

**FORM2 Dataset
Variables**

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Variable Number	Variable Name	Variable Type	Variable Length	Variable Label
1	SubjectID	Numeric	8	Subject ID
2	EDEvalTime	Character	5	ED Evaluation Time
3	EvalTmKnown	Numeric	8	Time of Evaluation known?
4	Certification	Numeric	8	Certification of physician completing form or providing oversight
5	ThoracicTrauma	Numeric	8	Evidence of thoracic trauma?
6	ThorAbnLoc	Numeric	8	Were abnormalities primarily
7	ThoracicTender	Numeric	8	Thoracic tenderness
8	LtCostalTender	Numeric	8	Left costal tenderness?
9	RtCostalTender	Numeric	8	Right costal tenderness?
10	DecrBreathSound	Numeric	8	Does patient have absent/decreased breath sounds?
11	AbnChestAusc	Numeric	8	Does patient have abnormal chest auscultation findings?
12	CurrIntubated	Numeric	8	Was the patient intubated?
13	PharmaParalyzed	Numeric	8	Was the patient pharmacologically paralyzed
14	PharmaSedated	Numeric	8	Was the patient pharmacologically sedated?
15	AlcDrgSuspicion	Numeric	8	Is there a clinical suspicion for alcohol or drug intoxication?
16	GCSEye	Numeric	8	Eye
17	GCSVerbal	Numeric	8	Verbal
18	GCSMotor	Numeric	8	Motor
19	GCSScore	Numeric	8	Total GCS Score
20	AggregateGCS	Numeric	8	Aggregate Glasgow Coma Score
21	Preverbal	Numeric	8	Is the patient preverbal (unable to communicate because of limited verbal skills)
22	AbdomenPain	Numeric	8	Does patient complain of abdominal pain?
23	AbdPainSeverity	Numeric	8	Severity of historical abdominal pain
24	AbdPainLoc	Numeric	8	Location of abdominal pain
25	VomitWretch	Numeric	8	Vomiting/Retching
26	ShortBreath	Numeric	8	Does patient complain of shortness of breath/difficulty breathing
27	DistractingPain	Numeric	8	Does the patient have a distracting painful injury?
28	InjuryMechanism	Numeric	8	Injury mechanism (select only one mechanism)
29	InjMechSpecs	Character	30	Injury Mechanism Specifics
30	PatientRestrained	Numeric	8	Was the patient restrained?
31	RestraintSystem	Numeric	8	Type of restraint system
32	PatientRunOver	Numeric	8	Was patient run-over by moving vehicle?
33	HandlebarsAbd	Numeric	8	Did handlebars strike the abdomen?
34	GenComment	Character	255	Comment
35	FlankTender	Numeric	8	Does the patient have flank tenderness?

**FORM2 Dataset
Variables**

Variable Number	Variable Name	Variable Type	Variable Length	Variable Label
36	PelvicTender	Numeric	8	Does the patient have pelvic bone tenderness?
37	PelvisUnstable	Numeric	8	Is the pelvis unstable?
38	NonAbdSurgery	Numeric	8	Does the patient have an injury that will require non-abdominal surgery?
39	IAISuspicion	Numeric	8	Clinical suspicion for the presence of IAI identified on CT
40	IAIAcuteInterv	Numeric	8	Clinical suspicion for IAI in need of acute intervention
41	LabResultAware	Numeric	8	Were you aware of any lab results?
42	AbdCTScan	Numeric	8	Was an abdominal CT obtained?
43	KnowAbCTRes	Numeric	8	If abdominal CT performed, was the data sheet completed before knowledge of the results?
44	AbdTrauma	Numeric	8	Evidence of abdominal wall trauma?
45	SeatBeltSign	Numeric	8	Is a seat belt sign present?
46	AbdDistention	Numeric	8	Does the patient have abdominal distention?
47	BowelSounds	Numeric	8	Are bowel sounds absent?
48	AbdomenTender	Numeric	8	Does patient have abdominal tenderness?
49	AbdTenderDegree	Numeric	8	Degree of abdominal tenderness
50	AbdTenderLoc	Numeric	8	Location of abdominal tenderness
51	PeritonIrrit	Numeric	8	Does the patient have peritoneal irritation?

