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