

B. General Information & Demography

Case ID _____

Case Data

Date of accident _____
((dd-mm-yyyy))

Place of accident _____

Country of accident _____

Date of birth _____

Date of Birth is unknown

Gender
 Male
 Female
 Unknown

Nationality _____

C. Pre-Hospital (Avalanche Checklist)

Avalanche checklist BLS

Time of avalanche

((HH:MM))

Time of avalanche is documented.

Time of avalanche is estimated.

Time of avalanche is unknown.

Face exposure

((HH:MM))

Air Pocket

Yes

No

Unknown

Volume (in ml)

((ml))

Vital signs

Yes

No

CRP

Yes

No

Please specify

Combined CPR

Compressions only

Continuous CPR

Intermittent CPR

Avalanche checklist ALS

Obvious lethal trauma

Yes

No

Unknown

Description (dissection, decapitation)

Body totally frozen

Yes

No

Unknown

Core temperature

$\geq 30^{\circ}\text{C}$

$< 30^{\circ}\text{C}$

Unknown

ECG

Asystole

No asystole

Unknown

Patent airway

- Yes
- No
- Unknown

Circulation stable

- Yes
- No

Potassium

- ≤ 8 mmol/l
- > 8 mmol/l
- Unknown

More than 1 victim involved

- Yes
- No

D. Pre-Hospital (General)

CPR

Clinical vital signs

- Yes
- No
- Unknown

Please specify

- Movement
- Respiration
- Pulse
- Other

Please specify 'other'

ECG first rhythm

- Regular Sinus
- Sinus with arrhythmia
- Atrial fibrillation
- Ventricular fibrillation
- Pulseless VT
- PEA
- Asystole
- Other
- Unknown

Please specify 'other'

Cardiac arrest

- Yes
- No
- Unknown

- Cardiac arrest at extrication
- Cardiac arrest after extrication

Bystander CPR

- Yes
- No
- Unknown

By whom?

- Companions
- Ski patrol
- Other

Please specify 'other'

- Continuous CPR
- Intermittent CPR

Professional CPR

- Yes
- No
- Unknown

By whom?

- Continuous CPR
- Intermittent CPR

Mechanical chest compression

- Yes
- No
- Unknown

Please specify

- Lucas
- Autopulse

Defibrillation

- Yes
- No
- unknown

Please specify

- AED
- Manual

ROSC

- Yes
- No
- Unknown

Please specify

- on-site
- during transport
- unknown

Declared dead on-site

- Yes
- No

Time of declaration of death

Suspected cause of death

- Asphyxia
- Trauma
- Hypothermia
- Other

Please specify 'other'

Clinical signs

Respiratory Rate (RR) per minutes

((per minutes))

Exact Respiratory Rate is missing.

Please specify the RR, if exact value is missing

- normal (10-29/min)
- fast (≥ 30 /min)
- slow (5-9/min)
- gasping or no respiration
- unknown

Heart Rate (HR) per minutes

Exact Heart Rate is missing.

Please specify the HR, if exact value is missing

- Slow
- Fast
- Unknown

Blood Pressure (BP) in mmHg

((mmHg))

Exact Blood Pressure is missing

Please specify the BP, if exact value is missing

- Good radial pulse
- Weak radial pulse
- Femoral / carotid pulse only
- No pulse
- Unknown

Glasgow Coma Scale

- Enter GCS manually
- Calculate GCS
- Unknown

Eye

- 1. No eye opening
- 2. Eye opening to pain
- 3. Eye opening to verbal command
- 4. Eyes open spontaneously

Verbal

- 1. No verbal response
- 2. Incomprehensible sounds
- 3. Inappropriate words
- 4. Confused
- 5. Orientated

Motor

- 1. No motor response
- 2. Decerebrate posturing accentuated by pain
- 3. Decorticate posturing accentuated by pain
- 4. Withdrawal from pain
- 5. Localizes to pain
- 6. Obeys commands

Calculated GCS value

Please insert GCS value

Hypothermia Swiss stage

- I alert, shivering
- II drowsy, not shivering
- III unconscious, vital signs +
- IV apparently dead
- unknown

Core Temperature in Â°C

((Â°C))

Please specify

- epitympanic
- oesophageal
- other

Please specify 'other'

Core Temperature is unknown.

Trauma

- Yes
- No

Diagnoses

NACA Index

- no injury / disease
- Minor disturbance. No medical intervention is required
- Slight to moderate disturbance. Outpatient medical investigation
- Moderate to severe but not life-threatening disorder
- Serious incident, rapid development into a life-threatening condition possible
- Acute danger
- respiratory and / or cardiac arrest
- Death

Interventions

Intubation

- Yes
- No
- Unknown

Volume replacement

- Fluids
- No
- Unknown

Cristalloids

 ((ml))

Colloids

 ((ml))

Hyperoncotic solutions

 ((ml))

Please specify 'other'

 ((ml))

Immobilisation

- Yes
- No

Insulation

- Chemical heat packs
- Total body insulation
- Unknown

Analgesia

- No
- Opioids
- Ketamin
- Other
- Unknown

Please specify 'other'

ALS Drugs

- Oxygen
- Catecholamines
- Others

Please specify 'other'

Surgical intervention

- None
- Thoracostomy
- Cricoidotomy
- Unknown

E. In-Hospital (First Admission Hospital)

Care level of referring hospital

- Level 1 trauma center
 Level 2 large hospital
 Level 3 small hospital
 Other
 Unknown

Other

Respiration on admission

- Insufficient
 Spontaneously sufficient
 Assisted sufficient
 Other
 Unknown

Ventilation

- Yes
 No

Intubation

- Yes
 No

Other

Heart Rate on arrival

Blood pressure on arrival

((syst / diast))

Core Temperature on arrival in $\hat{A}^{\circ}\text{C}$

(($\hat{A}^{\circ}\text{C}$))

Please specify

- epitympanic
 oesophageal
 other

Please specify 'other'

Core Temperature is unknown.

