

**IAI (Intra-Abdominal Injury) Study:  
RA Imaging Data Collection Form #4a**

**Patient Study ID Number:**

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 Study #                      Site #                      Patient #

Complete this form for all patients enrolled into the study.

Data Source: Radiology record, completed by RA.

**Section I: Abdominal/Pelvic CT Imaging**

1. Did the patient undergo an abdominal/pelvic **CT** within 30 days of ED triage for this injury event? (i.e. in the ED, during hospitalization or as an outpatient):

☐ Yes → answer 1a through 1f for each CT     
 ☐ No → skip to Section II

	<b>1a. Date</b> (of abdominal CT)	<b>1b. Time</b> (of abdominal CT)	<b>1c. Location ordered</b> (of abdominal CT)	<b>1d. Was intravenous contrast administered?</b>	<b>1e. Was oral contrast administered?</b>	<b>1f. Abdominal/Pelvic CT Findings, if performed:</b>
1	____/____/____ (mm / dd/ yyyy)	____:____ (24 hour clock)	<input type="checkbox"/> ED <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient (not in ED) <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (e.g. not stated)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (e.g. not stated)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Traumatic* <input type="checkbox"/> No interpretation from any known source
2	____/____/____ (mm / dd/ yyyy)	____:____ (24 hour clock)	<input type="checkbox"/> ED <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient (not in ED) <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (e.g. not stated)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (e.g. not stated)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Traumatic* <input type="checkbox"/> No interpretation from any known source
3	____/____/____ (mm / dd/ yyyy)	____:____ (24 hour clock)	<input type="checkbox"/> ED <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient (not in ED) <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (e.g. not stated)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (e.g. not stated)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Traumatic* <input type="checkbox"/> No interpretation from any known source

\*An **abnormal traumatic** abdominal/pelvic CT finding includes any traumatic abnormality on the CT scan. If there are any traumatic abdominal/pelvic CT findings, **enter the de-identified dictation of this abdominal/pelvic CT scan into the database (see MOO for instructions).** For any questions, contact the site PI.

Traumatic findings may include but are not limited to: injuries to the spleen, liver, pancreas, kidney, adrenal gland, intestine (bowel), mesentery, and abdominal wall. Also, identification of intraperitoneal fluid (free fluid, hemoperitoneum), thoracic or pelvic injuries is considered a traumatic finding. See MOO for any questions.

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**Section II: Abdominal Ultrasound Imaging**

2. Did the patient undergo an abdominal ultrasound within 30 days of ED Triage for this injury? (i.e. in the ED, during hospitalization or as an outpatient):

☐ Yes → answer 2a through 2e for appropriate ultrasound examination

☐ No → skip to Section III

	<b>2a. Date</b> (of abdominal ultrasound)	<b>2b. Time</b> (of abdominal ultrasound)	<b>2c. Location</b> (of abdominal ultrasound)	<b>2d. Type of ultrasound examination:</b>	<b>2e. Initial Abdominal Ultrasound findings, if performed:</b>
1	____/____/____ (mm / dd/ yyyy)	____:____ (24 hour clock)	<input type="checkbox"/> ED <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient (not in ED) <input type="checkbox"/> Unknown	<input type="checkbox"/> FAST scan (i.e. for free fluid) <input type="checkbox"/> Full abdominal scan (solid organs imaged as well) <input type="checkbox"/> Unknown type of ultrasound	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Traumatic* <input type="checkbox"/> No interpretation from any known source
2	____/____/____ (mm / dd/ yyyy)	____:____ (24 hour clock)	<input type="checkbox"/> ED <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient (not in ED) <input type="checkbox"/> Unknown	<input type="checkbox"/> FAST scan (i.e. for free fluid) <input type="checkbox"/> Full abdominal scan (solid organs imaged as well) <input type="checkbox"/> Unknown type of ultrasound	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Traumatic* <input type="checkbox"/> No interpretation from any known source

\*An abnormal traumatic abdominal ultrasound includes any traumatic abnormality on the ultrasound. If there are any abnormal traumatic abdominal ultrasound findings, **enter the de-identified dictation of this abdominal ultrasound into the database (see MOO for instructions).** For any questions, contact the site PI.

