

**Delayed Splenic Rupture After Non-Operative Management of Blunt Splenic Injury
A AAST Multi-Institutional Prospective Trial
Data Collection Tool**

Enrolling Center: _____

Patient Number (sequential within center): _____

Data Obtained At Time of Enrollment

Demographics and Past Medical History

Age: _____ (years) Gender (circle one): Male Female Race (circle one): White African-American Asian Other

Ethnicity (circle one): Hispanic Non-Hispanic Height (cm) _____ Weight (kg) _____

Charlson Comorbidity Index (see separate worksheet for calculation) _____

Has the patient had any of the following (circle Yes, No, or Unknown):

At least one dose of Coumadin within 7 days of admission Yes No Unknown

At least one dose of Aspirin within 7 days of admission Yes No Unknown

At least one dose of Clopidogrel within 7 days of admission Yes No Unknown

Is the patient a smoker? Yes No
If Yes, how many pack-years _____

Has the patient had previous abdominal surgery? Yes No
If Yes, is the only surgery patient has had laproscopic? Yes No

Injury Characteristics

Mechanism of Injury (ICD-9 E-code): _____ Date of Injury _____ Date of Enrollment _____

Head AIS _____ Chest AIS _____ Abdomen/Pelvis AIS _____ Extremity AIS _____ ISS _____

Does the patient have a spinal cord injury? Yes No Admission GCS _____ Best 24 hour GCS _____
If Yes, at what level _____

Does the patient have any of the intra-abdominal injuries listed below:

Liver Yes No Right Kidney Yes No Left Kidney Yes No

Stomach Yes No Small Bowel Yes No Large Bowel Yes No

Admission Physiologic Characteristics

Admission Systolic Blood Pressure (SBP): _____ Date _____ Time _____

Lowest SBP within 1 hour of admission: _____ Date _____ Time _____

Highest SBP within 1 hour of admission: _____ Date _____ Time _____

Lowest Hear Rate within 1 hour of admission: _____ Date _____ Time _____

Highest Heart Rate within 1 hour of admission: _____ Date _____ Time _____

Admission Laboratory Values

pH _____ Base Deficit _____ Lactate _____ HCT _____ PLT _____ INR _____ PTT _____

Spleen Injury Characteristics

AAST Spleen injury Grade (circle one): I II III IV V

Diagnosed by (circle one): Laparotomy Abdominal CT with IV contrast Abdominal CT without IV contrast

Note: If diagnosis was made using CT, base AAST Injury Grade on official reading by attending radiologist at your institution and submit electronic copy of CT scan. If diagnosis was made at surgery, please have attending surgeon grade the spleen injury.

Data Obtained At Time of Enrollment (continued)

Spleen Injury Characteristics (continued)

If diagnosis was made by CT scan was the scanner a multi-detector scanner? (circle one) Yes No

If Yes, then how many detectors does the CT scanner have? (circle one) 4 8 16 32 64 More than 64

Was a splenic pseudoaneurysm seen on admission CT Scan? (circle one) Yes No

If Yes, then was an intervention performed Yes No

If Yes, then did the patient have: splenorrhaphy or splenic angiogram

If splenic angiogram was the spleen embolized? Yes No

If Yes, then where: Main Splenic artery Selective Both

If yes, then with what: Coils Particles Both

Was a contrast blush seen on admission CT Scan? (circle one) Yes No

If Yes, then was an intervention performed Yes No

If Yes, then did the patient have: splenorrhaphy or splenic angiogram

If splenic angiogram was the spleen embolized? Yes No

If Yes, then where: Main Splenic artery Selective Both

If yes, then with what: Coils Particles Both

Did the patient undergo splenic angiogram within the first 24 hours of admission? (circle one) Yes No

If Yes, was the spleen embolized? Yes No

If Yes, then where: Main Splenic artery Selective Both

If yes, then with what: Coils Particles Both

Data Obtained At Time Discharge

Discharge Data

Date of Discharge _____ Intensive Care Unit Length of Stay _____ Hospital Length of Stay _____

Discharge disposition (circle one): Rehabilitation Facility Skilled Nursing Facility Home Other _____ Dead

Data Obtained At Each Monthly Follow-Up As Out-Patient

Out-patient follow-up Data

(Note: Submit additional out-patient data sheets as necessary after each monthly follow-up until 180-days after injury)

Date of Follow-up _____

Patient location (circle one): Rehabilitation Facility Skilled Nursing Facility Home Other _____

Stanford Brief Activity Survey _____

Has the patient had any of the following since discharge:

Abdominal CT Yes No

Indication for CT _____

Results of CT _____

Note: Please attempt to obtain the official reading and a copy of the electronic file. If an electronic file is obtained, please submit the file.

