

**FORM1 Dataset
Variables**

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Variable Number	Variable Name	Variable Type	Variable Length	Variable Label
1	SubjectID	Numeric	8	Subject ID
2	EDTriageDay	Numeric	8	Day of ED Triage (Day 0 for all patients)
3	EDTriageTime	Character	5	Approximate Time of ED Triage
4	InjuryDay	Numeric	8	Day of Injury (relative to ED triage)
5	InjuryTime	Character	5	Estimated Time of Injury
6	InjTmKnown	Numeric	8	Time of Injury known?
7	TriageTmUnkown	Numeric	8	Time of ED Triage known?
8	ApproxWtKg	Numeric	8	Approximate weight in kilograms
9	WtAssessment	Numeric	8	Select how weight was assessed
10	Certification	Numeric	8	Certification of physician completing form or providing oversight
11	ThoracicTrauma	Numeric	8	Evidence of thoracic trauma?
12	ThorAbnLoc	Numeric	8	Were abnormalities primarily
13	ThoracicTender	Numeric	8	Thoracic tenderness
14	LtCostalTender	Numeric	8	Left costal tenderness?
15	RtCostalTender	Numeric	8	Right costal tenderness?
16	DecrBreathSound	Numeric	8	Does patient have absent/decreased breath sounds?
17	AbnChestAusc	Numeric	8	Does patient have abnormal chest auscultation findings?
18	FlankTender	Numeric	8	Does the patient have flank tenderness?
19	PelvicTender	Numeric	8	Does the patient have pelvic bone tenderness?
20	PelvisUnstable	Numeric	8	Is the pelvis unstable?
21	NonAbdSurgery	Numeric	8	Does the patient have an injury that will require non-abdominal surgery?
22	CurrIntubated	Numeric	8	Was the patient intubated?
23	PharmaParalyzed	Numeric	8	Was the patient pharmacologically paralyzed
24	PharmaSedated	Numeric	8	Was the patient pharmacologically sedated?
25	AlcDrgSuspicion	Numeric	8	Is there a clinical suspicion for alcohol or drug intoxication?
26	GCSEye	Numeric	8	Eye
27	GCSVerbal	Numeric	8	Verbal
28	GCSMotor	Numeric	8	Motor
29	GCSScore	Numeric	8	Total GCS Score
30	AggregateGCS	Numeric	8	Aggregate Glasgow Coma Score
31	Preverbal	Numeric	8	Is the patient preverbal (unable to communicate because of limited verbal skills)
32	AbdomenPain	Numeric	8	Does patient complain of abdominal pain?
33	AbdPainSeverity	Numeric	8	Severity of historical abdominal pain
34	AbdPainLoc	Numeric	8	Location of abdominal pain
35	VomitWretch	Numeric	8	Vomiting/Retching

**FORM1 Dataset
Variables**

Variable Number	Variable Name	Variable Type	Variable Length	Variable Label
36	ShortBreath	Numeric	8	Does patient complain of shortness of breath/difficulty breathing
37	DistractingPain	Numeric	8	Does the patient have a distracting painful injury?
38	InjuryMechanism	Numeric	8	Injury mechanism (select only one mechanism)
39	InjMechSpecs	Character	30	Injury Mechanism Specifics
40	PatientRestrained	Numeric	8	Was the patient restrained?
41	RestraintSystem	Numeric	8	Type of restraint system
42	PatientRunOver	Numeric	8	Was patient run-over by moving vehicle?
43	HandlebarsAbd	Numeric	8	Did handlebars strike the abdomen?
44	OtherMechanism	Character	255	Other mechanism (describe):
45	GenComment	Character	255	Comment
46	RecodedMOI	Numeric	8	Recoded Injury Mechanism
47	OtherMOIHighRisk	Numeric	8	High Risk Mechanism of Injury
48	AbdUltrasound	Numeric	8	Was an abdominal ultrasound obtained?
49	KnowAbUltraRes	Numeric	8	Was the data sheet completed before knowledge of the abdominal ultrasound results?
50	AbdCTScan	Numeric	8	Was an abdominal CT obtained?
51	KnowAbCTRes	Numeric	8	If abdominal CT performed, was the data sheet completed before knowledge of the results?
52	PtHosp	Numeric	8	Was patient hospitalized?
53	AbdTrauma	Numeric	8	Evidence of abdominal wall trauma?
54	SeatBeltSign	Numeric	8	Is a seat belt sign present?
55	AbdDistention	Numeric	8	Does the patient have abdominal distention?
56	BowelSounds	Numeric	8	Are bowel sounds absent?
57	AbdomenTender	Numeric	8	Does patient have abdominal tenderness?
58	AbdTenderDegree	Numeric	8	Degree of abdominal tenderness
59	AbdTenderLoc	Numeric	8	Location of abdominal tenderness
60	PeritonIrrit	Numeric	8	Does the patient have peritoneal irritation?
61	RectalBlood	Numeric	8	Did patient have blood on rectal examination
62	InitSysBP	Numeric	8	Was the initial Systolic Blood Pressure in the ED known?
63	InitSysBPRange	Numeric	8	Initial Systolic Blood Pressure
64	InitResp	Numeric	8	Was the initial Respiratory Rate in the ED known?
65	InitRespRange	Numeric	8	Initial Respiratory Rate
66	HRDocumented	Numeric	8	Was the initial Heart Rate in the ED known?
67	InitHeartRate	Numeric	8	Initial Heart Rate (beats/min)
68	IAISuspicion	Numeric	8	Clinical suspicion for the presence of IAI identified on CT
69	IAIAcuteInterv	Numeric	8	Clinical suspicion for IAI in need of acute intervention

