

IAI (Intra-abdominal Injury) Study:
Imaging Results Data Collection Form- Study PI Abstraction #4b

Patient Study ID Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Study #				Site #				Patient #			

Abdominal CT

Subheader ID:

Abdominal CT #:

Date: Time: Was this CT done after laparotomy or laparoscopy? ☐ Yes (if Yes, STOP) ☐ No (Continue)

1) <input type="checkbox"/> Splenic injury →	<input type="checkbox"/> Laceration <input type="checkbox"/> Possible	<input type="checkbox"/> Hematoma <input type="checkbox"/> Probable	<input type="checkbox"/> Contusion	<input type="checkbox"/> Rupture	<input type="checkbox"/> Traumatic infarction	<input type="checkbox"/> Contrast extravasation	<input type="checkbox"/> Dictation unclear				
2) <input type="checkbox"/> Liver injury →	<input type="checkbox"/> Laceration <input type="checkbox"/> Possible	<input type="checkbox"/> Hematoma <input type="checkbox"/> Probable	<input type="checkbox"/> Contusion	<input type="checkbox"/> Traumatic infarction	<input type="checkbox"/> Contrast extravasation	<input type="checkbox"/> Hepatic avulsion	<input type="checkbox"/> Biloma <input type="checkbox"/> Dictation unclear				
3) <input type="checkbox"/> Gallbladder injury →	<input type="checkbox"/> Avulsion	<input type="checkbox"/> Contusion	<input type="checkbox"/> Possible	<input type="checkbox"/> Probable	<input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Dictation unclear					
4) <input type="checkbox"/> Pancreatic injury →	<input type="checkbox"/> Laceration	<input type="checkbox"/> Ductal injury	<input type="checkbox"/> Contusion	<input type="checkbox"/> Possible	<input type="checkbox"/> Probable	<input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Dictation unclear					
5) <input type="checkbox"/> Renal injury →	<input type="checkbox"/> Laceration <input type="checkbox"/> Possible	<input type="checkbox"/> Hematoma (e.g. perinephric hematoma) <input type="checkbox"/> Probable	<input type="checkbox"/> Contusion	<input type="checkbox"/> Devascularization	<input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Dictation unclear						
6) <input type="checkbox"/> Urinary bladder injury →	<input type="checkbox"/> Hematoma <input type="checkbox"/> Possible	<input type="checkbox"/> Intraperitoneal rupture <input type="checkbox"/> Probable	<input type="checkbox"/> Extraperitoneal rupture	<input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Dictation unclear							
7) <input type="checkbox"/> Gastrointestinal injury or findings suggestive of gastro-intestinal injury →	<input type="checkbox"/> Bowel wall edema/thickening	<input type="checkbox"/> Bowel wall hematoma	<input type="checkbox"/> Bowel wall contusion	<input type="checkbox"/> Mesenteric streaking	<input type="checkbox"/> Mesenteric hematoma	<input type="checkbox"/> Dictation unclear					
8) <input type="checkbox"/> Adrenal injury: →	<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> Possible	<input type="checkbox"/> Probable	<input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Dictation unclear							
9) <input type="checkbox"/> Intra-abdominal vascular injury →	List vessel injured: <input type="text"/>	<input type="checkbox"/> Possible	<input type="checkbox"/> Probable	<input type="checkbox"/> Dictation unclear							
10) <input type="checkbox"/> Fascial defect: →	Describe: <input type="text"/>	<input type="checkbox"/> Possible	<input type="checkbox"/> Probable	<input type="checkbox"/> Dictation unclear							
11) <input type="checkbox"/> Intraperitoneal fluid: →	<input type="checkbox"/> Right upper quadrant <input type="checkbox"/> Around the pancreas/duodenum	<input type="checkbox"/> Left upper quadrant <input type="checkbox"/> Possible	<input type="checkbox"/> Right paracolic gutter <input type="checkbox"/> Probable	<input type="checkbox"/> Left paracolic gutter <input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Dictation unclear	<input type="checkbox"/> Pelvis						
12) <input type="checkbox"/> Retroperitoneal injury: →	Injury: <input type="text"/>	<input type="checkbox"/> Possible	<input type="checkbox"/> Probable	<input type="checkbox"/> Dictation unclear							
13) <input type="checkbox"/> Thoracic injuries: →	<input type="checkbox"/> Pulmonary contusion	<input type="checkbox"/> Pneumothorax	<input type="checkbox"/> Hemothorax	<input type="checkbox"/> Rib Fracture	<input type="checkbox"/> Sternal Fracture	<input type="checkbox"/> Aortic Injury					
	<input type="checkbox"/> Tracheal bronchial disruption	<input type="checkbox"/> Cardiac contusion	<input type="checkbox"/> Pneumopericardium	<input type="checkbox"/> Diaphragm Injury	<input type="checkbox"/> Hemopericardium (cardiac tamponade)	<input type="checkbox"/> Dictation unclear					
14) <input type="checkbox"/> Pelvic fracture: →	<input type="checkbox"/> Pubis <input type="checkbox"/> Possible	<input type="checkbox"/> Ilium <input type="checkbox"/> Probable	<input type="checkbox"/> Sacrum	<input type="checkbox"/> Ischium	<input type="checkbox"/> Acetabulum	<input type="checkbox"/> Arterial bleeding from a pelvic fracture <input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Dictation unclear					
15) <input type="checkbox"/> Vertebral injury: →	<input type="checkbox"/> T10	<input type="checkbox"/> T11	<input type="checkbox"/> T12	<input type="checkbox"/> L1	<input type="checkbox"/> L2	<input type="checkbox"/> L3	<input type="checkbox"/> L4	<input type="checkbox"/> L5	<input type="checkbox"/> Transverse process	<input type="checkbox"/> Vertebral Body	<input type="checkbox"/> Dictation unclear
16) <input type="checkbox"/> Other injury not specified: →	Specify: <input type="text"/>										

