Exploratory laparotomy following penetrating abdominal injuries: cohort study from a referral hospital in Erbil, Kurdistan region in Iraq. Case Report Form (CRF), version 180302

Patient Data

Patient no ☐

1. Time of admission ☐☐/☐☐/☐☐☐☐ ☐☐:☐☐ ☐ Unknown

day month year hours minutes

2. Age ☐☐☐ in years ☐ Unknown

3. Sex ☐ Male ☐ Female ☐ Unknown

4. Ethnicity ☐ Arabic ☐ Kurdish ☐ Other ☐ Unknown

If other, please specify _____

5. Civilian/Combatant ☐ Civilian ☐ Combatant ☐ Unknown

If combatant ☐ Iraqi ☐ Peshmerga ☐ IS ☐ Unknown ☐ Other

If other, please specify _____

Investigators signature _____ ☐☐/☐☐/☐☐☐☐

day month year

Validated by and date: _____

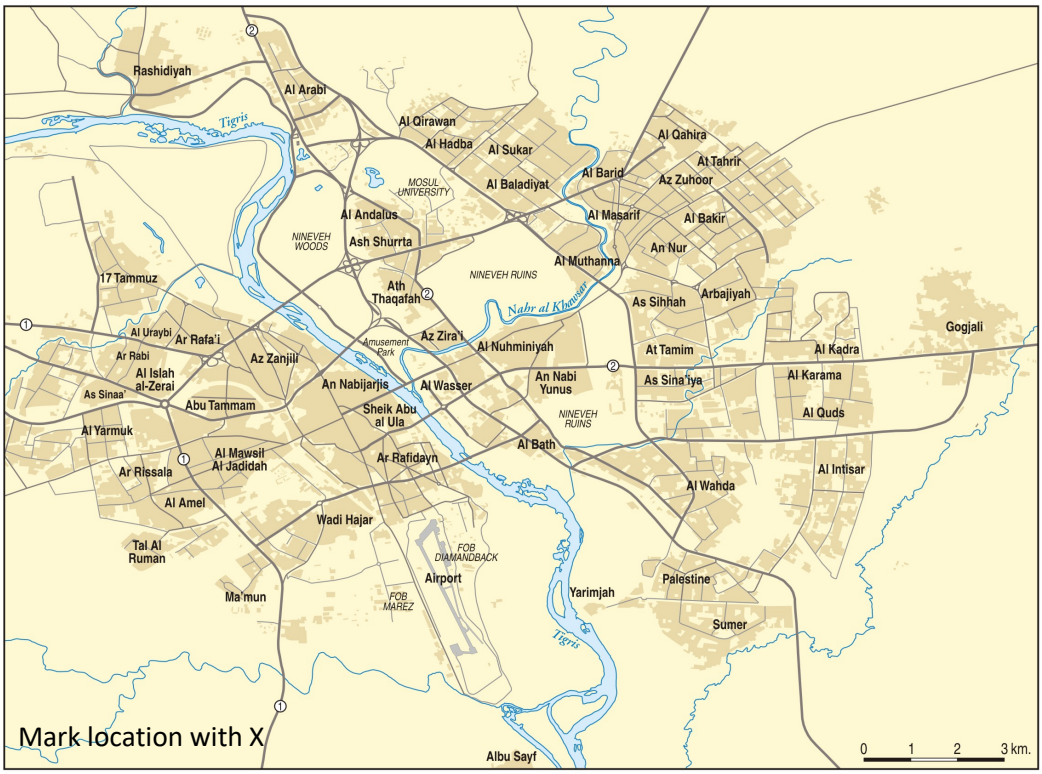
Exploratory laparotomy following penetrating abdominal injuries: cohort study from a referral hospital in Erbil, Kurdistan region in Iraq. Case Report Form (CRF), version 180302

