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## Patient selection criteria

- Age 1 month – 80 years.
- Male and female patients
- Exclude patients who have been diagnosed dead by circulatory criteria
- on arrival at the first hospital they have been admitted to
- Patients whose primary clinical event leading to death is a devastating brain injury, as defined by the ICD codes and diagnoses (see below)
- Patients who die within 15 days of the devastating brain injury (Note: this injury may occur before or after the patient is admitted to hospital - so it is 15 days from the event, **not** 15 days from hospital admission).
- Some patients with a devastating brain injury, for whom clinical decision-making leads to only palliative care, may die from subsidiary events such as respiratory infection or aspiration. Nevertheless, if they die within 15 days of the injury, they should be included.

### Explanatory Notes:

There may be cases in whom brain injury is initially not devastating, but becomes devastating later on. In such case, those 15 days will start to count from the moment the brain injury is devastating. Also the decision-making process that counts for the questionnaire to be filled in is that that applies to the moment when the lesion is devastating. For example, a patient may be admitted because of ischaemic stroke to a stroke unit. At the moment of admission, the lesion is not devastating. The patient subsequently suffers an intracranial bleed and develops a devastating lesion which leads to decisions as to whether the patient is to be admitted to critical care. The 15 days will count starting from this moment and the clinical decisions (i.e. Q1) will be referring to the moment when that lesion has become devastating.

It is possible that some patients may die more than 15 days after the injury (and a small number may still have a donation possibility) but the main purpose of the study is to describe clinical decision-making early after the brain injury. We feel that it is better to limit the study to those patients where the brain injury leads to death within a relatively short time period.

This tightly-defined set of criteria will include the large majority of patients with a donation potential as well as some who do not have a donation potential, but the study is to investigate the decision-making, not to establish the actual donation potential.

### ICD – 9 Codes

	<b>Code</b>	<b>Description</b>
	800-804	Skull fractures
Trauma	851	Cerebral lacerations and contusions
	852	Subarachnoid, subdural and extradural haemorrhage following injury
	854	Intracranial injury of other or unspecified nature
	854	Intracranial injury of other or unspecified nature
Cerebrovascular Accidents	430	Subarachnoid Haemorrhage
	431	Intracranial Haemorrhage
	432	Other unspecified Intracranial haemorrhage
	433 - 433.2	Occlusion of precerebral arteries
	434 - 434.11	Occlusion of cerebral arteries including embolism and thrombosis
Infection	436	Other but ill defined cerebrovascular disease
	320 – 323	Meningitis and encephalitis
Cerebral Damage	348.1	Cerebral Anoxia
	348.4	Compression of the brain
	348.5	Cerebral oedema
Cerebral Neoplasm	191 – 191.9	Malignant neoplasm of the brain
	225	Benign neoplasm of the brain

### ICD – 10 Codes

	<b>Code</b>	<b>Description</b>
Trauma	S02	Fracture of skull and facial bones
	S061	Traumatic cerebral oedema
	S062	Diffuse brain injury
	S063	Focal brain injury
	S064	Extradural haemorrhage
	S067	Intracranial haemorrhage with prolonged coma
	S068	Other intracranial injuries
	S069	Intracranial injury unspecified

Cerebrovascular Accidents	I60	Subarachnoid haemorrhage
	I61	Intracranial haemorrhage
	I62	Other non traumatic intracranial haemorrhage
	I63	Cerebral infarction
	I64	Stroke not specified as stroke or infarction
	I65	Occlusion and stenosis of precerebral arteries
	I66	Occlusion and stenosis of cerebral arteries
Cerebral Damage	G931	Anoxic brain damage
	G935	Compression of brain
	G936	Cerebral oedema
Cerebral Neoplasm	C71	Malignant neoplasm of the brain
	D33	Benign neoplasm of the brain
Infections	G00 – G03	Meningitis