



		Pati	ent characteristics							
Age in years	Years		ne patient known to be pregnation? (exclude if so)	ant at No						
Sex at birth	O Male	Comorbidities								
	○ Female	○ Non	ke	○ TIA ○ Solid organ cancers						
Weight (Kg)	Kg	○ Hea	onary artery disease rt failure oheral arterial or	Leukaemia or lymphomaMetastatic cancersDementia						
Height (cm)	cm	vascular disease Heart valve disorders		DepressionBipolar disorder						
Smoking	NeverCurrentEx-smokerfor weeks	O PE/I	ertension betes Mellitus D	 Peptic ulcer disease HIV/AIDS Osteoarthritis Chronic liver disease IBD Chronic kidney disease 						
Frailty scale	1-3 (Fit) 4-6 (Frail) 7-9 (Severe)	CKD Stage	○I ○IIIB ○II ○IV ○IIIA ○V	NYHA OI OIII class OII OIV						
WHO status	Symptomatic but completely ambulatorySymptomatic <50% in bed		tes	Previous abdominal surgery O Never Laparoscopic / robotic only Any open surgery						
○ Symptomatic >50% in bed ○ Completely disabled			Active cancer treatment							
Investigations and surgical review (complete this at the time of presentation/assessment)										
Source of	A&ESpecialty referral									
presentation	GP OOH Self-attender		Previous attendance with RIF ONO pain in the past 24 months?							
Time / date first symptom	:// <u>/2</u>	02_	Time / date presentation	: /_/202_						
Initial investi	gations		Symptoms and examinati	on						
Initial None CT investigations USS WRI prior to surgical assessment e.g. CT MRI e.g. CT in emergency department			Symptoms (tick all that apply) None Nausec Vomitin Anorexi Loose s RIF pai Pain mi	tender on examination?						
Time/ date of te Findings of init		202_ ın	Examination ONo ter	derness Rebound O None						
Appendicitis abscess Appendix not visualised pregnancy Other finding: Ovarian cyst follicular / non-follicular non-follicular ovarian torsion Simple no faecolith Pyelonephritis Simple with faecolith Hernia - Inquinal obscess Ectopic pregnancy Colitis infective Colitis inflamed Colorectal cancer Ovarian torsion Cholecystitis Renal stone Appendix mucocele		findings Tender	but no ng ed guarding self severity tenderness of Mild Moderate or guarding severity severity							
Complex localised Complex diffuse	Hernia - Femoral Appendix co	rcinoid								
Urine dip: ON	one O Normal O HCG +ve O I	HCG -ve	○ Nitrites +ve ○ Blood +ve ○) Leucocytes +ve						
Highest recorded	d temperature at presentation _		C Bloods at presentation WCC	Cx10 ⁹ /L Neux10 ⁹ /L CRPmg/L						



Surgical review												
Time / date first surgical r	:	/202_	Grade o	f surgical	○ FY1/2 ○ CT/SHO							
Risk scoring performed	No O Yes (ci	ircle and	cle and write score)				○ SpR/SAS ○ Post-CCT ○ Consultant					
AIRS / AAS / Alvarado ,	○ ANP ○ PA											
Result of scoring: O Low	rrisk	Imaging / radiology										
Investigations	requested as	If imaging Not discussed and rejected										
Investigations requested as a result of this review?	O None Diloods Urine dip USS gynae MRI	O Bloods O Standard CT (non-contrast) O Urine dip O Standard CT (contrast) O USS gynae O Low dose CT (non-contrast)				requested, Ont discussed but scan done Obscussed and request rejected discussed with Obscussed and scan done radiology?						
Was differential and how to change management clea request?	 No, neither stated or clear Yes, differential only Yes, how would change Yes, differential + change 			imaging Other finding:		No abnormality Appendicitis Appendix not visualised Normal appendix Ovarian cyst Ovarian torsion	Ectopic pregnancy Colitis infective Colitis ischaemic Colitis					
Time / date imaging	:_	/ /202			If appendi	(Pyelonephritis Tubuloovarian	inflamed Colorectal				
Initial surgical decision						o faecolith rith faecolith x localised	Abscess Cholecystitis Appendix mucocele Appendix carcinoid	cancer Cancer Renal stone Hernia-Inguinal Hernia-Femoral				
Time / date decision	:_	/		202	Grade ii		ST2-3 Consultant (int)	○ ST4-5 ○ SpR/Fellow				
Were antibiotics started? ONO Yes - IV / Oral (circle), time:						reported by Consultant (int) SpR/Fellow Consultant (ext) Radiographe						
Initial treatment decision for likely appendicitis: Admit surgery, operative management Admit surgery, radiological management Operative diagnosis (not appendix) Refer to other specialty Ambulatory / outpatient follow-up Opischarge to community												
At this stage - CLARITY intervention sites will need to upload checklist, control sites do not												
Ambulatory manager	ment	Did the patient re or outpatient follo		oulatory ON	lo							
Ambulatory None investigations Bloods requested Urine dip USS gynae	Standard CT (non-contrast) Standard CT (contrast) Low dose CT (non-contrast) An			mbulatory urine dip: \ None \ \ Normal \ HCG +ve \ HCG -ve \ \ Nitrites +ve \ Blood +ve \ Leucocytes +ve								
MRI												
Decision by surgical team Admit surgery, operative management Admit surgery, radiological management Admit surgery, non-operative management Admit surgery, alternative diagnosis (not appendix) Refer to other specialty Further outpatient investigation Discharge												
Time/date of admission	_:	/ /202										
Clinical management Did the patient have an operation within 30-days of assessment? ONO Yes												
Time/date decision to operate : / _/202_ Was non-operative management attempted? O No O Yes - failed O Yes - success								O Yes - successful				
Time/date failed non-operative:		/ /202 ASA grade OIOII) III () IV () V		Operation:					
Knife to skin time : : :		/ /202 Approach O Lap O Lap			converted Open							
Skin closure complete time :												
Peritoneal contamination: Operative contamination Operative contamination Olean Oclean-contaminated Ontaminated On												
30-day outcomes	e within 30-days o sessment?	ssment?			ital admission? Yes - unplanned days							
Time/date discharge or death	:	/ /202	opathological cooration? () Yes			Other:						
Reoperation/ ONO reintervention? Yes, IR	○ Yes, endo ○ Yes, theatre	Date of reintervention:/_/20	rvention: Readmission? No Yes, LoS:			Any postoperative complication? \bigcirc No \bigcirc Yes specify:						
Appendix O No drainage? IR	○ Non-guided ○ Endoscopic	Date of drainage: :/_/20		of readmission:	/202	/202 Grade using Clavien Dindo (see below)						
Clavien-Dindo Classification: I - Any deviation IIIa - Complications requiring surgical, endosc IVb - Multi-organ dysfuncton; V - Death												