Thoracostomy Tube Irrigation: A Multi-Center Trial Investigating its Efficacy in the Reduction of Secondary Intervention for the Management of Retained Hemothorax

Data Sheet

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Enrolling Center Coordinator: Amber Brandolino, MS

Demographics / Injury Variables:

Medical Record #: ___________________________ (local use only, no identified data will be entered in REDCap)
Name: ___________________________ (local use only, no identified data will be entered in REDCap)
Age: __________
Sex: Female Male
Race: Caucasian African American Asian American Indian or Alaska Native
Native Hawaiian / Other Pacific Islander Missing Other: ___________________________
Ethnicity: Not Hispanic or Latino Hispanic or Latino Missing Other: ___________________________
BMI: _________

Injury Data:

Date of Injury: ___________________________ (local use only, no identified data will be entered in REDCap)
Patient presented to hospital within 24 hours of injury: YES / NO
Mechanism of Injury: GSW SW MVC MCC Pedestrian Struck Fall Other: ___________________________
ISS: _________
Chest AIS: _________
Number of rib fractures: ___________________________
Diaphragm injury: YES / NO
**Thoracostomy Tube (TT) Data:**

Date of TT placement: __________________  (local use only, no identified data will be entered in REDCap)

Attending of record at TT placement: ________________

TT Indication:  Hemothorax  Hemopneumothorax

Side of TT placement:  Left  Right  Bilateral

TT placed within 6 hours of presentation:  YES / NO

TT placed within 24 hours of presentation:  YES / NO

TT irrigated:  YES / NO

Initial TT volume evacuated prior to irrigation: ________________ mL  or  N/A

Initial TT volume evacuated following irrigation: ________________ mL  or  N/A

Total volume irrigated: ________________ mL  or  N/A

Size of TT:  28 Fr  30 Fr  32 Fr  36 Fr

Antibiotic(s) given for TT placement:  YES / NO  Antibiotic(s) given: ________________

<table>
<thead>
<tr>
<th>Daily TT output</th>
<th>Daily TT management (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>TT output: __________ mL</td>
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<tr>
<td>Day 2</td>
<td>TT output: __________ mL</td>
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<td>Day 9</td>
<td>TT output: __________ mL</td>
</tr>
<tr>
<td>Day 10</td>
<td>TT output: __________ mL</td>
</tr>
</tbody>
</table>

If TT is in place longer that 10 days, record daily outputs and management
**Radiology Results:** *(Routine, daily CXRs not required. Obtain CXRs per divisional policies or as clinically indicated.)*

CT/CXR results prior to TT placement: ________________________________________________

CT/CXR results after TT placement (+/- irrigation): _______________________________________

Day 1 CT/CXR results: ______________________________________________________________

Day 2 CT/CXR results: ______________________________________________________________

Day 3 CT/CXR results: ______________________________________________________________

Day 4 CT/CXR results: ______________________________________________________________

Day 5 CT/CXR results: ______________________________________________________________

Day 6 CT/CXR results: ______________________________________________________________

Day 7 CT/CXR results: ______________________________________________________________

Day 8 CT/CXR results: ______________________________________________________________

Day 9 CT/CXR results: ______________________________________________________________

Day 10 CT/CXR results: ____________________________________________________________

Post-TT Removal CT/CXR results: ____________________________________________________

*If TT is in place longer than 10 days, please record any CXRs obtained*

**Outcomes:**

Date of removal of TT: _________________________ *(local use only, no identified data will be entered in REDCap)*

Duration (in # of days) of TT placement: ________________

Attending of record at decision for secondary intervention: ____________________________

Indication for secondary intervention:  HTx  HPTx  PTx  Air leak  Other: ____________________

TT Day of secondary intervention / operation: __________________________

Attending of record at operation: __________________________
Secondary intervention(s) performed:  Second TT placement  VATS  Thoracotomy  tPA

Other

If Other, list: ______________________

List sequence of secondary interventions if more than 1 is performed: ______________________

Intra-operative findings: ________________________________________________________________

**Hospital Data:**

Admission Date: ______________________  (local use only, no identified data will be entered in REDCap)

Discharge Date: ______________________  (local use only, no identified data will be entered in REDCap)

Hospital Length of Stay (days): ______________________

ICU Length of Stay (days): ______________________

**Complications:**

Respiratory Complication Data: *(check all that apply)*

Retained Hemothorax: _________  Respiratory failure: _________

Empyema: _________  Unplanned Intubation: _________

Pneumonia: _________  Ventilator days: _________

Post-pull pneumothorax on CT/CXR:   YES / NO

Post-pull pneumothorax required replacement of TT:   YES / NO

Post-pull effusion on CT/CXR:   YES / NO

Post-pull effusion required replacement of TT:   YES / NO

Clinic follow-up:   YES / NO

Follow-up CT/CXR:   YES / NO  Follow-up CT/CXR results: ________________________________
30 day readmission for thoracic reason: YES / NO

Reason for readmission: __________________________________________________________

Re-Intervention after Discharge: TT placement VATS Thoracotomy tPA

In hospital mortality: YES / NO