

NINDS CDE Project

Working group: Hospital Course and Acute Therapies

Completed by: Mathieu van der Jagt

Date: 10-7-2016

Please answer the following questions below.

- 1. Approach for selection of elements** (How did you go about drafting the recommendations and/or reviewing the current tools/instruments, and did you have any criteria for selection and classification?)

Several consensus meetings were done by telephone conferencing with various SAH experts. Members had first prepared the concept CDEs. There was an electronic voting among the subgroup members by email for categorization of CDEs as Core or Supplemental.

- 2. Differential application to types of subarachnoid hemorrhage** (*Do the instruments/elements you recommended differ between the types of subarachnoid hemorrhage?*)

All pertain to aneurysmal SAH.

- 3. Summary recommendations** (*We could consider a summary table OR each group could summarize their recommendations*).

Instrument / Scale / CRF Name <i>Name and acronym of the instrument/measure that is recommended for inclusion in the CDEs</i>	Domain	Subdomain	Classification (e.g., Core, Supplemental - Highly Recommended, Supplemental, Exploratory)
Cardiac MRI	Assessments and Examinations	Imaging Diagnostics	Supplemental
Discharge Status	Disease/Injury Related Events	Discharge Information	Supplemental
Echocardiogram	Assessments and Examinations	Imaging Diagnostics	Supplemental
Echocardiogram II	Assessments and Examinations	Imaging Diagnostics	Supplemental
Electrocardiogram	Assessments and Examinations	Non-Imaging Diagnostics	Supplemental
Holter Exam	Assessments and	Non-Imaging Diagnostics	Supplemental

	Examinations		
ICU Therapies	Treatment / Intervention Data	Therapies	Supplemental
Imaging	Assessments and Examinations	Imaging Diagnostics	Core: Brain imaging assessment result
Intracranial Pressure (ICP) Monitoring	Assessments and Examinations	Vital Signs and Other Body Measures	Supplemental
Neurological Complications	Assessments and Examinations	Physical / Neurological Examination	Supplemental - Highly Recommended: Rebleeding indicator; Clinical deterioration/cerebral infarction from delayed cerebral ischemia (DCI); Clinical deterioration due to DCI; Cerebral infarction due to DCI
Palliative/Comfort Care Issues	Treatment / Intervention Data	Therapies	Supplemental
Rescue Therapy	Treatment / Intervention Data	Therapies	Supplemental
Surgical/Procedural Interventions	Treatment / Intervention Data	Surgeries and Other Procedures	Core: Surgical intervention indicator; Endovascular intervention indicator Supplemental - Highly Recommended: Vessel repaired type; Day of intervention from SAH ictus
Vital Signs and Blood Gases	Assessments and Examinations	Vital Signs and Other Body Measures	Supplemental

4. Comparison to other subarachnoid hemorrhage standards (Are there any notable similarities/differences in the CDE recommendations as compared with other standards?)

These CDEs have not been previously constructed. Some of them are based on CRFs of previously performed SAH trials, when available.

5. Issues unique to subarachnoid hemorrhage disease (*Were there any issues encountered when developing the CDE standards which are unique to subarachnoid hemorrhage or which highlight a unique concern about subarachnoid hemorrhage data collection?*)

No.

6. Unmet needs; unanswered questions (*What unmet need / unanswered questions were identified via the CDE process in subarachnoid hemorrhage? What areas are in need of further research and development?*)

- Surgical therapies: outcomes of surgical aneurysm treatment; outcomes of endovascular aneurysm treatment; transfusion consequences; complication rates
- ICU therapies: Blood pressure-, hemodynamic- and fluid management at ICU (including value of therapeutic hypervolemia; value of induced hypertension); fever and glucose management (including value of maintenance of normal body temperature); impact of osmotherapy (e.g. what osmotherapeutic agent is better?)