

ABDOMINAL EXPLORATORY DATA COLLECTION FORM

DATE: _____ PATIENT: _____ DOCTOR: _____ ASSISTANT: _____

PREPARATIONS

<i>Hx summary:</i>
<i>Findings (preop abdominal palpation):</i>
<i>Findings (ultrasonography):</i>
<i>Findings (radiography):</i>
<i>Pertinent lab data:</i>
<i>Predicted surgical findings:</i>
<i>Initial plan of action:</i>

SURGICAL FINDINGS

<i>Note surface and deep texture; color; blood flow; contents of hollow organs; size/shape; motility; odor</i>	
Initial organ positions	<input type="checkbox"/> Typical/normal <input type="checkbox"/> Other: _____
Free fluid	<input type="checkbox"/> None <input type="checkbox"/> Other: ____ cc / _____ (color) / _____ (clarity)
Peritoneum	<input type="checkbox"/> Smooth/translucent <input type="checkbox"/> Other: _____
Omentum	<input type="checkbox"/> Thin/lacy <input type="checkbox"/> Other: _____
Body walls	<input type="checkbox"/> Intact <input type="checkbox"/> Other: _____
Diaphragm	<input type="checkbox"/> Intact <input type="checkbox"/> Other: _____
Liver	<input type="checkbox"/> Smooth surface, sharp margins, red/brown <input type="checkbox"/> Other: _____
Gallbladder	____ x ____ cm <input type="checkbox"/> Expresses easily <input type="checkbox"/> Express not attempted <input type="checkbox"/> Other: _____
Stomach	<input type="checkbox"/> Soft, pliable wall / palpable contents _____ <input type="checkbox"/> Other: _____
Spleen	____ x ____ x ____ cm <input type="checkbox"/> Other: _____
Duodenum	<input type="checkbox"/> Soft, pliable wall <input type="checkbox"/> Other: _____

Pancreas	<input type="checkbox"/> Pink/tan; lobulated R & L lobes <input type="checkbox"/> Other: _____
Jejunum	<input type="checkbox"/> Soft, pliable wall; minimal contents; visible motility <input type="checkbox"/> Other: _____
Mesenteric LN	____ x ____ x ____ cm <input type="checkbox"/> Other: _____
Ileum	<input type="checkbox"/> Soft, pliable wall; minimal contents <input type="checkbox"/> Other: _____
Cecum	<input type="checkbox"/> Soft, pliable wall; minimal contents <input type="checkbox"/> Other: _____
Colon	<input type="checkbox"/> Soft, pliable wall <input type="checkbox"/> Formed stool / <input type="checkbox"/> Liquid stool <input type="checkbox"/> Other: _____
Colonic LNs	<input type="checkbox"/> Not visible/palpable <input type="checkbox"/> average ____ x ____ x ____ cm / ____ total count <input type="checkbox"/> Other: _____
Kidneys	<input type="checkbox"/> Smooth, kidney shaped; thin capsule / ____ cm R ; ____ cm L <input type="checkbox"/> Other: _____
Adrenals	<input type="checkbox"/> Peach, uniform color; no mass effects / ____ cm R ; ____ cm L <input type="checkbox"/> Other: _____
Ureters	<input type="checkbox"/> No mass effects / ____ cm <input type="checkbox"/> Other: _____
Bladder	<input type="checkbox"/> Thin, supple wall <input type="checkbox"/> Expresses easily <input type="checkbox"/> Express not attempted <input type="checkbox"/> Other: _____
Prostate	<input type="checkbox"/> ♀ N/A <input type="checkbox"/> Symm / ____ cm <input type="checkbox"/> Other: _____
Ovaries/uterus	<input type="checkbox"/> ♂ N/A <input type="checkbox"/> absent/ligature scars <input type="checkbox"/> Symm / ovaries ____ cm / uterus ____ cm <input type="checkbox"/> Other: _____

SAMPLES COLLECTED

(Routine Bx) Stomach / Duodenum / Jejunum / Liver / Mesenteric LN
 (Special circumstance Bx) Pancreas / Kidney / Colon / Bladder / Other: _____
 (Free fluid) Culture / Fluid analysis w/ Cytology
 (Urine) Culture / Cytology / Stones (appearance: _____)

TREATMENT SUMMARY