Injury Data

Patient no ☐

6. Time of injury ☐ : ☐ hours minutes ☐ / ☐ / ☐ day month year ☐ Unknown

7. Geographical location where injury occurred



☐ Unknown ☐ Other

If other, please specify location where injury occurred

Investigators signature _____ / / day month year

Validated by and date: _____

Injury Data continued

Patient no ☐

8. War-related injury

☐ Yes ☐ No ☐ Unknown

9. Cause of injury
(If several causes number in same order as question 20 and 21)

☐ Bullet ☐ Shell ☐ Mine

☐ IED ☐ Unknown ☐ Other

If other, please specify

10. Mechanism of injury
(If several number in same order as question 20 and 21)

☐ Gunshot ☐ Stab ☐ Blast

☐ Crush ☐ Fragment ☐ Unknown

☐ Burn ☐ Other ☐ Traffic accident

If other, please specify

Investigators signature _____ / /
day month year

Validated by and date: _____

Prehospital Care Data

Patient no ☐

11. Care prior to admission to EH
(If several number in chronological order)

☐ First aid ☐ Medical ☐ None given

☐ Unknown ☐ Surgery

If surgery, please specify procedure done

☐☐/☐☐/☐☐☐☐ of procedure
day month year

12. Provider of care prior to EH
(If several number in chronological order)

☐ MSF ☐ Aspen ☐ ICRC

☐ Unknown ☐ Samaritan Purse

☐ None ☐ Department of Health

Other, please specify

Investigators signature _____ ☐☐/☐☐/☐☐☐☐
day month year

Validated by and date: _____

Prehospital Care Data cont.

Patient no ☐

13. Mode of transport to EH

(If several number in chronological order)

☐ Military ☐ Private car

☐ Motorcycle ☐ Ambulance ☐ Unknown

Other, please specify _____

14. Medical history

☐ Healthy ☐ Unknown ☐ Prior surgery ☐ Prior medical

If prior surgery, please specify procedure(s) _____

If prior medical condition(s), please specify _____

Investigators signature _____ / /

day month year

Validated by and date: _____

Clinical Data at OPD

Patient no ☐

15. Body temperature ☐ in Celsius. ☐ Unknown

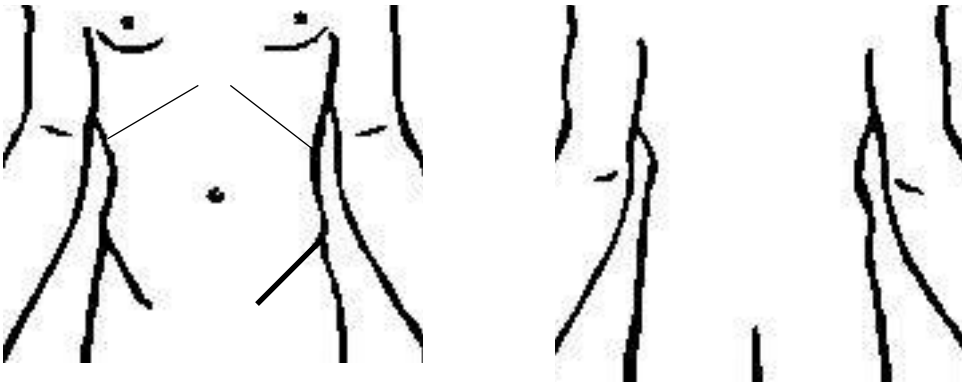
16. Heart rate ☐ in beats/min ☐ Unknown

17. Blood pressure ☐ / ☐ in mmHg ☐ Unknown
Systole Diastole

18. Pregnant ☐ Yes ☐ No ☐ Unknown

19. Pregnancy status based on ☐ Lab ☐ Question ☐ Status ☐ Unknown

20. Site and extent of abdominal wound



If >2 injuries use remarks

Mark each wound by number

1. _____
Brief description of size and depth

2. _____
Brief description of size and depth

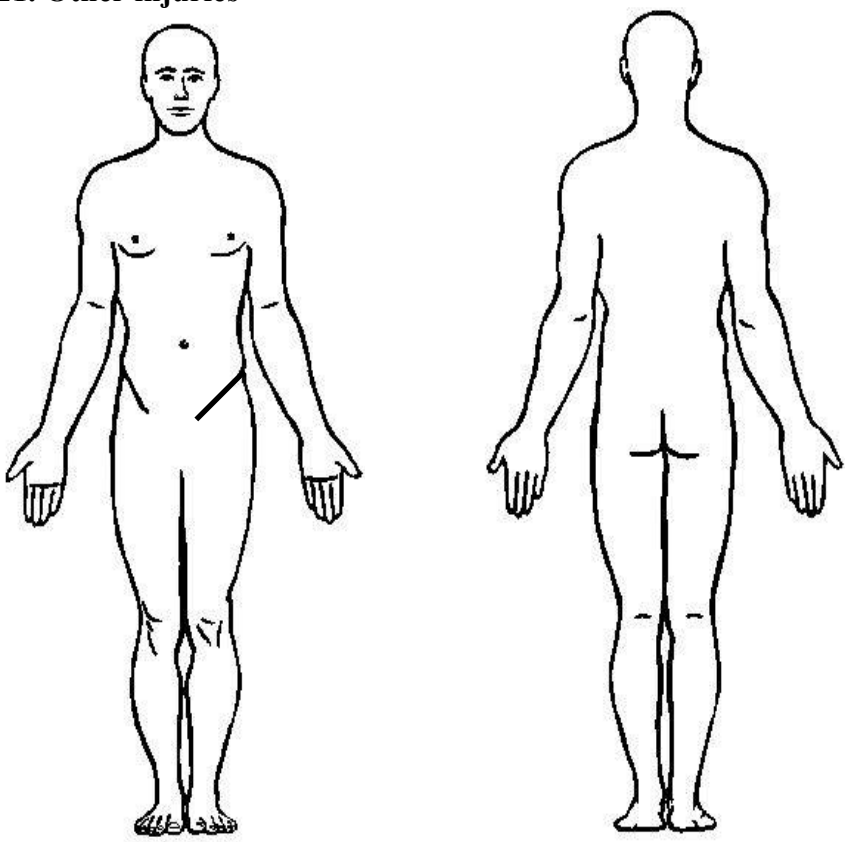
Investigators signature _____ / /
day month year

