

Follow-Up Data

Record ID _____

Labs NOT available prior to imaging decision but performed within 4 hours of arrival (initial value)

Hematocrit

- ☐ Enter result
☐ Not available
☐ Not ordered

Hematocrit result _____

AST

- ☐ Enter result
☐ Not available
☐ Not ordered

AST result _____

Amylase

- ☐ Enter result
☐ Not available
☐ Not ordered

Amylase result _____

Lipase

- ☐ Enter result
☐ Not available
☐ Not ordered

Lipase result _____

Urinalysis

- ☐ Enter result
☐ Not available
☐ Not ordered

Urinalysis result

- ☐ Gross hematuria
☐ Microscopic hematuria (>5 RBC/hpf)
☐ No hematuria

Abdominal CT scan results (attending read) from CT performed within 6 hours of arrival

Abdominal CT scan performed

- ☐ Yes
☐ No

Time CT performed _____

Intra-abdominal injury

- ☐ Yes
☐ No

Spleen injury

- ☐ Yes
☐ No

Spleen injury grade

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Blush/extravasation of IV contrast in spleen

- ☐ Yes
☐ No

Liver injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liver injury grade	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Blush/extravasation of IV contrast in liver	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kidney injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kidney injury grade	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Blush/extravasation of IV contrast in kidney	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mesentery injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Duodenum injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Duodenum hematoma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Duodenum perforation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jejunum/ileum injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jejunum/ileum hematoma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jejunum/ileum perforation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Colon injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Colon hematoma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Colon perforation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adrenal injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pancreas injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Major intra-abdominal vascular injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bladder injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intra or extra abdominal bladder injury	<input type="checkbox"/> Intra <input type="checkbox"/> Extra

Ureter injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gallbladder injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gallbladder hematoma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gallbladder perforation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abdominal wall fascial injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interventions for IAI	<input type="checkbox"/> Angio-embolization <input type="checkbox"/> Laparoscopy <input type="checkbox"/> Laparotomy <input type="checkbox"/> Transfusion for IAI <input type="checkbox"/> Death caused by IAI <input type="checkbox"/> None (check all that apply)
Hours past ED arrival	_____
Positive or negative exploration	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Organs found injured during exploration	<input type="checkbox"/> Spleen <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Duodenum <input type="checkbox"/> Jejunum/ileum <input type="checkbox"/> Colon <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Pancreas <input type="checkbox"/> Major intra-abdominal vasculature <input type="checkbox"/> Bladder <input type="checkbox"/> Ureter <input type="checkbox"/> Gallbladder <input type="checkbox"/> Abdominal wall fascia <input type="checkbox"/> None (check all that apply)

Other Injuries

TBI	<input type="checkbox"/> Yes <input type="checkbox"/> No
ICP Monitor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Craniotomy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skull fracture	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facial fracture (other than nasal bone)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cervical spine injury	<input type="checkbox"/> Yes <input type="checkbox"/> No

Cervical fracture	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cervical spinal cord injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
T/L spine injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
T/L spine fracture	<input type="checkbox"/> Yes <input type="checkbox"/> No
T/L spinal cord injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thoracic injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate thoracic injury	<input type="checkbox"/> Pneumothorax <input type="checkbox"/> Hemothorax <input type="checkbox"/> Pulmonary contusion <input type="checkbox"/> Rib fracture <input type="checkbox"/> Clavicle fracture (check all that apply)
Laterality of pulmonary contusion	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral
Laterality of rib fracture	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Sternum
Laterality of clavicle fracture	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral
Pelvic fracture	<input type="checkbox"/> Yes <input type="checkbox"/> No
Femur fracture	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other extremity fracture	<input type="checkbox"/> Yes <input type="checkbox"/> No

Hospital Course

Admission	<input type="checkbox"/> Yes <input type="checkbox"/> No
ICU admission	<input type="checkbox"/> Yes <input type="checkbox"/> No
Length of inpatient stay (days)	<hr/>
Delayed inpatient diagnosis of IAI (more than 24 hours after admission)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortality (within 30 days of injury)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortality related to trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mortality secondary to intra-abdominal injury

☐ Yes

☐ No

Missed diagnosis of IAI (following discharge)

☐ Yes

☐ No

Injury Severity Score (ISS)
