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**Appendix 1** – A day in the life of Emergency General Surgery (EGS) data collection form

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### Project Principal Investigator

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Fax: (604) 875-5358

### For Final Reviewer ONLY: Please check off your institution, ensure no duplicate forms for patients, fill out any missing fields if possible and REMEMBER to redact patient identifiers prior to faxing to Dr. Hameed at (604) 875-5348.

- Vancouver General  
- Royal Columbian  
- Eagle Ridge  
- Victoria Gen.  
- Foothills  
- Red Deer Regional  
- University of Alberta  
- St. Boniface  
- Health Sciences Centre  
- Ottawa  
- Sunnybrook  
- Toronto General  
- St. Michael’s  
- Brampton General  
- Etobicoke General  
- McGill University Health Centre  
- QEII – Halifax Infirmary  
- SJHH

### Patient Demographics

<table>
<thead>
<tr>
<th>Age: _____________________</th>
<th>Past Medical History/ Co-Morbidities:</th>
<th>Admitting Diagnosis:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender: Male</td>
<td>Diabetes Mellitus</td>
<td>Appendicitis</td>
</tr>
<tr>
<td>Female</td>
<td>Smoking</td>
<td>Cholecystitis</td>
</tr>
<tr>
<td>Other: _________</td>
<td>COPD</td>
<td>Intestinal Obstruction</td>
</tr>
<tr>
<td>Days since admission: ____</td>
<td>Myocardial Infarction/ Angina</td>
<td>Mesenteric Ischemia</td>
</tr>
<tr>
<td></td>
<td>TIA/ Stroke</td>
<td>Abdominal Pain</td>
</tr>
<tr>
<td></td>
<td>Congestive Heart Failure</td>
<td>Skin and Soft Tissue Infections</td>
</tr>
<tr>
<td></td>
<td>Previous Abdominal Surgery</td>
<td>Other: ____________</td>
</tr>
<tr>
<td></td>
<td>Previous VTE or PE</td>
<td>Final Diagnosis (if different from above)</td>
</tr>
</tbody>
</table>

### Management of Patient

Depending on the management of the patient, you may fill both or just one of the sections. Please choose appropriately.

#### NON-OPERATIVE

- For the checkboxes that below are ticked, please provide relevant details regarding management
- Pain Medications or Other Medications

<table>
<thead>
<tr>
<th>Procedure: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Procedure: <strong><strong><strong>/</strong><strong>/</strong></strong></strong></td>
</tr>
<tr>
<td>Planned Procedure: <strong><strong><strong>/</strong><strong>/</strong></strong></strong></td>
</tr>
</tbody>
</table>

#### OPERATIVE

- Operative Management of Patient:
  - Open Abdominal Surgery
  - Laparoscopic Surgery
  - Laparoscopic to Open Conversion
  - Intraoperative Complications (if yes, list below)

<table>
<thead>
<tr>
<th>Post-Operative Complications (if yes, list below)</th>
</tr>
</thead>
</table>

#### Did/ Will this patient be transferred to the Intensive Care Unit during this hospital visit

Yes  
No

If yes, please answer the following if applicable:

- Patient is or will be mechanically ventilated  
  Yes  
  No

- No. of days patient has been in the ICU: ____________

#### Discharge Information

- N/A
- To Home

- Which other medical staff were asked to consult on this patient's care (Check more than one if applicable)
  - General Internal Medicine
  - Gastroenterology
  - Oncology
  - Urology
  - Plastics and Reconstructive Surgery
  - Other: ____________
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**Appendix 2** – A day in the life of Emergency General Surgery (EGS) data summary form
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### SUMMARY DATA COLLECTION FORM

| Total Number of Consults Seen | ________ |
| Total Number of Patients Admitted | ________ |
| Total Number of Patients under the Care of the Acute Care Surgery (ACS) Service | ________ |
| Total Number of ICU patients the ACS Service is following | ________ |
| Total Number of Open Abdomen Patients | ________ |
| Total Number of patients the ACS Service is following as Consult ONLY (i.e. Not Admitted under the ACS Service): | ________ |

#### OPERATIVE DATA:
- Total Number of Laparoscopic ORs | ________ |
- Total Number of Open ORs | ________ |
- Total Procedures Completed | ________ |
- Total Intraoperative Complications | ________ |

#### NON-OPERATIVE DATA:
- Total Number of Patients Admitted with Plans for Non Operative Management | ________ |
- Total Number of Non Operative Patients admitted for Antibiotic Treatment | ________ |

#### CASE MIX DATA:
- Total Appendicitis Cases | ________ |
- Total Cholecystitis Cases | ________ |
- Total Pancreatitis Cases | ________ |
- Total Intestinal Obstruction Cases | ________ |
- Total Upper GI Bleed Cases | ________ |
- Total Lower GI Bleed Cases | ________ |
- Total Mesenteric Ischemia Cases | ________ |