: <input type="checkbox"/>

**Sequential Organ Failure Assessment (SOFA)**

**Glasgow Coma Scale: (NT if not testable)**

Eye opening (graded 1 - 4)  Verbal response (graded 1 - 5)  Best motor response (graded 1 - 6)

**Cardiovascular:** Lowest MAP (*Mean arterial pressure*) \_\_\_\_\_ mmHg

**Liver:** Highest bilirubin concentration \_\_\_\_\_  $\mu\text{mol/L}$  **Coagulation:** Lowest platelet count \_\_\_\_\_  $10^9/\text{L}$

**Renal:** Highest creatinine \_\_\_\_\_  $\mu\text{mol/L}$  **Urine output** \_\_\_\_\_ ml/day

Record the **highest** dose administered for at least **1 hour** of the following drugs. Enter '0' if not administered.

Dopamine:  $\mu\text{g/kg/min}$  Adrenaline:  $\mu\text{g/kg/min}$

Dobutamine:  $\mu\text{g/kg/min}$  Noradrenaline:  $\mu\text{g/kg/min}$

Date of assessment: e.g. 31Jan2021           Time of assessment: 24hr clock

Has a pregnancy test been done: *Select one*  No  Yes Has a pregnancy test been done: *Select one*  No  Yes






**Section 3 - FORM COMPLETED BY**

This form should be completed by the Principal Investigator or delegate who have been delegated the duty of randomisation on the Site Signature and Delegation Log.

Form completed by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date of signature: e.g. 31Jan2017

**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 ( <u>oro</u> -tracheal tube or tracheostomy) 	
Record 'air'	Record, alter flow rate in L/min	Record, change type of mask & flow rate in L/min	Record, alter %O <sub>2</sub> from the control panel	Record, alter %O <sub>2</sub> from the control panel.	Record, alter %O <sub>2</sub> from the ventilator	Record, alter %O <sub>2</sub> from the ventilator + other support

Oxygen flow (L/min)	Nasal cannula (NC)	Face mask (FM)	FI <sub>O2</sub> (%)
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