Is this a subsequent CT for this patient?

☐ Yes

☐ No

Abdominal injuries have:

☐ Improved

☐ Remained the same

☐ Worsened

☐ Unclear

☐ Not Applicable (No IAI)

Intraperitoneal fluid has:

☐ Increased

☐ Remained the same

☐ Decreased

☐ Unclear

☐ Not Applicable (No IP Fluid)

Is this abdominal CT positive for IAI?

☐ Yes

☐ No

☐ Equivocal

**IAI (Intra-abdominal Injury) Study:
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Patient Study ID Number:

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Study #				Site #				Patient #			

Abdominal CT

Subheader ID:

Abdominal CT #:

Date: **Time:** **Was this CT done after laparotomy or laparoscopy?** ☐ Yes (if Yes, STOP) ☐ No (Continue)

1) <input type="checkbox"/> Splenic injury →	<input type="checkbox"/> Laceration	<input type="checkbox"/> Hematoma	<input type="checkbox"/> Contusion	<input type="checkbox"/> Rupture	<input type="checkbox"/> Traumatic infarction	<input type="checkbox"/> Contrast extravasation
	<input type="checkbox"/> Possible	<input type="checkbox"/> Probable	<input type="checkbox"/> Other: <input type="text"/>			<input type="checkbox"/> Dictation unclear
2) <input type="checkbox"/> Liver injury →	<input type="checkbox"/> Laceration	<input type="checkbox"/> Hematoma	<input type="checkbox"/> Contusion	<input type="checkbox"/> Traumatic infarction	<input type="checkbox"/> Contrast extravasation	<input type="checkbox"/> Hepatic avulsion
	<input type="checkbox"/> Possible	<input type="checkbox"/> Probable	<input type="checkbox"/> Other: <input type="text"/>			<input type="checkbox"/> Dictation unclear
3) <input type="checkbox"/> Gallbladder injury →	<input type="checkbox"/> Avulsion	<input type="checkbox"/> Contusion	<input type="checkbox"/> Possible	<input type="checkbox"/> Probable	<input type="checkbox"/> Other: <input type="text"/>	
4) <input type="checkbox"/> Pancreatic injury →	<input type="checkbox"/> Laceration	<input type="checkbox"/> Ductal injury	<input type="checkbox"/> Contusion	<input type="checkbox"/> Possible	<input type="checkbox"/> Probable	<input type="checkbox"/> Other: <input type="text"/>
5) <input type="checkbox"/> Renal injury →	<input type="checkbox"/> Laceration	<input type="checkbox"/> Hematoma (e.g. perinephric hematoma)	<input type="checkbox"/> Contusion	<input type="checkbox"/> Devascularization		
	<input type="checkbox"/> Possible	<input type="checkbox"/> Probable	<input type="checkbox"/> Other: <input type="text"/>			<input type="checkbox"/> Dictation unclear
6) <input type="checkbox"/> Urinary bladder injury →	<input type="checkbox"/> Hematoma	<input type="checkbox"/> Intraperitoneal rupture	<input type="checkbox"/> Extraperitoneal rupture			
	<input type="checkbox"/> Possible	<input type="checkbox"/> Probable	<input type="checkbox"/> Other: <input type="text"/>			<input type="checkbox"/> Dictation unclear
7) <input type="checkbox"/> Gastrointestinal injury or findings suggestive of gastro-intestinal injury →	<input type="checkbox"/> Bowel wall edema/thickening	<input type="checkbox"/> Bowel wall hematoma	<input type="checkbox"/> Bowel wall contusion	<input type="checkbox"/> Mesenteric streaking	<input type="checkbox"/> Mesenteric hematoma	