Traumatic findings may include but are not limited to: injuries to the spleen, liver, pancreas, kidney, adrenal gland, intestine (bowel), mesentery, and abdominal wall. Identification of intraperitoneal fluid (free fluid, hemoperitoneum) is considered a traumatic finding. See MOO for further clarification.

FAST = Focused Assessment Sonography for Trauma. The ultrasound examination is used solely to look for intraperitoneal fluid.

Full Abdominal Scan = The ultrasound examination was used to identify both intraperitoneal fluid and identify injuries to solid organs.

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**Section III: Other Abdominal Imaging Studies**

3. Did the patient undergo **abdominal radiographic studies** within 30 days of ED Triage for this injury? (in the ED or during hospitalization)

☐ Yes → *answer 3a and 3b for the appropriate study and enter a de-identified copy of the report into the database*    
 ☐ No → skip to Section IV

	Type of Abdominal Imaging Study	3a. Date (of other imaging study)	3b. Time (of other imaging study)	Action
3.1	<b>Abdominal angiography</b>	____/____/____ (mm / dd/ yyyy)	____:____ (24 hour clock)	Upload de-identified dictation REGARDLESS OF THE FINDINGS
3.2	<b>Pelvic angiography</b>	____/____/____ (mm / dd/ yyyy)	____:____ (24 hour clock)	Upload de-identified dictation REGARDLESS OF THE FINDINGS
3.3	<b>Upper gastrointestinal series</b>	____/____/____ (mm / dd/ yyyy)	____:____ (24 hour clock)	Upload de-identified dictation REGARDLESS OF THE FINDINGS
3.4	<b>Abdominal MRI</b>	____/____/____ (mm / dd/ yyyy)	____:____ (24 hour clock)	Upload de-identified dictation REGARDLESS OF THE FINDINGS
3.5	<b>Cystogram</b> (plain film or CT)	____/____/____ (mm / dd/ yyyy)	____:____ (24 hour clock)	Upload de-identified dictation REGARDLESS OF THE FINDINGS

If any of the above abdominal imaging studies were performed, **enter the de-identified dictation into the database (see MOO for instructions).** **For any questions, contact the site PI.**

**Section IV: Plain Radiographs of the Chest and Pelvis**

4. Did the patient have a **plain chest radiograph in the ED**?

☐ Yes → *answer 4a*    ☐ No

4a. Did the patient's **initial (ED) plain chest radiograph** (CXR) show any evidence of traumatic injury?

☐ No traumatic findings (no injuries)

☐ Traumatic findings (injuries) identified → check all injuries present

☐ Pneumothorax

☐ Hemothorax

☐ Rib Fracture

☐ Pulmonary contusion

☐ Pneumomediastinum

☐ Pneumopericardium

☐ Diaphragm injury

☐ Other \_\_\_\_\_

The dictated report must clearly state that the patient had the above injuries to the chest on CXR. Only check that an injury is present if the injury is dictated as "definite", "present", "likely", or "probable". If the injury is considered "possible" "questionable" "unclear" or "uncertain", the injury will not be considered present for this form.

5. Did the patient have a **plain pelvis radiograph**?

☐ Yes → *answer 5a*    ☐ No

5a. Did the patient's **initial (ED) plain pelvis radiograph** show any evidence of bony fracture?

☐ Yes

☐ No

The dictated report must clearly state that the patient had a pelvic fracture/ dislocation. Only check that an injury is present if the injury is dictated as "definite", "present", "likely", or "probable". If the injury is considered "possible" "questionable" "unclear" or "uncertain", the injury will not be considered present for this form.

For any questions on section 4 please consult the MOO or ask the site PI.