FORM2 Dataset
Variable Summaries

	N	%
Time of Evaluation known?		
Known	608	96
Unknown	24	4
All	632	100

	N	%
Certification of physician completing form or providing oversight		
Emergency Medicine Faculty	81	13
Pediatric Faculty	22	3
Pediatric Emergency Medicine Faculty	357	56
General/Trauma Surgery Faculty	13	2
Pediatric Surgery Faculty	1	0
Pediatric Emergency Medicine Fellow	121	19
Pediatric Surgery Fellow	14	2
Trauma Surgery Fellow	20	3
Other	3	0
All	632	100

	N	%
Evidence of thoracic trauma?		
Yes	102	16
No	529	84
Physician did not answer	1	0
All	632	100

	N	%
Were abnormalities primarily		
Anterior chest	54	53
Posterior chest	24	24
Both	8	8
Physician did not answer	16	16
All	102	100

FORM2 Dataset
Variable Summaries

	N	%
Thoracic tenderness		
Yes	94	15
No	487	77
Unable to assess	39	6
Physician did not answer	12	2
All	632	100

	N	%
Left costal tenderness?		
Yes	44	7
No	529	84
Unable to assess	43	7
Physician did not answer	16	3
All	632	100

	N	%
Right costal tenderness?		
Yes	45	7
No	529	84
Unable to assess	43	7
Physician did not answer	15	2
All	632	100

	N	%
Does patient have absent/decreased breath sounds?		
Yes	10	2
No	607	96
Unknown	7	1
Physician did not answer	8	1
All	632	100

FORM2 Dataset
Variable Summaries

	N	%
Does patient have abnormal chest auscultation findings?		
Yes	12	2
No	606	96
Unknown	5	1
Physician did not answer	9	1
All	632	100

	N	%
Was the patient intubated?		
Yes	23	4
No	608	96
Physician did not answer	1	0
All	632	100

	N	%
Was the patient pharmacologically paralyzed		
Yes	15	2
No	616	97
Physician did not answer	1	0
All	632	100

	N	%
Was the patient pharmacologically sedated?		
Yes	26	4
No	605	96
Physician did not answer	1	0
All	632	100

FORM2 Dataset
Variable Summaries

	N	%
Is there a clinical suspicion for alcohol or drug intoxication?		
Yes	6	1
No	625	99
Physician did not answer	1	0
All	632	100

	N	%
Eye		
4: Spontaneous	584	94
3: Verbal	14	2
2: Pain	2	0
1: None	23	4
All	623	100

	N	%
Verbal		
5: Oriented - coos/babbles	556	89
4: Confused - irritable/cries	37	6
3: Inappropriate words - cries to pain	6	1
2: Incomprehensible sounds - moans	3	0
1: None	21	3
All	623	100

	N	%
Motor		
6: Follow Commands	587	94
5: Localizes pain - withdraws to touch	9	1
4: Withdraws to pain	8	1
3: Abnormal flexure posturing	2	0
1: None	17	3
All	623	100

FORM2 Dataset
Variable Summaries

	N	%
Total GCS Score		
3	15	2
4	1	0
5	1	0
6	6	1
9	2	0
10	2	0
12	6	1
13	7	1
14	36	6
15	547	88
All	623	100

	N	%
Aggregate Glasgow Coma Score		
3	1	11
15	8	89
All	9	100

	N	%
Is the patient preverbal (unable to communicate because of limited verbal skills)		
Yes	75	12
No	548	87
Physician did not answer	9	1
All	632	100

FORM2 Dataset
Variable Summaries

	N	%
Does patient complain of abdominal pain?		
Yes	175	28
No	361	57
Unable to assess	84	13
Physician did not answer	12	2
All	632	100

