

Appendix A: Case report forms

CASE REPORT FORM A – Demographics & clinical findings

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Age	_____ years		Age in years on day of admission	
History of previous abdo surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Include open and laparoscopic surgery	
Previous acute inpatient admission with RIF pain	<input type="checkbox"/> No previous admissions	<input type="checkbox"/> Yes – one previous admission	<input type="checkbox"/> Yes – two or more previous admissions	Any previous hospital presentation with RIF pain
Day of initial review	<input type="checkbox"/> Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Sunday	<input type="checkbox"/> Tuesday <input type="checkbox"/> Friday	<input type="checkbox"/> Wednesday <input type="checkbox"/> Saturday	Initial review is the first time the patient is seen by a member of the surgical team
Time of initial review	<input type="checkbox"/> 0000-0759 <input type="checkbox"/> 2000-2359	<input type="checkbox"/> 0800-1659	<input type="checkbox"/> 1700-1959	As above
Duration of symptoms	<input type="checkbox"/> <24 hours <input type="checkbox"/> 3 days <input type="checkbox"/> 6 days	<input type="checkbox"/> 1 day <input type="checkbox"/> 4 days <input type="checkbox"/> 7+ days	<input type="checkbox"/> 2 days <input type="checkbox"/> 5 days	Time from onset of symptoms to presentation at hospital on this admission
How was this patient referred to the surgical team	<input type="checkbox"/> Community referral <input type="checkbox"/> Transfer from another hospital, name: _____	<input type="checkbox"/> Emergency dept referral	<input type="checkbox"/> Inpatient referral	Community includes referrals from general practice, walk in centres, out of hours GP
Was an appendicitis risk score used by the clinical team	<input type="checkbox"/> No <input type="checkbox"/> Yes – Other: _____	<input type="checkbox"/> Yes – Alvarado	<input type="checkbox"/> Yes – AIR	AIR = Appendicitis Inflammatory Response score
Clinical findings at presentation (answer 'no' unless specifically noted)				
Nausea	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Anorexia	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Loss of appetite
RIF pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Migration of pain to RIF	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Migration from central abdomen to RIF
RIF examination findings	<input type="checkbox"/> No tenderness <input type="checkbox"/> Generalised guarding	<input type="checkbox"/> Tender but no guarding	<input type="checkbox"/> Localised guarding	
RIF rebound tenderness	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Rosving's sign	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		Positive = palpation in left lower quadrant increases the pain felt in right lower quadrant
Temperature on admission	_____ °C			

CASE REPORT FORM B – Pre-operative investigations

First urinalysis on index admission	<input type="checkbox"/> Urinalysis not performed	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	Positive: leucocytes and/or nitrites detected - any quantity above 'trace' is positive finding
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First blood tests on index admission

White cell count (WBC) count	_____ x10 ⁹ /L
Neutrophil count	_____ x10 ⁹ /L
C-Reactive Protein (CRP)	_____ mg/L [approx. normal range: 0-5g/L] or mg/dL [approx. normal range: 0-0.5mg/dL]

Pre-operative imaging

Ultrasound (US) <i>Appendicitis on US</i>	<input type="checkbox"/> Not performed <input type="checkbox"/> Appendicitis confirmed	<input type="checkbox"/> Findings (see codes below): _____ <input type="checkbox"/> Equivocal	<input type="checkbox"/> Appendicitis ruled out	Appendicitis confirmed: scan reported as demonstrating inflamed appendix
Computed tomography (CT) <i>Appendicitis on CT</i>	<input type="checkbox"/> Not performed <input type="checkbox"/> Appendicitis confirmed	<input type="checkbox"/> Findings (see codes below): _____ <input type="checkbox"/> Equivocal	<input type="checkbox"/> Appendicitis ruled out	Appendicitis ruled out: scan reported as demonstrating normal appendix
Magnetic resonance imaging (MRI) <i>Appendicitis on MRI</i>	<input type="checkbox"/> Not performed <input type="checkbox"/> Appendicitis confirmed	<input type="checkbox"/> Findings (see codes below): _____ <input type="checkbox"/> Equivocal	<input type="checkbox"/> Appendicitis ruled out	Equivocal: scan reported as being unable to either confirm or disprove a diagnosis of appendicitis with any certainty

Diagnostic codes: for imaging (CRF B) and discharge diagnosis (CRF C)

Diagnoses	(1) Appendicitis	(2) Colorectal cancer	(3) Crohn's Disease
	(4) Gastroenteritis	(5) Hernia	(6) Intraabdominal abscess
	(7) Meckel's diverticulum	(8) Mesenteric adenitis	(9) Mesenteric thrombosis
	(10) Other GI diagnosis	(11) Urinary tract infection	(12) Renal calculi
	(13) Other urology diagnosis	(14) Ectopic pregnancy	(15) Endometriosis
	(16) Ovarian cyst	(17) Pelvic inflammatory disease	(18) Other gynaecological diagnosis
	(19) Non-specific pain	(20) Other: please specify	

