

Data Sharing Statement

Article Info	http://dx.doi.org/10.21037/apm-20-2346	
Item	Question	Authors' Response (place "-" if not applicable)
1	Would you like to share data collected for your study to others?	Yes.
2	If not, would you like to share the reason for your decision?	-
3	What data in particular will be shared?	The behavioral change data in particular would like to shared.
4	Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.	We would like to share the study protocol and the analysis plan.
5	When will data availability begin?	From the date of publication.
6	When will data availability end?	Two years within the date of publication.
7	To whom will you share the data?	Intensive Care Specialist who are interested in TBI intervention.
8	For what type of analysis or purpose?	For analysis two evaluate the neuroprotective of DEX to TBI, or to explore potential target of TBI treatment.
9	How or where can the data/documents be obtained?	Email would be sent to: qianchuanyunkm@126.com
10	Any other restrictions?	We may balance the potential benefits and risks for each request and then provide the data that could be shared.