	<input type="checkbox"/> Extravasation of contrast from mesentery	<input type="checkbox"/> Free air	<input type="checkbox"/> Possible	<input type="checkbox"/> Probable	<input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Dictation unclear
8) <input type="checkbox"/> Adrenal injury: →	<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> Possible	<input type="checkbox"/> Probable	<input type="checkbox"/> Other: <input type="text"/>		<input type="checkbox"/> Dictation unclear
9) <input type="checkbox"/> Intra-abdominal vascular injury →	List vessel injured: <input type="text"/>				<input type="checkbox"/> Possible	<input type="checkbox"/> Probable
10) <input type="checkbox"/> Fascial defect: →	Describe: <input type="text"/>				<input type="checkbox"/> Possible	<input type="checkbox"/> Probable
11) <input type="checkbox"/> Intraperitoneal fluid: →	<input type="checkbox"/> Right upper quadrant	<input type="checkbox"/> Left upper quadrant	<input type="checkbox"/> Right paracolic gutter	<input type="checkbox"/> Left paracolic gutter	<input type="checkbox"/> Pelvis	
	<input type="checkbox"/> Around the pancreas/duodenum	<input type="checkbox"/> Possible	<input type="checkbox"/> Probable	<input type="checkbox"/> Other: <input type="text"/>		
12) <input type="checkbox"/> Retroperitoneal injury: →	Injury: <input type="text"/>				<input type="checkbox"/> Possible	<input type="checkbox"/> Probable
13) <input type="checkbox"/> Thoracic injuries: →	<input type="checkbox"/> Pulmonary contusion	<input type="checkbox"/> Pneumothorax	<input type="checkbox"/> Hemothorax	<input type="checkbox"/> Rib Fracture	<input type="checkbox"/> Sternal Fracture	<input type="checkbox"/> Aortic Injury
	<input type="checkbox"/> Tracheal bronchial disruption	<input type="checkbox"/> Cardiac contusion	<input type="checkbox"/> Pneumopericardium	<input type="checkbox"/> Diaphragm Injury	<input type="checkbox"/> Hemopericardium (cardiac tamponade)	
	<input type="checkbox"/> Other: <input type="text"/>				<input type="checkbox"/> Dictation unclear	
14) <input type="checkbox"/> Pelvic fracture: →	<input type="checkbox"/> Pubis	<input type="checkbox"/> Ilium	<input type="checkbox"/> Sacrum	<input type="checkbox"/> Ischium	<input type="checkbox"/> Acetabulum	<input type="checkbox"/> Arterial bleeding from a pelvic fracture
	<input type="checkbox"/> Possible	<input type="checkbox"/> Probable			<input type="checkbox"/> Other: <input type="text"/>	
15) <input type="checkbox"/> Vertebral injury: →	<input type="checkbox"/> T10	<input type="checkbox"/> T11	<input type="checkbox"/> T12	<input type="checkbox"/> L1	<input type="checkbox"/> L2	<input type="checkbox"/> L3
16) <input type="checkbox"/> Other injury not specified: →	<input type="checkbox"/> L4	<input type="checkbox"/> L5	<input type="checkbox"/> Transverse process	<input type="checkbox"/> Vertebral Body	<input type="checkbox"/> Dictation unclear	
	Specify: <input type="text"/>					

