SUBDURAL HAEMATOMA AND EFFUSION in Children < 2 years
Australian Paediatric Surveillance Unit

Please contact Dr SUSAN MARKS (02) 9845-2434; susan.marks@health.nsw.gov.au or APSU (02) 98453005; apsu@chw.edu.au if you have any questions about this form. Please keep a record of the child's unit number in your APSU folder

Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided. DK=Don't Know

REPORTING CLINICIANS DETAILS

1. APSU Dr Code/Name: ☐☐☐☐/_____ **2.** Month/Year of Report: _____/_____

PATIENT DETAILS

3. First 2 letters of first name:☐☐ **4.** First 2 letters of surname: ☐☐ **5.** Date of Birth: ☐☐/☐☐/☐☐

6. Sex: ☐ M ☐ F **7.** Postcode of family: ☐☐☐☐ **8.** Date of diagnosis:☐☐/☐☐/☐☐

9. Child's Ethnicity: ☐ Aboriginal ☐Torres Strait Islander ☐ Caucasian ☐ Pacific Islander ☐Maori ☐ Asian ☐ Middle Eastern ☐ African ☐ Other Please specify:_____

10. Biological mother country of birth_____ ☐ DK Ethnicity_____ ☐ DK Age _____yrs ☐ DK

11. Biological father country of birth_____ ☐ DK Ethnicity_____ ☐ DK Age _____yrs ☐ DK

12. Date questionnaire Completed: ☐☐/☐☐/☐☐

If this patient is primarily cared for by another physician who you believe will report the case and could provide additional details, please write the other physician's name in the space below then complete the questionnaire details above this line and return to APSU. If no other report is received for this child we will contact you for further information requested in the remainder of the questionnaire.

The primary clinician caring for this child is: ***Name:*** ***Hospital:***

PRESENTATION AND HISTORY

13. Who brought the child to hospital? (eg. Mother, father, relative, carer etc.) _____

13a. What was the presenting complaint as described by this person?_____

14. Signs and symptoms at presentation:

Irritability	☐ Yes	☐ No	☐ DK	Seizures	☐ Yes	☐ No	☐ DK
Poor feeding	☐ Yes	☐ No	☐ DK	Drowsy/unconscious	☐ Yes	☐ No	☐ DK
Vomiting	☐ Yes	☐ No	☐ DK	GCS score: _____ ☐ DK			
Pallor	☐ Yes	☐ No	☐ DK	Concerns re head size	☐ Yes	☐ No	☐ DK
Breathing difficulty	☐ Yes	☐ No	☐ DK	Facial bruising	☐ Yes	☐ No	☐ DK
Apnoea	☐ Yes	☐ No	☐ DK	Scalp swelling/bruise	☐ Yes	☐ No	☐ DK
Sudden collapse	☐ Yes	☐ No	☐ DK	Delayed/abnormal development	☐ Yes	☐ No	☐ DK
Floppiness	☐ Yes	☐ No	☐ DK	Dead on arrival	☐ Yes	☐ No	☐ DK
				Other: _____			

15. History at time of presentation: ☐No history available ☐No history of injury
☐Suspected birth injury ☐Fall <1metre ☐Fall 1-3 metres ☐Fall > 3 metres
☐MVA passenger ☐MVA pedestrian ☐Shaking ☐Shaking with impact ☐Impact
☐Other injury:_____☐Other:_____

16. History of child being unsettled/ excessive crying…? ☐ Yes ☐ No ☐ DK

17. Significant past medical history? (eg. Birth defects, TORCH screen, Prematurity, VLBW, Illnesses, Meningitis, Coagulation disorders, Developmental delay, Injuries, Operations, Previous SDH/effusion)_____

ASSESSMENT

18. Investigations: ☐CT head ☐MRI head ☐Ultrasound head ☐CT abdomen ☐MRI cervical spine ☐Bone scan
☐Skeletal survey ☐Coagulation screen (INR, APTT) ☐Full coagulation workup ☐LFTs ☐Lipase
☐Other (please specify)_____

19. Details of Subdural Collection: ☐Haemorrhage ☐Effusion ☐Both ☐Localised Number of collections: _____

19a. Site: ☐Unilateral ☐Bilateral ☐Interhemispheric ☐Post fossa **19b.** Age of collection(s): ☐Chronic ☐Acute ☐Both

19c. Age of collection determined by(tick all that apply): ☐CT ☐MRI ☐Surgery

20. Other central nervous system findings: ☐Subarachnoid blood ☐Cerebral contusion ☐Cerebral oedema
☐Intracerebral bleeding ☐Brain parenchymal injury ☐Axonal shearing injury (MRI or post-mortem)
☐Cervical spine subdural ☐Cervical spine subarachnoid ☐Cervical spine parenchymal injury
☐Other (specify):_____

21. Subgaleal haemorrhage? ☐ Yes ☐ No ☐ DK

22. Retinal Haemorrhage(RH)? ☐ Yes ☐ No ☐ DK *If Yes,* please give details: Examined by ☐Dilated pupil ☐Retcam
Right eye: ☐No RH ☐Post pole only ☐Post pole to equator ☐Widespread ☐DK
Left eye: ☐No RH ☐Post pole only ☐Post pole to equator ☐Widespread ☐DK

