

PANCREATIC INJURY STUDY WTA

DATA COLLECTION FORM

Hospital Name:

Abstractor Name:

Date Form Received:

PATIENT

Name:

MRN:

Date of Birth:

Age:

Gender:

**Current Diagnosis And Management Of Pancreatic Injuries
DATA COLLECTION FORM**

Subject #		Admit Date		Admit Time (24hr format)	
Gender	<input type="radio"/> Male	<input type="radio"/> Female		Age (years)	
Trauma Center Level	<input type="radio"/> I	<input type="radio"/> II	<input type="radio"/> III	Hospital Type	<input type="radio"/> Academic <input type="radio"/> Non-Academic

INJURY	
1. Injury Date / Time	
2. Injury Type	<input type="radio"/> Blunt <input type="radio"/> Penetrating <input type="radio"/> Unknown
3. Mechanism of Injury	<input type="radio"/> Fall (height in ft) _____ <input type="radio"/> SW <input type="radio"/> Unknown <input type="radio"/> MVC <input type="radio"/> GSW <input type="radio"/> MCC <input type="radio"/> Other Penetrating <input type="radio"/> Blunt Assault Injury <input type="radio"/> Other (please specify): _____
4. MVC Restraints (please specify)	<input type="radio"/> seatbelt lap/shoulder <input type="radio"/> seatbelt lap only <input type="radio"/> No restraints <input type="radio"/> Unknown
5. Injury Severity Score (ISS)	
6. Max AIS <i>If no injury for listed region, "N/A"</i>	Head/Neck: _____ Abdomen: _____ Face: _____ Ext/Bony Pelvis: _____ Chest: _____
7. Major Associated Injuries (please specify)	

IMAGING	
8. FAST Results	<input type="radio"/> Fluid <input type="radio"/> No Fluid <input type="radio"/> Not Done
9. First ABD CT Findings CT Date: _____ CT Time: _____	<input type="radio"/> ABN Pancreas <input type="radio"/> Normal Pancreas <input type="radio"/> Not Done
a. Pancreatic laceration?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown Location: <input type="radio"/> Head <input type="radio"/> Body <input type="radio"/> Tail <input type="radio"/> Unknown
b. Peripancreatic fluid?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown Location: <input type="radio"/> Head <input type="radio"/> Body <input type="radio"/> Tail <input type="radio"/> Unknown
c. Peripancreatic stranding without fluid?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown Location: <input type="radio"/> Head <input type="radio"/> Body <input type="radio"/> Tail <input type="radio"/> Unknown
d. Duct laceration?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown Location: <input type="radio"/> Head <input type="radio"/> Body <input type="radio"/> Tail <input type="radio"/> Unknown
a. Other CT findings (please specify)	
b. Pancreatic injury grade by CT assessment	I II III IV V <input type="radio"/> Unknown

c. Was first CT diagnostic of pancreatic injury?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
d. Was first CT diagnostic of pancreatic duct injury?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
10. Was a second ABD CT done? CT Date: _____ CT Time: _____	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
a. How did the findings differ from first CT?	How many hours after first CT?		
11. Magnetic Resonance Cholangiopancreatography (MRCP) MRCP Date: _____ MRCP Time: _____	<input type="radio"/> No Duct Leak <input type="radio"/> Major Duct Leak <input type="radio"/> Minor Duct Leak <input type="radio"/> Not Done	Leak Location:	<input type="radio"/> Head <input type="radio"/> Tail <input type="radio"/> Body <input type="radio"/> Unknown
12. Endoscopic Retrograde Cholangio-Pancreatography (ERCP)? ERCP Date: _____ ERCP Time: _____	<input type="radio"/> Yes (time from injury in hrs): _____ <input type="radio"/> No <input type="radio"/> Unknown		

PROCEDURES			
13. Stent? Stent Date: _____ Stent Time: _____	<input type="radio"/> Yes (time from injury in hrs): _____ <input type="radio"/> No <input type="radio"/> Unknown	Indication for Stent:	<input type="radio"/> Prophylactic (Unknown duct injury) <input type="radio"/> Empiric (Known duct injury) <input type="radio"/> Treatment (Pancreatic leak/Fistula) <input type="radio"/> Unknown
14. Indications for Immediate Lap?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	If YES:	<input type="radio"/> Shock <input type="radio"/> Peritonitis <input type="radio"/> Other: _____
15. 1st Laparotomy? Lap Date: _____ Lap Time: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
a. Time to 1st Laparotomy (hrs post-injury)			
b. Pancreatic procedure at 1st Laparotomy (please specify)	<input type="radio"/> NONE		
c. Intraoperative duct evaluation	<input type="radio"/> Visual <input type="radio"/> ERCP	<input type="radio"/> Cholangiopancreatography <input type="radio"/> Pancreatography	<input type="radio"/> Unknown <input type="radio"/> N/A
d. Pancreatic Injury Type	<input type="radio"/> Contusion <input type="radio"/> Laceration <input type="radio"/> Unknown		
e. Duct Injury	<input type="radio"/> Main Duct Laceration <input type="radio"/> Secondary Duct Laceration		
f. Pancreatic Injury Grade by Intraoperative Assessment	<input type="radio"/> Main Duct Transection <input type="radio"/> N/A <input type="radio"/> Unknown		
g. Location of Injury	I II III IV V <input type="radio"/> Unknown <input type="radio"/> Head <input type="radio"/> Body <input type="radio"/> Tail <input type="radio"/> Unknown		

16. Damage Control / Abbreviated Laparotomy? Lap Date: _____ Lap Time: _____		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Return to OR (Time from 1st OR to return to OR) (HOURS):	
17. Definitive operative procedure for pancreas) Proc Date: _____ Proc Time: _____				
a. Time to definitive operative procedure (hours post-injury)				
a. Drainage?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Type:		
		Position:		
b. Resection		<input type="radio"/> Stapled	<input type="radio"/> Sutured	<input type="radio"/> None <input type="radio"/> Unknown
c. Duct Suture		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> None <input type="radio"/> Unknown
18. Feeding tube placement Date: _____ Time: _____		<input type="radio"/> Yes (type): _____ <input type="radio"/> No <input type="radio"/> Unknown		

OUTCOME			
19. Discharge Date		20. Discharge Time (24hr format)	
21. ICU LOS		22. Hospital LOS	
23. Discharge Disposition (please specify)		<input type="radio"/> HOME <input type="radio"/> SNF <input type="radio"/> LTAC <input type="radio"/> REHAB <input type="radio"/> T/F OTHER HOSPITAL <input type="radio"/> EXPIRED <input type="radio"/> OTHER: _____	
24. In-hospital death?	<input type="radio"/> Yes (days post-injury): _____ <input type="radio"/> No <input type="radio"/> Unknown		
25. Complications (please specify)			
a. Peripancreatic Abscess	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
b. Pancreatic Fistula	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
c. Delayed pancreatic pseudocyst (# of days)	<input type="radio"/> N/A		
d. Delayed pancreatic intervention (# of days)	<input type="radio"/> N/A		