FORM1 Dataset
Variables

Variable Number	Variable Name	Variable Type	Variable Length	Variable Label
70	LabResultAware	Numeric	8	Were you aware of any lab results?
71	RefuseFU	Numeric	8	Parent/guardian refused telephone or mail follow-up at time of ED Visit

FORM1 Dataset
Variable Summaries

	N	%
Day of ED Triage (Day 0 for all patients)		
0	12,044	100
All	12,044	100

	N	%
Day of Injury (relative to ED triage)		
-1	755	6
0	11,282	94
All	12,037	100

	N	%
Time of Injury known?		
Known	8,763	73
Unknown	3,281	27
All	12,044	100

	N	%
Time of ED Triage known?		
Known	11,833	98
Unknown	211	2
All	12,044	100

	N	Min	Max	Mean	SD	Q1	Med	Q3
Approximate weight in kilograms	11,130	1.0	287.0	42.8	24.8	20.5	40.0	60.0

	N	%
Select how weight was assessed		
Actual weight	4,329	42
Parent estimate	1,845	18
Broselow weight	813	8
Clinician estimate	3,377	33
All	10,364	100

FORM1 Dataset
Variable Summaries

	N	%
Certification of physician completing form or providing oversight		
Emergency Medicine Faculty	1,371	11
Pediatric Faculty	759	6
Pediatric Emergency Medicine Faculty	6,629	55
General/Trauma Surgery Faculty	439	4
Pediatric Surgery Faculty	27	0
Family Practice Faculty	4	0
Pediatric Emergency Medicine Fellow	2,715	23
Pediatric Surgery Fellow	25	0
Other	75	1
All	12,044	100

	N	%
Evidence of thoracic trauma?		
Yes	2,042	17
No	9,926	82
Physician did not answer	76	1
All	12,044	100

	N	%
Were abnormalities primarily		
Anterior chest	1,116	55
Posterior chest	442	22
Both	133	7
Physician did not answer	347	17
All	2,038	100

FORM1 Dataset
Variable Summaries

	N	%
Thoracic tenderness		
Yes	1,922	16
No	8,919	74
Unable to assess	951	8
Physician did not answer	252	2
All	12,044	100

	N	%
Left costal tenderness?		
Yes	817	7
No	9,903	82
Unable to assess	1,010	8
Physician did not answer	314	3
All	12,044	100

	N	%
Right costal tenderness?		
Yes	735	6
No	9,964	83
Unable to assess	1,007	8
Physician did not answer	338	3
All	12,044	100

	N	%
Does patient have absent/decreased breath sounds?		
Yes	256	2
No	11,555	96
Unknown	34	0
Physician did not answer	199	2
All	12,044	100

FORM1 Dataset
Variable Summaries

	N	%
Does patient have abnormal chest auscultation findings?		
Yes	196	2
No	11,616	96
Unknown	33	0
Physician did not answer	199	2
All	12,044	100

	N	%
Does the patient have flank tenderness?		
Yes	1,204	10
No	9,659	80
Unable to assess	1,125	9
Physician did not answer	56	0
All	12,044	100

