APPENDIX B: JTS GENITOURINARY INJURY TRAUMA MANAGEMENT DOCUMENTATION FORM

JTS Genitourinary Injury Trauma Management Documentation Form

Suspected Urethral Injury

Blood at urethral meatus? ☐ Y ☐ N

High riding prostate? ☐ Y ☐ N

Retrograde urethrogram performed? ☐ Y ☐ N

Management

Foley Placed or attempted? ☐ Y ☐ N

Repair? ☐ Y ☐ N

Suprapubic catheter? ☐ Y ☐ N

Suspected Bladder Injury

Cystogram performed? ☐ Y ☐ N

OR

CT Cystogram performed? ☐ Y ☐ N

Evidence of contrast extravasation from the bladder? ☐ Y ☐ N

Intraperitoneal ☐ Y ☐ N

Extraperitoneal ☐ Y ☐ N

Foley Placed? ☐ Y ☐ N

Suspected Kidney Trauma

Hemodynamically stable? ☐ Y ☐ N

Required nephrectomy? ☐ Y ☐ N

Hilar injury ☐ Y ☐ N

Unrepairable parenchymal injury ☐ Y ☐ N

☐ Right nephrectomy
☐ Left nephrectomy
☐ Right partial nephrectomy
☐ Left partial nephrectomy

Ureterectomy performed? ☐ Y ☐ N

Suspected Ureteral Trauma

Penetrating Mechanism? ☐ Y ☐ N

Blunt Mechanism? ☐ Y ☐ N

Location of injury _____ ☐ R ☐ L

Length of injury _____ cm

Ureteral Management

Ureter Repair ☐ Y ☐ N

Repair over a stent ☐ Y ☐ N size _____ f

Drain placed near repair ☐ Y ☐ N

Ureterostomy ☐ Y ☐ N

Suspected Testicular Injury

Penetrating Mechanism? ☐ Y ☐ N

Blunt Mechanism? ☐ Y ☐ N

Scrotal ultrasound? ☐ Y ☐ N

US concern for testicular injury? ☐ Y ☐ N

☐ Right Scrotal exploration
☐ Left Scrotal exploration
☐ Right Orchiectomy
☐ Left Orchiectomy

TREATMENT TEAM INFORMATION

Facility/Loc _____ Unit _____ RN/Medic Name _____ Signature _____ Date _____

Team Type _____ Split Team? ☐ Y ☐ N Provider Name _____ Signature _____ Date _____

PATIENT INFORMATION

Patient Last Name _____ First Name _____ MI ___ Rank _____ Patient ID _____

DOB _____ Age ___ Sex ☐ M ☐ F MOS/AFSC/NEC _____ Patient Deployed Unit _____

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