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- Motor
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Calculated GCS value _____

Please insert GCS value _____

- Blood gases
- FiO2
 - pH
 - paO2
 - paCO2
 - lactate
 - Base Excess

Potassium _____

- Injuries
- Yes
 - No

List of injuries _____

ISS _____

- ASA Classification
- I healthy
 - II mild systemic disease
 - III severe systemic disease
 - IV constant threat to life
 - V moribund patient
 - Unknown

- Rewarming
- passive external
 - active minimal invasive
 - ECLS: ECC
 - ECLS: ECMO
 - Other
 - Unknown

Other _____

- Level of second hospital
- Level 1 trauma center
 - Level 2 large hospital
 - Level 3 small hospital
 - Other
 - Unknown

Other _____

F. Outcome

Survival status at discharge from acute care

- Died in the hospital
- Survived until discharge from hospital
- Unknown

Organ doner

- Yes
- No

Autopsy report

- Yes
- No

Suspected cause of death

Neurological outcome

Survival status after 6 months from discharge

- Alive
- Dead
- Unknown

G. Rescue Details

Timing of Rescue

Time of accident (estimated /documented)

Time of accident is unknown

Alert time

Alert time is unknown

First responders on site

First responders on site is unknown

Organized rescue (SAR) on site

Organized rescue (SAR) on site is unknown

Localisation

Localisation is unknown

Head liberation

Head liberation is unknown

First BLS (if applicable)

First BLS is unknown

First BLS is not applicable

Departure time

Departure time is unknown

Arrival at first hospital

Arrival at first hospital is unknown

Arrival at second hospital is not applicable

Arrival at second hospital (if applicable)

Arrival at second hospital is unknown

Search and rescue

Number of victims _____

 Number of victims is unknown

Search strategies

- Eyes & ears
- Transceiver
- Probe
- Dog
- recco
- Other
- Unknown

Other search strategies _____

Way of finding/ extrication

- Self-extrication
- By companions
- By rescue team
- Unknown

Extension of burial

- Unburied
- Partial burial (head and chest free)
- Complete burial (head and chest buried)

Depth of burial _____

((in cm))

Number of rescuers on avalanche _____

 Number of rescuers on avalanche is unknown

ALS provider presence during extrication

- Yes
- No
- Unknown

Please specify

- Paramedic
- Physician
- Other

Other _____

Details of organisation _____

Way of transport

- Air rescue
- Terrestrial rescue
- Other
- Unknown

Other _____

Please specify

- Sled
- Snowmobile
- Wheeled vehicle
- Other

Other _____

H. Environment at the scene

Avalanche risk level

- 1 low
- 2 moderate
- 3 considerable
- 4 high
- 5 very high

Burial in

- Open area
- Crevasse
- Building
- Train
- Vehicle
- Other

Other

Territory

External temperature (in Â°C)

((Â°C))

Wind (in km/h)

((km/h))

Precipitation (in ml)

((ml))

Activity

- Ski
- Snowboard
- Snowshoe
- Hiking
- Snowmobiler
- Other
- Unknown

Other

Ascent or Descent

- Ascent
- Descent
- Unknown

I. Avalanche Details

Altitude	_____
	((in Meters))
	<input type="checkbox"/> Altitude is unknown
Exposure	_____
	<input type="checkbox"/> Exposure is unknown
Inclination	_____
	<input type="checkbox"/> Inclination is unknown
Type of avalanche	_____
	<input type="checkbox"/> Type of avalanche is unknown
Size of avalanche	<input type="radio"/> Sluff
	<input type="radio"/> Small
	<input type="radio"/> Medium
	<input type="radio"/> Large
Avalanche snow quality (density)	_____
	<input type="checkbox"/> Avalanche snow quality is unknown
Dimensions of avalanche	_____
	<input type="checkbox"/> Dimensions of avalanche is unknown
Avalanche trigger	_____
	<input type="checkbox"/> Avalanche trigger is unknown
Alert mode	_____

K. Prevention

Guide

- Guided tour
- Tour without Guid
- Other
- Unknown

Other

Transceiver

- On
- Off
- Unknown

Helmet

- Yes
- No
- Unknown

Avalung

- Yes
- No
- Unknown

Airsafe

- Yes
- No
- Unknown

Airbag

- Yes
- No
- Unknown

- Deflated
- Non deflated

Spine protector

- Yes
- No
- Unknown

Other (avalanche ball)

Submit Case Report

Submit Case Report

NOTICE:

The case report can not be submitted because one or more Data Collection Instruments are not fully completed (not all are in a green state).

Submit the case report

Yes, the case report is complete and can be looked.