CASE REPORT FORM C – Management & follow up

Was the patient transferred from your centre to another centre for further management, having <u>not</u> had any surgery at your centre? If so stop data collection at this point	<input type="checkbox"/> No <input type="checkbox"/> Yes – transferred to specialist (paediatric/ tertiary) centre due to patient comorbidity (eg dialysis/transplant patient) <input type="checkbox"/> Yes – transferred to specialist (paediatric/ tertiary) centre due to severity of presenting illness If yes, hospital name: _____	<input type="checkbox"/> Yes – admitting hospital does not offer acute surgery for this age group Non-operative management: treatment with antibiotics with no plan for surgery. If antibiotics started at the time that a decision for surgery was made or after the decision was made, this should not be recorded as NOM.
Planned non-operative management of suspected/ confirmed appendicitis with no initial plan for surgery	<input type="checkbox"/> No <input type="checkbox"/> Yes – discharged from this admission not having had any surgery <input type="checkbox"/> Yes – initial NOM management but this failed and patient required surgery on this admission <input type="checkbox"/> Not applicable - appendicitis not suspected	Index admission is the first presentation to hospital captured by the RIFT audit
Was an operation performed	<input type="checkbox"/> No <input type="checkbox"/> Yes – index admission <input type="checkbox"/> Yes – on readmission	Main discharge diagnosis _____ (main diagnosis for index admission - please use diagnostic codes from previous page)
Length of stay of index admission _____ days	Day of admission is day one	
Re-admission to hospital <i>With 30 days of index admission date</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes – not operated on previous admission; re-admitted with ongoing RIF pain <input type="checkbox"/> Yes – operated on previous admission; re-admitted with post-operative complication	<i>If applicable, both 'yes' options may be selected</i>
Operative details and histology		
What was the highest grade of surgeon who saw pt prior to surgery	<input type="checkbox"/> Consultant <input type="checkbox"/> SpR/ middle grade (specializzando degli ultimi 3 anni o strutturato) <input type="checkbox"/> Core trainee/ SHO/ FY2 (Specializzando dei primi 3 anni)	Time from initial surgical clerking to operation <input type="checkbox"/> < 24 hours <input type="checkbox"/> 24 – 48 hours <input type="checkbox"/> 48 – 72 hours <input type="checkbox"/> 72 – 96 hours <input type="checkbox"/> 96 – 168 hours <input type="checkbox"/> >168 hours
Operative approach	<input type="checkbox"/> Laparoscopic <input type="checkbox"/> Open midline incision <input type="checkbox"/> Lap converted to open <input type="checkbox"/> Open RIF incision	If initial open approach, reason <input type="checkbox"/> Patient preference <input type="checkbox"/> Local policy for adults <input type="checkbox"/> Disease severity <input type="checkbox"/> Trainee preference <input type="checkbox"/> Local policy for children <input type="checkbox"/> Patient comorbidity <input type="checkbox"/> Consultant preference <input type="checkbox"/> Theatre capability <input type="checkbox"/> Previous surgery Include equipment availability under 'theatre capability' Patient comorbidity – e.g. BPCO
Procedure(s) completed	<input type="checkbox"/> Diagnostic only <input type="checkbox"/> Meckel's resection <input type="checkbox"/> Gynae procedure <input type="checkbox"/> Appendicectomy <input type="checkbox"/> Small bowel resection <input type="checkbox"/> Urological procedure <input type="checkbox"/> Right hemicolectomy <input type="checkbox"/> Other bowel surgery <input type="checkbox"/> Other	Further details of the operation performed may be recorded in free text, if required
Re-intervention following surgery <i>With 30 days of index admission date</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes – radiological re-intervention <input type="checkbox"/> Yes – surgical re-intervention	If applicable, both radiologically guided (eg drain) + surgical re-intervention may be selected
If appendicectomy performed, macroscopic appearance	<input type="checkbox"/> Normal appendix <input type="checkbox"/> Simple appendicitis <input type="checkbox"/> Complex appendicitis	Macroscopic appearance – see operation note Normal appendix: may be described 'lily white'
If appendicectomy performed, appendix histology	<input type="checkbox"/> Normal appendix <input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Simple appendicitis <input type="checkbox"/> Carcinoid <input type="checkbox"/> Other <input type="checkbox"/> Complex appendicitis <input type="checkbox"/> Mucocele <input type="checkbox"/> Pathology not done	Simple appendicitis: injected/ inflamed appendix that does not have 'complex' features Complex appendicitis: perforated, purulent or necrotic appendix