Validated by and date: _____

Clinical Data at OPD cont.

Patient no ☐

21. Other injuries



If >3 injuries use remarks

Mark each wound by number

1. _____

Brief description of size and depth

2. _____

Brief description of size and depth

3. _____

Brief description of size and depth

Investigators signature _____ / /

day month year

Validated by and date: _____

Preoperative Data

Patient no ☐

22. Preoperative haemoglobin ☐ g/dL ☐ Unknown

23. Preoperative transfusions ☐ None given ☐ Unknown

☐ Units of whole blood

☐ Units of packed red blood cells

☐ Units of Platelets

☐ Units of Plasma

24. Use of preoperative radiology ☐ No ☐ Unknown

☐ Computed Tomography (CT)

If CT was used, please specify findings

☐ Conventional radiology (X-ray)

If X-ray was used, please specify findings

Investigators signature _____ / /

day month year

Validated by and date: _____

Operative Data

Patient no ☐

25. Time and date of procedure ☐ : ☐ hours ☐ minutes ☐ / ☐ / ☐ day ☐ month ☐ year ☐ Unknown

26. Duration of procedure ☐ : ☐ hours ☐ minutes ☐ Unknown

27. Antibiotics prophylaxis ☐ No ☐ Yes ☐ Unknown

If yes, please specify type, dose and duration

28. Primary procedure done ☐ If lack of space use remarks

(If several procedures are relevant. Mark most relevant with S.)

Primary haemostasis (damage control) ☐ Yes ☐ No ☐ Unknown

Removal of foreign bodies ☐ Yes ☐ No ☐ Unknown

Raphi of bowel ☐ Yes ☐ No ☐ Unknown

If raphi, please specify site(s) and count(s)

Small intestinal resection with anastomosis ☐ Yes ☐ No ☐ Unknown

If anastomosis, please specify site(s) and technique(s)

Investigators signature _____ / / day month year

Validated by and date: _____

Operative Data cont.

Patient no ☐

Primary procedure done cont.

Colon resection with anastomosis ☐ Yes ☐ No ☐ Unknown

If anastomosis, please specify site(s) and technique(s)

Stoma/Bowel deviation ☐ Yes ☐ No ☐ Unknown

If stoma(s), please specify site(s) and technique(s)

Vascular repair ☐ Yes ☐ No ☐ Unknown

If vascular repair(s), please specify location(s) and technique(s)

Splenectomy ☐ Yes ☐ No ☐ Unknown

Other ☐ Yes ☐ No ☐ Unknown

If other(s), please specify location(s) and procedure(s)

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29. Perioperative complication ☐ Yes ☐ No ☐ Unknown

If yes, please specify type

Investigators signature _____ / /

day month year

Validated by and date: _____

Postoperative Data

Patient no ☐

30. Postoperative antibiotic treatment

(not preoperative or prolonged prophylaxis) ☐ No ☐ Unknown ☐ Yes

If yes, please specify type, doses and duration

31. Infected tissue

(If several, is possible, mark all with appropriate postop. day.) ☐ No ☐ Unknown Appendix 3 for definition

Affecting the skin and subcutaneous tissue ☐☐/☐☐/☐☐☐☐ Date of diagnosis
day month year

Affecting the fascial and muscle layers ☐☐/☐☐/☐☐☐☐ Date of diagnosis

Affecting abdominal cavity ☐☐/☐☐/☐☐☐☐ Date of diagnosis

Sepsis ☐☐/☐☐/☐☐☐☐ Date of diagnosis

Measures taken (E.g. intensive care, iv antibiotics, dialysis)

Unspecified infection ☐☐/☐☐/☐☐☐☐ Date for diagnosis

Please explain and measures taken

Investigators signature _____ /☐☐/☐☐☐☐
day month year

Validated by and date: _____

Postoperative Data cont.