Is this a subsequent CT for this patient?

☐ Yes

☐ No

Abdominal injuries have:

☐ Improved

☐ Remained the same

☐ Worsened

☐ Unclear

☐ Not Applicable (No IAI)

Intraperitoneal fluid has:

☐ Increased

☐ Remained the same

☐ Decreased

☐ Unclear

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Is this abdominal CT positive for IAI?

☐ Yes

☐ No

☐ Equivocal

IAI (Intra-abdominal Injury) Study:
Imaging Results Data Collection Form- Study PI Abstraction #4b

Patient Study ID Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Study #				Site #				Patient #			

Abdominal CT

Subheader ID:

Abdominal CT #:

Date: Time: Was this CT done after laparotomy or laparoscopy? ☐ Yes (if Yes, STOP) ☐ No (Continue)

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2) <input type="checkbox"/> Liver injury →	<input type="checkbox"/> Laceration <input type="checkbox"/> Possible	<input type="checkbox"/> Hematoma <input type="checkbox"/> Probable	<input type="checkbox"/> Contusion	<input type="checkbox"/> Traumatic infarction	<input type="checkbox"/> Contrast extravasation	<input type="checkbox"/> Hepatic avulsion	<input type="checkbox"/> Biloma <input type="checkbox"/> Dictation unclear				
3) <input type="checkbox"/> Gallbladder injury →	<input type="checkbox"/> Avulsion	<input type="checkbox"/> Contusion	<input type="checkbox"/> Possible	<input type="checkbox"/> Probable	<input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Dictation unclear					
4) <input type="checkbox"/> Pancreatic injury →	<input type="checkbox"/> Laceration	<input type="checkbox"/> Ductal injury	<input type="checkbox"/> Contusion	<input type="checkbox"/> Possible	<input type="checkbox"/> Probable	<input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Dictation unclear					
5) <input type="checkbox"/> Renal injury →	<input type="checkbox"/> Laceration <input type="checkbox"/> Possible	<input type="checkbox"/> Hematoma (e.g. perinephric hematoma) <input type="checkbox"/> Probable	<input type="checkbox"/> Contusion	<input type="checkbox"/> Devascularization	<input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Dictation unclear						
6) <input type="checkbox"/> Urinary bladder injury →	<input type="checkbox"/> Hematoma <input type="checkbox"/> Possible	<input type="checkbox"/> Intraperitoneal rupture <input type="checkbox"/> Probable	<input type="checkbox"/> Extraperitoneal rupture	<input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Dictation unclear							
7) <input type="checkbox"/> Gastrointestinal injury or findings suggestive of gastro-intestinal injury →	<input type="checkbox"/> Bowel wall edema/thickening	<input type="checkbox"/> Bowel wall hematoma	<input type="checkbox"/> Bowel wall contusion	<input type="checkbox"/> Mesenteric streaking	<input type="checkbox"/> Mesenteric hematoma	<input type="checkbox"/> Dictation unclear					
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10) <input type="checkbox"/> Fascial defect: →	Describe: <input type="text"/>	<input type="checkbox"/> Possible	<input type="checkbox"/> Probable	<input type="checkbox"/> Dictation unclear							