	N	%
Does the patient have pelvic bone tenderness?		
Yes	1,097	9
No	9,834	82
Unable to assess	1,029	9
Physician did not answer	84	1
All	12,044	100

	N	%
Is the pelvis unstable?		
Yes	127	1
No	11,375	94
Unknown	221	2
Physician did not answer	321	3
All	12,044	100

FORM1 Dataset
Variable Summaries

	N	%
Does the patient have an injury that will require non-abdominal surgery?		
Yes	1,690	14
No	9,256	77
Unsure	965	8
Physician did not answer	133	1
All	12,044	100

	N	%
Was the patient intubated?		
Yes	552	5
No	11,451	95
Physician did not answer	41	0
All	12,044	100

	N	%
Was the patient pharmacologically paralyzed		
Yes	389	3
No	11,607	96
Physician did not answer	48	0
All	12,044	100

	N	%
Was the patient pharmacologically sedated?		
Yes	591	5
No	11,405	95
Physician did not answer	48	0
All	12,044	100

FORM1 Dataset
Variable Summaries

	N	%
Is there a clinical suspicion for alcohol or drug intoxication?		
Yes	273	2
No	11,704	97
Physician did not answer	67	1
All	12,044	100

	N	%
Eye		
4: Spontaneous	11,008	92
3: Verbal	338	3
2: Pain	138	1
1: None	441	4
All	11,925	100

	N	%
Verbal		
5: Oriented - coos/babbles	10,495	88
4: Confused - irritable/cries	789	7
3: Inappropriate words - cries to pain	100	1
2: Incomprehensible sounds - moans	122	1
1: None	417	3
All	11,923	100

	N	%
Motor		
6: Follow Commands	11,064	93
5: Localizes pain - withdraws to touch	363	3
4: Withdraws to pain	181	2
3: Abnormal flexure posturing	40	0
2: Abnormal extension posturing	28	0
1: None	248	2
All	11,924	100

FORM1 Dataset
Variable Summaries

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	N	%
Total GCS Score		
3	233	2
4	27	0
5	29	0
6	67	1
7	68	1
8	42	0
9	67	1
10	60	1
11	61	1
12	82	1
13	231	2
14	659	6
15	10,293	86
All	11,919	100

	N	%
Aggregate Glasgow Coma Score		
3	9	7
4	2	2
5	1	1
6	6	5
7	1	1
8	2	2
9	1	1
10	2	2
11	2	2
12	1	1
13	1	1
14	6	5
15	87	72
All	121	100

FORM1 Dataset
Variable Summaries

	N	%
Is the patient preverbal (unable to communicate because of limited verbal skills)		
Yes	1,768	15
No	10,153	84
Physician did not answer	123	1
All	12,044	100

	N	%
Does patient complain of abdominal pain?		
Yes	3,620	30
No	6,572	55
Unable to assess	1,704	14
Physician did not answer	148	1
All	12,044	100

	N	%
Severity of historical abdominal pain		
Mild (barely noticeable)	1,424	39
Moderate	1,410	39
Severe (intense)	547	15
Unknown	189	5
Physician did not answer	50	1
All	3,620	100

	N	%
Location of abdominal pain		
Diffuse	1,261	35
Localized	2,144	59
Unknown	116	3
Physician did not answer	99	3
All	3,620	100

FORM1 Dataset
Variable Summaries

	N	%
Vomiting/Retching		
Yes	1,153	10
No	10,419	87
Unknown	388	3
Physician did not answer	84	1
All	12,044	100

	N	%
Does patient complain of shortness of breath/difficulty breathing		
Yes	629	5
No	10,039	83
Unable to assess	1,269	11
Physician did not answer	107	1
All	12,044	100

	N	%
Does the patient have a distracting painful injury?		
Yes	2,805	23
No	8,350	69
Unable to assess	806	7
Physician did not answer	83	1
All	12,044	100

FORM1 Dataset
Variable Summaries

	N	%
Injury mechanism (select only one mechanism)		
Occupant in Motor Vehicle Collision (MVC)	3,830	32
Fall from an elevation	1,623	13
Fall down stairs	281	2
Pedestrian or bicyclist struck by moving vehicle	2,272	19
Bike collision or fall from bike while riding	758	6
Motorcycle/ATV/Motorized Scooter collision	602	5
Object struck abdomen	793	7
Unknown mechanism	170	1
Other mechanism	1,691	14
Physician did not answer	24	0
All	12,044	100