Abdominal ultrasound since discharge Yes No

Indications for US _____

Results of US _____

Abdominal MRI since discharge Yes No

Indication for MRI _____

Results of MRI _____

Has the patient died? Yes No If yes, reason _____

Has the patient suffered since discharge: Splenic Cyst Splenic Abscess OPSI

If yes, Date _____

Has the patient had a splenic angiogram, splenorrhaphy, or splenectomy since discharge?

If yes, please select the appropriate worksheet from the in-patient follow-up and complete the requested information.

Data Obtained If Patient Has Splenic Angiogram After Study Enrollment

Splenic Angiogram Data

(Note: Submit additional data sheets as necessary after each splenic angiogram until 180-days after injury)

Date of Angiography _____ Angiography Start Time _____

Estimated Blood Loss (cc) _____ Angiography Crystalloid (cc) _____

Angiography PRBC (cc) _____ Angiography FFP (cc) _____ Angiography Plts (cc) _____

Was splenic embolization performed? (circle one) Yes No
If Yes, Location: Main splenic artery selective Both
If Yes, material used: Coils Particles Both

Highest Systolic Blood Pressure within 1 hour of angiography _____ Date _____ Time _____

Lowest Systolic Blood Pressure within 1 hour of angiography _____ Date _____ Time _____

Attending Surgeon Indication for Angiography (Check all that apply)

Hemodynamic Instability Precipitous Drop in HCT Splenic pseudoaneurysm Splenic Cyst

AAST Grade of Spleen Injury Other _____

Was the patient receiving any of the following for DVT prophylaxis at the time of splenic angiogram? (circle one)

No Subcutaneous Heparin Subcutaneous Low-Molecular Weight Heparin

Was the patient anticoagulated at the time of splenic angiogram? (circle one) Yes No

If yes, with what (circle one): Subcutaneous Low-Molecular Weight Heparin IV Heparin Warfarin

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Data Obtained If Patient Has Splenorraphy After Study Enrollment

Splenorraphy Data

(Note: Submit additional data sheets as necessary after each splenorraphy until 180-days after injury)

Date of Splenorraphy _____ OR Start Time _____

Estimated Blood Loss (cc) _____ OR Crystalloid (cc) _____ OR PRBC (cc) _____ OR FFP (cc) _____
OR Plts (cc) _____

Associated Procedures: ICD-9 Procedure Code _____

Highest Systolic Blood Pressure within 1 hour of operation _____ Date _____ Time _____

Lowest Systolic Blood Pressure within 1 hour of operation _____ Date _____ Time _____

Attending Surgeon Indication for OR (Check all that apply)

Hemodynamic Instability Precipitous Drop in HCT Increased Abdominal Pain Peritonitis
Suspected small bowel injury Suspected large bowel injury Splenic pseudoaneurysm Splenic Cyst
Splenic Abscess Other _____

Was the patient receiving any of the following for DVT prophylaxis at the time of splenorraphy? (circle one)

No Subcutaneous Heparin Subcutaneous Low-Molecular Weight Heparin

Was the patient anticoagulated at the time of splenorraphy? (circle one) Yes No

If yes, with what (circle one): Subcutaneous Low-Molecular Weight Heparin IV Heparin Warfarin

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Data Obtained If Patient Has Splenectomy After Study Enrollment

Splenectomy Data

Date of Splenectomy _____ OR Start Time _____

Estimated Blood Loss (cc) _____ OR Crystalloid (cc) _____ OR PRBC (cc) _____ OR FFP (cc) _____
OR Pits (cc) _____

Associated Procedures: ICD-9 Procedure Code _____

Highest Systolic Blood Pressure within 1 hour of operation _____ Date _____ Time _____

Lowest Systolic Blood Pressure within 1 hour of operation _____ Date _____ Time _____

Attending Surgeon Indication for OR (Check all that apply)

Hemodynamic Instability Precipitous Drop in HCT Increased Abdominal Pain Peritonitis
Suspected small bowel injury Suspected large bowel injury Splenic pseudoaneurysm Splenic Cyst
Splenic Abscess Other _____

Did the patient receive post-splenectomy vaccinations? (circle one) Yes No

Was the patient receiving any of the following for DVT prophylaxis at the time of splenectomy? (circle one)

No Subcutaneous Heparin Subcutaneous Low-Molecular Weight Heparin

Was the patient anticoagulated at the time of splenectomy? (circle one) Yes No

If yes, with what (circle one): Subcutaneous Low-Molecular Weight Heparin IV Heparin Warfarin

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