	N	%
Severity of historical abdominal pain		
Mild (barely noticeable)	81	46
Moderate	59	34
Severe (intense)	19	11
Unknown	13	7
Physician did not answer	3	2
All	175	100

	N	%
Location of abdominal pain		
Diffuse	55	31
Localized	103	59
Unknown	9	5
Physician did not answer	8	5
All	175	100

	N	%
Vomiting/Retching		
Yes	47	7
No	554	88
Unknown	22	3
Physician did not answer	9	1
All	632	100

FORM2 Dataset
Variable Summaries

	N	%
Does patient complain of shortness of breath/difficulty breathing		
Yes	34	5
No	526	83
Unable to assess	62	10
Physician did not answer	10	2
All	632	100

	N	%
Does the patient have a distracting painful injury?		
Yes	116	18
No	479	76
Unable to assess	28	4
Physician did not answer	9	1
All	632	100

	N	%
Injury mechanism (select only one mechanism)		
Occupant in Motor Vehicle Collision (MVC)	217	34
Fall from an elevation	76	12
Fall down stairs	13	2
Pedestrian or bicyclist struck by moving vehicle	141	22
Bike collision or fall from bike while riding	42	7
Motorcycle/ATV/Motorized Scooter collision	35	6
Object struck abdomen	33	5
Unknown mechanism	9	1
Other mechanism	66	10
All	632	100

FORM2 Dataset
Variable Summaries
Injury Mechanism Specifics
Where Injury Mechanism=Motor Vehicle Collision

	N	%
Injury Mechanism Specifics		
1: < 20 mph	11	5
2: 20 - 40 mph	57	26
3: > 40 mph	78	36
4: Speed Unknown	61	28
5: Physician did not answer	10	5
All	217	100

FORM2 Dataset
Variable Summaries
Injury Mechanism Specifics
Where Injury Mechanism=Fall from an elevation

	N	%
Injury Mechanism Specifics		
1: < 3 ft.	12	16
2: 3 - 10 ft.	31	41
3: > 10 ft.	31	41
4: Unknown	1	1
5: Physician did not answer	1	1
All	76	100

FORM2 Dataset
Variable Summaries
Injury Mechanism Specifics
Where Injury Mechanism=Fall down stairs

	N	%
Injury Mechanism Specifics		
1: 5 or less	5	38
2: 6-15	7	54
4: Unknown	1	8
All	13	100

FORM2 Dataset
Variable Summaries
Injury Mechanism Specifics
Where Injury Mechanism=Pedestrian or cyclist struck by moving vehicle

	N	%
Injury Mechanism Specifics		
1: < 5 mph	9	6
2: 5 - 20 mph	26	18
3: > 20 mph	43	30
4: Speed Unknown	58	41
5: Physician did not answer	5	4
All	141	100

FORM2 Dataset
Variable Summaries
Injury Mechanism Specifics
Where Injury Mechanism=Object struck abdomen

	N	%
Injury Mechanism Specifics		
1: Intentional	17	52
2: Accidental	15	45
3: Unknown intentionality	1	3
All	33	100

**FORM2 Dataset
Variable Summaries**

	N	%
Was the patient restrained?		
Yes	153	71
No	43	20
Unknown	11	5
Physician did not answer	10	5
All	217	100

	N	%
Type of restraint system		
lap and shoulder harness	91	59
lap belt only	22	14
shoulder harness only	1	1
infant car seat	16	10
booster car seat	9	6
unknown restraint system	12	8
Physician did not answer	2	1
All	153	100

	N	%
Was patient run-over by moving vehicle?		
Yes	20	14
No	78	55
Unknown	25	18
Physician did not answer	18	13
All	141	100

	N	%
Did handlebars strike the abdomen?		
Yes	14	33
No	21	50
Unknown	6	14
Physician did not answer	1	2
All	42	100

