**** *Patient Label*

**WCHN POCUS APPENDICITIS STUDY**

 **Data Collection Form**

|  |  |
| --- | --- |
|  **DATE**:  **TIME:** | **POCUS INVESTIGATOR**Accredited (initial) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Not Accredited (initial) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Clinical Assessment** Consultant/Registrar/RMO (circle one)Duration of pain(days) ☐<1 ☐1-2 ☐2-4 ☐4-5 Temperature ☐<37.3 ☐37.3-37.9☐ >38Tenderness ☐ Yes ☐ NoRebound Tenderness ☐ Yes ☐ NoAnorexia ☐ Yes ☐ NoNausea ☐ Yes ☐ NoVomiting ☐ Yes ☐ NoRLQ pain with coughing,walking, percussion or hopping. ☐ Yes ☐ NoLevel of suspicion for Appendicitis;​​☐​ Low ​☐​Medium ​☐​High ​☐​Very High  | **Pocus findings** Appendix visualised ☐Yes ☐NoComplete visualisation ☐Yes ☐NoSize (mm) ☐< 6 ☐6-7 ☐>7 Increased vascularity ☐Yes ☐NoCompressibility ☐Yes ☐NoPeri-appendiceal fat stranding ☐Yes ☐NoFree fluid ☐Yes ☐NoPhlegmon ☐Yes ☐NoPerforation ☐Yes ☐NoEnlarged nodes ☐Yes ☐NoAppendicitis ☐Yes ☐Equivocal ☐No Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other course RLQ pain ☐Yes ☐NoSpecify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time taken (minutes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- |
| Consent  | Formal Ultrasound |
| Information sheet provided ☐Yes ☐No Verbal consent to follow up ☐Yes ☐No  | ☐Yes ☐No ☐Next day USS  |