FORM1 Dataset
Variable Summaries
Injury Mechanism Specifics
Where Injury Mechanism=Motor Vehicle Collision

	N	%
Injury Mechanism Specifics		
1: < 20 mph	366	10
2: 20 - 40 mph	854	22
3: > 40 mph	1,240	32
4: Speed Unknown	1,274	33
5: Physician did not answer	96	3
All	3,830	100

FORM1 Dataset
Variable Summaries
Injury Mechanism Specifics
Where Injury Mechanism=Fall from an elevation

	N	%
Injury Mechanism Specifics		
1: < 3 ft.	305	19
2: 3 - 10 ft.	714	44
3: > 10 ft.	544	34
4: Unknown	56	3
5: Physician did not answer	4	0
All	1,623	100

FORM1 Dataset
Variable Summaries
Injury Mechanism Specifics
Where Injury Mechanism=Fall down stairs

	N	%
Injury Mechanism Specifics		
1: 5 or less	82	29
2: 6-15	161	57
3: > 15	23	8
4: Unknown	14	5
5: Physician did not answer	1	0
All	281	100

FORM1 Dataset
Variable Summaries
Injury Mechanism Specifics
Where Injury Mechanism=Pedestrian or cyclist struck by moving vehicle

	N	%
Injury Mechanism Specifics		
1: < 5 mph	195	9
2: 5 - 20 mph	532	23
3: > 20 mph	599	26
4: Speed Unknown	909	40
5: Physician did not answer	37	2
All	2,272	100

FORM1 Dataset
Variable Summaries
Injury Mechanism Specifics
Where Injury Mechanism=Bike collision or fall from bike while riding

	N	%
Injury Mechanism Specifics		
2: 3 - 10 ft.	1	50
4: Unknown	1	50
All	2	100

FORM1 Dataset
Variable Summaries
Injury Mechanism Specifics
Where Injury Mechanism=Motorcycle/ATV/Motorized Scooter collision

	N	%
Injury Mechanism Specifics		
4: Speed Unknown	1	100
All	1	100

FORM1 Dataset
Variable Summaries
Injury Mechanism Specifics
Where Injury Mechanism=Object struck abdomen

	N	%
Injury Mechanism Specifics		
1: Intentional	422	53
2: Accidental	316	40
3: Unknown intentionality	32	4
4: Physician did not answer	23	3
All	793	100

FORM1 Dataset
Variable Summaries
Injury Mechanism Specifics
Where Injury Mechanism=Other mechanism

	N	%
Injury Mechanism Specifics		
1: < 5 mph	1	100
All	1	100

**FORM1 Dataset
Variable Summaries**

	N	%
Was the patient restrained?		
Yes	2,701	71
No	782	20
Unknown	271	7
Physician did not answer	76	2
All	3,830	100

	N	%
Type of restraint system		
lap and shoulder harness	1,753	65
lap belt only	247	9
shoulder harness only	18	1
infant car seat	253	9
booster car seat	209	8
unknown restraint system	188	7
Physician did not answer	33	1
All	2,701	100

	N	%
Was patient run-over by moving vehicle?		
Yes	239	11
No	1,438	63
Unknown	326	14
Physician did not answer	269	12
All	2,272	100

	N	%
Did handlebars strike the abdomen?		
Yes	246	32
No	265	35
Unknown	235	31
Physician did not answer	12	2
All	758	100

**FORM1 Dataset
Variable Summaries**

	N	%
Recoded Injury Mechanism		
Occupant in Motor Vehicle Collision (MVC)	3,832	32
Fall from an elevation	2,161	18
Fall down stairs	281	2
Pedestrian or bicyclist struck by moving vehicle	2,316	19
Bike collision or fall from bike while riding	767	6
Motorcycle/ATV/Motorized Scooter collision	663	6
Object struck abdomen	1,548	13
Unknown mechanism	183	2
Other mechanism	269	2
Physician did not answer	24	0
All	12,044	100

	N	%
High Risk Mechanism of Injury		
Yes	56	3
No	1,635	97
All	1,691	100

	N	%
Was an abdominal ultrasound obtained?		
Yes	1,949	16
No	9,876	82
Unknown	66	1
Physician did not answer	153	1
All	12,044	100