**FORM2 Dataset
Variable Summaries**

	N	%
Comment		
ATV rollover	1	5
Abdomen struck by fists and feet	1	5
Car seat with intrusion (car seat damaged)	1	5
Exam on child changed from time of first evaluation to Kappa, not disagreement between MDs, but change in child	1	5
Fell stool leg hit abdomen	1	5
Hit by soccer goalie / flipped and landed on back	1	5
LAP AND SHOULDER HARNESS FAILED	1	5
Patient was kicked in stomach then fell down 5-6 steps	1	5
Thrown by boy-unknown if meant to cause harm	1	5
Unsure of time when kappa was filled out, but it was within one hour of triage	1	5
assault- "jumped"	1	5
booster seat and lap belt only.	1	5
heavy dresser fell on patient/crushing injury	1	5
hockey stick	1	5
in carrier	1	5
karate	1	5
lacrosse stick	1	5
patient initially without pain, examined several hours later - now with pain	1	5
pedal struck abdomen	1	5
All	19	100

**FORM2 Dataset
Variable Summaries**

	N	%
Does the patient have flank tenderness?		
Yes	60	9
No	516	82
Unable to assess	50	8
Physician did not answer	6	1
All	632	100

	N	%
Does the patient have pelvic bone tenderness?		
Yes	51	8
No	539	85
Unable to assess	35	6
Physician did not answer	7	1
All	632	100

	N	%
Is the pelvis unstable?		
Yes	8	1
No	605	96
Unknown	7	1
Physician did not answer	12	2
All	632	100

	N	%
Does the patient have an injury that will require non-abdominal surgery?		
Yes	93	15
No	490	78
Unsure	33	5
Physician did not answer	16	3
All	632	100

FORM2 Dataset
Variable Summaries

	N	%
Clinical suspicion for the presence of IAI identified on CT		
<1%	341	54
1-5%	185	29
6-10%	61	10
11-50%	29	5
>50%	13	2
Physician did not answer	3	0
All	632	100

	N	%
Clinical suspicion for IAI in need of acute intervention		
<1%	504	80
1-5%	97	15
6-10%	16	3
11-50%	7	1
>50%	4	1
Physician did not answer	4	1
All	632	100

	N	%
Were you aware of any lab results?		
Yes	53	8
No	574	91
Physician did not answer	5	1
All	632	100

FORM2 Dataset
Variable Summaries

	N	%
Was an abdominal CT obtained?		
Yes	277	44
No	291	46
Unknown	56	9
Physician did not answer	8	1
All	632	100

	N	%
If abdominal CT performed, was the data sheet completed before knowledge of the results?		
Yes	211	79
No	45	17
Physician did not answer	11	4
All	267	100

	N	%
Evidence of abdominal wall trauma?		
Yes	111	18
No	518	82
Unknown	2	0
Physician did not answer	1	0
All	632	100

	N	%
Is a seat belt sign present?		
Yes	31	5
No	584	92
Physician did not answer	17	3
All	632	100

FORM2 Dataset
Variable Summaries

	N	%
Does the patient have abdominal distention?		
Yes	13	2
No	614	97
Unknown	1	0
Physician did not answer	4	1
All	632	100

	N	%
Are bowel sounds absent?		
Yes	24	4
No	489	77
Did not listen	106	17
Physician did not answer	13	2
All	632	100

	N	%
Does patient have abdominal tenderness?		
Yes	198	31
No	392	62
Unable to assess	40	6
Physician did not answer	2	0
All	632	100

	N	%
Degree of abdominal tenderness		
Mild	105	53
Moderate	71	36
Severe	19	10
Physician did not answer	3	2
All	198	100

FORM2 Dataset
Variable Summaries

	N	%
Location of abdominal tenderness		
Diffuse	58	29
Above the umbilicus	78	39
Below the umbilicus	43	22
Peri-umbilical	12	6
Unknown	5	3
Physician did not answer	2	1
All	198	100

	N	%
Does the patient have peritoneal irritation?		
Yes	8	1
No	573	91
Unable to assess	43	7
Physician did not answer	8	1
All	632	100