11) <input type="checkbox"/> Intraperitoneal fluid: →	<input type="checkbox"/> Right upper quadrant <input type="checkbox"/> Around the pancreas/duodenum	<input type="checkbox"/> Left upper quadrant <input type="checkbox"/> Possible	<input type="checkbox"/> Right paracolic gutter <input type="checkbox"/> Probable	<input type="checkbox"/> Left paracolic gutter <input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Dictation unclear	<input type="checkbox"/> Pelvis						
12) <input type="checkbox"/> Retroperitoneal injury: →	Injury: <input type="text"/>	<input type="checkbox"/> Possible	<input type="checkbox"/> Probable	<input type="checkbox"/> Dictation unclear							
13) <input type="checkbox"/> Thoracic injuries: →	<input type="checkbox"/> Pulmonary contusion	<input type="checkbox"/> Pneumothorax	<input type="checkbox"/> Hemothorax	<input type="checkbox"/> Rib Fracture	<input type="checkbox"/> Sternal Fracture	<input type="checkbox"/> Aortic Injury					
	<input type="checkbox"/> Tracheal bronchial disruption	<input type="checkbox"/> Cardiac contusion	<input type="checkbox"/> Pneumopericardium	<input type="checkbox"/> Diaphragm Injury	<input type="checkbox"/> Hemopericardium (cardiac tamponade)	<input type="checkbox"/> Dictation unclear					
14) <input type="checkbox"/> Pelvic fracture: →	<input type="checkbox"/> Pubis <input type="checkbox"/> Possible	<input type="checkbox"/> Ilium <input type="checkbox"/> Probable	<input type="checkbox"/> Sacrum	<input type="checkbox"/> Ischium	<input type="checkbox"/> Acetabulum	<input type="checkbox"/> Arterial bleeding from a pelvic fracture <input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Dictation unclear					
15) <input type="checkbox"/> Vertebral injury: →	<input type="checkbox"/> T10	<input type="checkbox"/> T11	<input type="checkbox"/> T12	<input type="checkbox"/> L1	<input type="checkbox"/> L2	<input type="checkbox"/> L3	<input type="checkbox"/> L4	<input type="checkbox"/> L5	<input type="checkbox"/> Transverse process	<input type="checkbox"/> Vertebral Body	<input type="checkbox"/> Dictation unclear
16) <input type="checkbox"/> Other injury not specified: →	Specify: <input type="text"/>										

Is this a subsequent CT for this patient?

☐ Yes

☐ No

Abdominal injuries have:

☐ Improved

☐ Remained the same

☐ Worsened

☐ Unclear

☐ Not Applicable (No IAI)

Intraperitoneal fluid has:

☐ Increased

☐ Remained the same

☐ Decreased

☐ Unclear

☐ Not Applicable (No IP Fluid)

Is this abdominal CT positive for IAI?

☐ Yes

☐ No

☐ Equivocal

IAI (Intra-abdominal Injury) Study:
Imaging Results Data Collection Form- Study PI Abstraction #4b

Patient Study ID Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Study #						Site #						Patient #				

Abdominal Ultrasound

Subheader ID: Ultrasound #:

Date: _____ Time: _____ Was this US done after laparotomy or laparoscopy? ☐ Yes (if Yes, STOP) ☐ No (Continue)

Location of Intraperitoneal fluid: ☐ Morison's pouch (right upper quadrant) ☐ Left upper quadrant ☐ Right paracolic gutter ☐ Left paracolic gutter
☐ Suprapubic region ☐ Possible ☐ Probable ☐ No free fluid
☐ Unclear fluid/location

Was a complete abdominal ultrasound obtained?

