

Patient Identification Label

Renal Trauma Data Collection Sheet

If the patient has renal trauma AAST grade 2 or less: **DO NOT** proceed

Date of injury: ____/____/____

Time of injury:

Date of hospital arrival: ____/____/____

Time of hospital arrival:

Age:____ Sex: **M F** Height: Weight: BMI:

Date of discharge:

Discharge status: **DEAD ALIVE**

ICU length of stay (if known):

Comorbidities: **Diabetes Stroke Peripheral vascular disease Cirrhosis Drug abuse**
Alcoholism Current smoker Hx of MI (last 6 months) Congestive heart failure
COPD End stage renal disease

Trauma type: **BLUNT PENETRATING**

Blunt: **MVC MCC Auto vs. Ped Other MVC Fall from height Bicycle (not hit by car)**
Sports Blunt assault Other

Penetrating: **GSW Shot gun Stabbed Other**

Total ISS:

AAST grade kidney injury:

Which kidney: **R L Both**

Other Injuries:

Pelvis fracture: **Y N**
Rectal: **Y N**
Small bowel: **Y N**
Colon: **Y N**
Liver: **Y N AAST grade:**
Ureter: **Y N AAST grade:**
Spleen: **Y N AAST grade:**
Pancreas: **Y N AAST grade:**
Spinal Cord: **Y N**

Major vascular: **Aorta IVC Iliac vein Iliac artery Renal artery – R L Renal vein – R L**
Femoral vein Femoral artery Atrium rupture

ER disposition: **Dead Trauma ward ICU Immediate OR**

Laparotomy: Y N
Date of 1st laparotomy: ____/____/____
Time of 1st laparotomy:
Was the abdomen left open: Y N
Date of final laparotomy: ____/____/____

Thoractomy: Y N
Date of 1st thoractomy: ____/____/____

Angiography: Y N
Date of angiography: ____/____/____
Time of Angiography:
Was stenting or angioembolization done: Y N
Embolization: **Internal iliac complete – R L External iliac – R L Branch of internal iliac – R L**
Renal artery complete – R L Renal artery selective – R L Perinephric artery
Other
Stent: **Iliac artery – R L Renal artery – R L Other**

REPEAT Angiography: Y N
Date of angiography: ____/____/____
Time of Angiography:
Was stenting or angioembolization done: Y N
Embolization: **Internal iliac complete – R L External iliac – R L Branch of internal iliac – R L**
Renal artery complete – R L Renal artery selective – R L Perinephric artery
Other
Stent: **Iliac artery – R L Renal artery – R L Other**

Pre-hospital VS:

Initial SBP:
HR:
Temperature:
GCS:

ER or initial hospital VS:

Initial SBP:
Lowest SBP in ER:
HR:
Temperature:
GCS:
Initial Base deficit: **Positive Negative**
Base deficit value:
Initial lactate:
Initial HCT or Hgb:

Blood products:

# PRC in first 24 hours:	# PRC in first 4 hours (if known):
# FFP in first 24 hours:	# FFP in first 4 hours (if known):
# PLTs in first 24 hours:	# PLTs in first 4 hours (if known):
# Cryo in first 24 hours:	# Cryo in first 4 hours (if known):

Was operative management needed other than angio procedures: Y N

Management: **Nephrectomy** **Partial nephrectomy** **Rhenorrhaphy** **Open vascular repair**
Ureteral stent **Percutaneous nephrostomy tube** **Peri-renal drain** **Damage control of**
kidney bleeding **Other**

Did the patient have abdominal compartment syndrome: **Y** **N**

How was the kidney injury diagnosed: **Trauma CT** **Trauma CT with excretory images** **IVP**
Intraop inspection **retrograde pyelogram** **Other**

Was kidney intervention needed after admission to hospital: **Y** **N**

Reasons for intervention:

Hemorrhage

Continued urinary extravasation

Severity of the injury without severe hemodynamic bleeding

Fevers

Increased creatinine

Fluid or urine collection

Repair of other injuries in the abdomen and the kidney was repaired at the same time

Initial repair of kidney failed and the kidney needed to be removed

Other

Did the patient have follow up CT scan: **Y** **N**

Date of follow up CT scan: ____/____/____

Post injury date of CT scan:

Was there still leakage of urine from the kidney: **Y** **N**

Which kidney: **R** **L** **Both**

Was there a urinary tract related complication: **Y** **N**

Date of urinary tract complication: ____/____/____

When did the complication occur: **Initial hospitalization** **During readmission** **Managed outpatient**

Date of readmission for urinary tract complication: ____/____/____

Complications:

UTI

Pyelonephritis or urosepsis

Peri-renal abscess

Urinoma

Persistent urinary extravasation

Renal failure

Urinary fistula: Bowel **Skin, flank, abdominal wall**

Persistent hematuria requiring interventions

Arterial-venous fistula

Delayed hemorrhage from kidney

Loss of kidney function

Renal injury related hypertension

Other

Management of complication:

Kidney repair

Nephrectomy

IV antibiotics > 1 week

Routine oral antibiotics or IV < 1 week

Dialysis

Percutaneous peri-renal drain

Percutaneous nephrostomy drain

Placement of ureteral stent

Open drainage of urinoma or perinephric abscess

Other