FORM1 Dataset
Variable Summaries

	N	%
Was the data sheet completed before knowledge of the abdominal ultrasound results?		
Yes	599	31
No	1,326	68
Physician did not answer	24	1
All	1,949	100

	N	%
Was an abdominal CT obtained?		
Yes	5,179	43
No	6,557	54
Unknown	148	1
Physician did not answer	160	1
All	12,044	100

	N	%
If abdominal CT performed, was the data sheet completed before knowledge of the results?		
Yes	3,269	63
No	984	19
Physician did not answer	926	18
All	5,179	100

	N	%
Was patient hospitalized?		
Yes	5,991	50
No	6,053	50
All	12,044	100

FORM1 Dataset
Variable Summaries

	N	%
Evidence of abdominal wall trauma?		
Yes	1,864	15
No	10,113	84
Unknown	22	0
Physician did not answer	45	0
All	12,044	100

	N	%
Is a seat belt sign present?		
Yes	594	5
No	11,052	92
Physician did not answer	398	3
All	12,044	100

	N	%
Does the patient have abdominal distention?		
Yes	277	2
No	11,239	93
Unknown	235	2
Physician did not answer	293	2
All	12,044	100

	N	%
Are bowel sounds absent?		
Yes	675	6
No	9,250	77
Did not listen	1,975	16
Physician did not answer	144	1
All	12,044	100

FORM1 Dataset
Variable Summaries

	N	%
Does patient have abdominal tenderness?		
Yes	3,611	30
No	7,236	60
Unable to assess	1,035	9
Physician did not answer	162	1
All	12,044	100

	N	%
Degree of abdominal tenderness		
Mild	1,613	45
Moderate	1,536	43
Severe	419	12
Physician did not answer	43	1
All	3,611	100

	N	%
Location of abdominal tenderness		
Diffuse	1,151	32
Above the umbilicus	1,314	36
Below the umbilicus	836	23
Peri-umbilical	198	5
Unknown	24	1
Physician did not answer	88	2
All	3,611	100

	N	%
Does the patient have peritoneal irritation?		
Yes	137	1
No	10,709	89
Unable to assess	1,044	9
Physician did not answer	154	1
All	12,044	100

FORM1 Dataset
Variable Summaries

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	N	%
Did patient have blood on rectal examination		
Yes	44	0
No	5,541	46
Rectal exam not performed	6,209	52
Physician did not answer	250	2
All	12,044	100

	N	%
Was the initial Systolic Blood Pressure in the ED known?		
Yes	11,783	98
Unknown	41	0
Not documented	220	2
All	12,044	100

	N	Min	Max	Mean	SD	Q1	Med	Q3
Initial Systolic Blood Pressure	11,782	36	202	120	18	109	119	131

	N	%
Was the initial Respiratory Rate in the ED known?		
Yes	11,774	98
Intubated/BVM	207	2
Unknown	17	0
Not documented	46	0
All	12,044	100

	N	Min	Max	Mean	SD	Q1	Med	Q3
Initial Respiratory Rate	11,773	0	94	23	8	18	20	25

FORM1 Dataset
Variable Summaries

	N	%
Was the initial Heart Rate in the ED known?		
Yes	11,994	100
Unknown	13	0
Not documented	37	0
All	12,044	100

	N	Min	Max	Mean	SD	Q1	Med	Q3
Initial Heart Rate (beats/min)	11,993	0	268	102	26	84	99	116

	N	%
Clinical suspicion for the presence of IAI identified on CT		
<1%	6,591	55
1-5%	3,124	26
6-10%	1,166	10
11-50%	758	6
>50%	298	2
Physician did not answer	107	1
All	12,044	100

	N	%
Clinical suspicion for IAI in need of acute intervention		
<1%	9,252	77
1-5%	1,793	15
6-10%	506	4
11-50%	281	2
>50%	87	1
Physician did not answer	125	1
All	12,044	100

FORM1 Dataset
Variable Summaries

	N	%
Were you aware of any lab results?		
Yes	2,069	17
No	8,976	75
Physician did not answer	999	8
All	12,044	100

	N	%
Parent/guardian refused telephone or mail follow-up at time of ED Visit		
Yes	63	1
No	5,989	50
Not applicable per study protocol	5,992	50
All	12,044	100