☐ Yes ☐ No

If a complete abdominal ultrasound obtained, was a solid organ injury identified?

☐ Yes ☐ No

If yes, specify the injury identified? ☐ Spleen ☐ Liver ☐ Kidney ☐ Gastrointestinal Tract

☐ Other (list) _____

Abdominal Ultrasound

Subheader ID: Ultrasound #:

Date: _____ Time: _____ Was this US done after laparotomy or laparoscopy? ☐ Yes (if Yes, STOP) ☐ No (Continue)

Location of Intraperitoneal fluid: ☐ Morison's pouch (right upper quadrant) ☐ Left upper quadrant ☐ Right paracolic gutter ☐ Left paracolic gutter
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☐ Unclear fluid/location

Was a complete abdominal ultrasound obtained?

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If a complete abdominal ultrasound obtained, was a solid organ injury identified?

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If yes, specify the injury identified? ☐ Spleen ☐ Liver ☐ Kidney ☐ Gastrointestinal Tract

☐ Other (list) _____

IAI (Intra-abdominal Injury) Study:
Imaging Results Data Collection Form- Study PI Abstraction #4b

Patient Study ID Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Study #					Site #					Patient #			

Abdominal Angiography

Subheader ID:

Abdominal Angiography #:

Date: _____ Time: _____ Was this done after laparotomy or laparoscopy? ☐ Yes (if Yes, STOP) ☐ No (Continue)

Did the **abdominal** angiography demonstrate an **intra-abdominal injury**?: ☐ Yes ☐ No

If yes, check all organs injured: ☐ Spleen ☐ Liver ☐ Kidney ☐ GI (mesentery) ☐ Other vascular structure ☐ Dictation unclear

Did the radiologist embolize a bleeding vessel with angiography: ☐ Yes ☐ No

List the vessel that was embolized _____

Text field _____

Pelvic Angiography

Subheader ID:

Pelvic Angiography #:

Date: _____ Time: _____ Was this done after laparotomy or laparoscopy? ☐ Yes (if Yes, STOP) ☐ No (Continue)

Did the **pelvic** angiography demonstrate an **bleeding vessel**?: ☐ Yes ☐ No

Did the radiologist embolize a bleeding vessel with angiography: ☐ Yes ☐ No

List the vessel that was embolized _____

Text field _____

Upper GI Series

Subheader ID:

Upper GI Series #:

Date: _____ Time: _____ Was this done after laparotomy or laparoscopy? ☐ Yes (if Yes, STOP) ☐ No (Continue)

Did the **upper gastrointestinal series** demonstrate an **intra-abdominal injury**?: ☐ Yes ☐ No

If yes, check all organs injured: ☐ Duodenum Size of hematoma in cm if documented: _____ ☐ Other GI organ: _____

Text field _____

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Study #					Site #					Patient #			

Abdominal MRI

Subheader ID:

Abdominal MRI #:

Date: _____ Time: _____ Was this done after laparotomy or laparoscopy? ☐ Yes (if Yes, STOP) ☐ No (Continue)

Did the **abdominal MRI** demonstrate an **intra-abdominal injury**?: ☐ Yes ☐ No

If yes, check all organs injured:

☐ Spleen

☐ Liver

☐ Kidney

☐ GI (mesentery)

☐ Adrenal

☐ Pancreas

☐ Bladder

☐ Fascial defect

☐ Dictation unclear

Cystogram

Subheader ID:

Cystogram #:

Date: _____ Time: _____ Was this done after laparotomy or laparoscopy? ☐ Yes (if Yes, STOP) ☐ No (Continue)

Did the **cystogram** demonstrate an **injury to the bladder**?: ☐ Yes ☐ No

If yes, check all organs injured:

☐ Intraperitoneal bladder injury

☐ Extraperitoneal Bladder injury

☐ Bladder hematoma

☐ Both intraperitoneal and extraperitoneal

☐ Other bladder injury _____