

Appendix A

Ultrasound for Appendicitis: Assessing the protocol

Data Collection Sheet

PACS data

1. Appendix visualized? 1/0
2. Primary signs of appendicitis? 1/0
3. Secondary signs of appendicitis? 1/0
4. Alternative findings? 1/0
5. Brief summary of alternative findings
6. Length of scan in minutes
7. Presence of focal RLQ tenderness

ER data

1. Age in years
2. Sex M/F
3. Chief complaint
4. WBC's (if available)
5. Pain Score (if available)
6. Deviation from algorithm? 1/0
7. Further imaging? 1/0
8. Referral? 1/0
9. Admittance? 1/0
10. Meds Alteration? 1/0
11. Surgical Consult? 1/0

Appendix B

ULTRASOUND TECHNOLOGIST OBSERVATION FORM ABDOMEN and PELVIC EXAMINATION THIS IS NOT A RADIOLOGIST REPORT			PATIENT ID: DATE:																																		
	Normal	Poorly visualized	Comments																																		
Liver			Length cm																																		
IHD/CBD			Width mm																																		
Gallbladder																																					
Pancreas																																					
Spleen			Length cm																																		
Aorta																																					
Nodes																																					
SMA/SMV																																					
Right Kidney			Length cm																																		
Left Kidney			Length cm																																		
Bowel																																					
Retroperitoneum																																					
Diaphragm																																					
Bladder																																					
Prostate			NA or size: x x cm																																		
Uterus																																					
Right Ovary			NA or size: x x cm																																		
Left Ovary			NA or size: x x cm																																		
Appendix	<table border="0"> <tr> <td>Was the appendix visualized?</td> <td>YES</td> <td>NO</td> <td>UNCERTAIN</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Were the following primary signs present?</td> </tr> <tr> <td>a. Was there hyperemia of appendiceal wall?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. Was the appendiceal wall \geq 7mm?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Were the following secondary signs present?</td> </tr> <tr> <td>a. Was a fecolith present?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. Was echogenic fat present?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>					Was the appendix visualized?	YES	NO	UNCERTAIN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were the following primary signs present?				a. Was there hyperemia of appendiceal wall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Was the appendiceal wall \geq 7mm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were the following secondary signs present?				a. Was a fecolith present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Was echogenic fat present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

Appendix C

Please use the diagram below to combine the ultrasound findings with the patient's WBC to further assess the risk of appendicitis.