Appendix 2 for definitions

Patient no ☐

32. Other postoperative complication ☐ No ☐ Unknown ☐☐/☐☐/☐☐ Yes, date of complication

Type and measures taken

33. Need of postoperative intensive care ☐ No ☐ Unknown ☐☐/☐☐/☐☐ Yes, date of admission ICU

If yes, please specify reason(s) for intensive care

Discharged from Intensive Care Unit ☐☐/☐☐/☐☐ Date

34. Postoperative transfusions ☐ None given ☐ Unknown

☐☐ Units of whole blood

☐☐ Units of packed red blood cells

☐☐ Units of Platelets

☐☐ Units of Plasma

35. Use of postoperative radiology ☐ No ☐ Unknown ☐ CT ☐ X-ray

If use of radiology, please specify findings

Investigators signature _____ ☐☐/☐☐/☐☐

day month year

Validated by and date: _____

Postoperative Data cont.

Patient no ☐

36. Further surgery done ☐ ☐ ☐ / /

No Unknown 1. Yes, date of surgery

1. _____

If yes, please specify procedure done and if done because of complication(s) to primary procedure

_____

_____

☐ / /

2.Yes, date of surgery

2. _____

If yes, please specify procedure done and if done because of complication(s) to primary procedure

_____

_____

☐ / /

3.Yes, date of surgery

3. _____

If yes, please specify procedure done and if done because of complication(s) to primary procedure

_____

_____

Investigators signature _____ / /

day month year

Validated by and date: _____

Discharge Data

Patient no ☐

37. Discharge ☐ No ☐ Unknown

Date of discharge ☐☐ / ☐☐ / ☐☐☐☐
day month year

Discharged Status

☐ Hospital care complete

☐ Left Against Medical Advice

☐ Unknown

☐ Transferred for further care

Transferred to where _____

Type of care planned _____

Investigators signature _____ ☐☐ / ☐☐ / ☐☐☐☐
day month year

Validated by and date: _____

Follow-up Data

Patient no ☐

38. Follow-up planned ☐ No ☐ Yes ☐ Unknown

39. Follow-up scheduled at _____

day/month/year or days from discharge

40. Planned care provider for follow-up ☐ EH ☐ Any ☐ Unknown

41. Plan for follow-up _____

E.g. removal of sutures, change of dressing, further surgery etc.

---

42. Follow-up at EH was done on ☐☐ / ☐☐ / ☐☐☐☐ day month year ☐ Unknown ☐ Failed to come

43. Measures taken at follow-up ☐ As planned, according to question 41 ☐ Re-admitted ☐ Other ☐ Unknown

44. If other measures were taken _____

Please specify, also if related to previous procedures

Investigators signature _____ ☐☐ / ☐☐ / ☐☐☐☐

day month year

Validated by and date: _____

Follow-up Data cont.

Patient no ☐

45. Further follow-up scheduled ☐ Yes ☐ No ☐ Other plan ☐ Unknown

46. If further follow-up or other plan _____

If further follow-up or other, please specify plan/reason

47. If re-admitted at any follow-up ☐ / / Yes, date of re-admission ☐ No ☐ Unknown

_____

Reason for re-admission and measures taken during this hospital stay

_____

48. Date of discharge for re-admission ☐ / / day month year ☐ Unknown

49. Follow-up after re-admission ☐ No ☐ Yes ☐ Unknown

50. Plan for follow-up after re-admission _____

Please, specify

Investigators signature _____ / /

day month year

Validated by and date: _____

Follow-up Data cont.

Patient no ☐

51. Deceased ☐ No ☐ Yes ☐ Unknown

_____ ☐ Unknown

Cause of death

Date of death ☐☐ / ☐☐ / ☐☐☐☐

day month year

52. Remarks

_____

_____

_____

_____

_____

_____

_____

_____

_____

Investigators signature _____ ☐☐ / ☐☐ / ☐☐☐☐

day month year

Validated by and date: _____