**** *Patient Label*

**WCHN POCUS APPENDICITIS STUDY**

**Data Collection Form**

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| **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☐ >38  Tenderness ☐ Yes ☐ No  Rebound Tenderness ☐ Yes ☐ No  Anorexia ☐ Yes ☐ No  Nausea ☐ Yes ☐ No  Vomiting ☐ Yes ☐ No  RLQ pain with coughing,  walking, percussion or  hopping. ☐ Yes ☐ No  Level of suspicion for Appendicitis;  ​​☐​ Low ​☐​Medium ​☐​High ​☐​Very High | **Pocus findings**  Appendix visualised ☐Yes ☐No  Complete visualisation ☐Yes ☐No  Size (mm) ☐< 6 ☐6-7 ☐>7  Increased vascularity ☐Yes ☐No  Compressibility ☐Yes ☐No  Peri-appendiceal fat stranding ☐Yes ☐No  Free fluid ☐Yes ☐No  Phlegmon ☐Yes ☐No  Perforation ☐Yes ☐No  Enlarged nodes ☐Yes ☐No  Appendicitis ☐Yes ☐Equivocal ☐No  Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other course RLQ pain ☐Yes ☐No  Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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 |