Q22 cont… Diagnosed by: ☐Ophthalmologist ☐Eye Registrar ☐Other:_____

Other eye findings? (specify)_____

23.a) Skull Fracture ☐ Yes ☐ No ☐ DK *If Yes,* ☐Simple # ☐ Complex #

(complex #= any of the following: multiple#; non-parietal#, > 1bone involved; #width > 3mm; growing#; depressed#)

b) Rib Fracture ☐ Yes ☐ No ☐ DK *If Yes,* no. of ribs:____ ☐ Posterior ☐Anterior/Lateral ☐Posterior+Anterior/lateral

c) Metaphyseal Fracture ☐ Yes ☐ No ☐ DK *If Yes,* ☐One ☐Multiple

d) Other Fracture ☐ Yes ☐ No ☐ DK *If Yes,* ☐One ☐Multiple (pls specify)_____

e) Other Bony Injury ☐ Yes ☐ No ☐ DK *If Yes,* specify:_____

f) Body bruising ☐ Yes ☐ No ☐ DK *If Yes*, specify sites_____

g) Abdominal Injury ☐ Yes ☐ No ☐ DK *If Yes*, specify _____

h) Abrasions Yes ☐ No ☐ DK ☐ i)Lacerations Yes ☐ No ☐ DK ☐ j) Burns Yes ☐ No ☐ DK ☐

k) Other Injury Yes ☐ No ☐ DK ☐ *If Yes*, Specify:_____

24. Additional history provided by parents/carers during this admission:_____

TREATMENT / OUTCOME

25. CPR ☐ Yes ☐ No ☐ DK *If Yes*, by whom?_____when?_____

26. Neurosurgery ☐ Yes ☐ No ☐ DK ☐ICP monitoring ☐Burr hole ☐Craniotomy ☐Shunt ☐Other_____

27. ICU Admission ☐ Yes ☐ No ☐ DK *If Yes*, days in ICU:_____

28. Ventilated ☐ Yes ☐ No ☐ DK *If Yes*, days ventilated:_____

29. Outcome ☐Still in hospital ☐Discharged to institutional care ☐Discharged home ☐Discharged to foster care
☐Deceased ☐Other_____ ☐Date of Discharge/death:_____

30. Discharge treatment/follow-up: ☐Anticonvulsants ☐Brain injury team ☐Early intervention ☐Other:_____

31. Was the child referred to a hospital child protection team? ☐ Yes ☐ No ☐ DK

32. Was the child reported to the statutory child protection agency? ☐ Yes ☐ No ☐ DK

33. Was the child's case referred to the police? ☐ Yes ☐ No ☐ DK

34. Final medical diagnoses from this presentation (specify):_____

35. What was the **final medical diagnosis of the *cause of the SDH***?
☐Birth injury ☐Other injury (please specify mechanism):_____ ☐Other medical cause (please specify):_____

36. Was inflicted injury suspected? ☐ Yes ☐ No ☐ DK *If Yes*, level of suspicion? ☐Highly suspicious ☐Probable ☐Possible

RELEVANT FAMILY AND MEDICAL HISTORY

37. On presentation, child usually resided with: (*tick as many as apply and specify where appropriate*)
☐Mother ☐Father ☐Mother and father together ☐Mother and Partner ☐Father and Partner ☐Other Family _____
☐Non-Relative:_____ ☐Foster carer(s) _____ ☐Other:_____ ☐Unknown

38. Number of children being cared for by caregiver(s) at the time of presentation: ____ ☐ DK Number aged < 2 years:___ ☐ DK

39. Antenatal Care for this child: ☐None ☐After 6 months gestation ☐Before and after 6 months gestation ☐ DK

40. Antenatal ultrasound ☐ Yes ☐ No ☐ DK *If Yes*, any head findings ☐ Yes ☐ No ☐ DK Describe:_____

41. Gestation: ☐Term ☐Premature:_____ weeks ☐ DK Birth Weight:_____g ☐ DK

42. Delivery: ☐Normal ☐Vacuum ☐Forceps ☐LSCS ☐Other_____ ☐DK

43. History of birth injury? ☐ Yes ☐ No ☐ DK *If Yes* describe: _____

44. Vitamin K at birth? ☐ Yes ☐ No ☐ DK

45. Had this child previously been notified to statutory child protection authorities? ☐ Yes ☐ No ☐ DK *If Yes,* when?_____

46. Had any siblings been previously notified to statutory child protection authorities? ☐ Yes ☐ No ☐ DK

47. Any history of maternal mental health problems? ☐ Yes ☐ No ☐ DK *If yes* Specify_____

48. Any history of paternal mental health problems? ☐ Yes ☐ No ☐ DK *If Yes* Specify _____

49. Any history of domestic violence? ☐ Yes ☐ No ☐ DK

50. Is there any history of substance abuse by the primary caregiver(s)? ☐ Yes ☐ No ☐ DK
If Yes, ☐Alcohol ☐Methadone ☐Illicit drugs (please specify)_____ ☐Other _____

Thank you for your help with this research project. Please return this questionnaire to the APSU in the reply-paid envelope or Fax to 02 98453082. Australian Paediatric Surveillance Unit, Kid's Research Institute, Locked Bag 4001, Westmead NSW 2145

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This study has been approved by a Human Research Ethics Committee properly constituted under NHMRC guidelines.