

HORSE DETAILS Do not enter any owner details. Horse defined as horse, pony, donkey or mule—pet / stable name can be used

1 HORSE NAME: 2 CLINIC HORSE ID:

ADMISSION DATA

3 DATE AND TIME OF ADMISSION: TIME: [24 HOUR CLOCK]

4 AGE AT ADMISSION [approximate or exact age if known]: YEARS: MONTHS: DAYS:

5 BREED: 6 SEX [circle]: FEMALE / GELDING / ENTIRE MALE

7 WEIGHT (give units): Kg Lbs [PLACE X IN BOX] or WEIGHT unknown / not recorded:

8 HEART RATE (admission) (BPM): or HEART RATE unknown / not recorded:

9 PACKED CELL VOLUME (admission) (%): or PCV unknown / not recorded:

10 TREATMENT—select the most appropriate option and place cross in the box (can alter if horses treatment changes)

MEDICAL MANAGEMENT INDICATED—EUTHANASIA FOLLOWING ASSESSMENT:

MEDICALLY TREATED:

SURGICAL MANAGEMENT INDICATED—EUTHANASIA FOLLOWING ASSESSMENT:

SURGICALLY TREATED :(and go to next section)

Medical treatment / euthanasia—
Please go to Outcome section
(Page 4)

INTRA-OPERATIVE DATA Please complete for all horses undergoing exploratory laparotomy to treat colic

LESION

11 PRIMARY LESION (primary cause of abdominal pain):

12 SECONDARY LESION (if present e.g. large colon impaction) :

SURGERY

	DATE:	TIME:	[24 HOUR CLOCK]
13 ANAESTHESIA START : (date and time of anaesthetic induction)	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="00 : 00"/>	
14 SURGERY START : (date and time skin incision started):	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="00 : 00"/>	
15 EUTHANASED / DIED DURING SURGERY:	<input type="text" value="YES / NO"/>		IF YES, go to Page2
16 SURGERY FINISH : (date and time skin incision completed)	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="00 : 00"/>	
17 ANAESTHESIA FINISH :(date and time placed in recovery box)	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="00 : 00"/>	

ANAESTHETIC RECOVERY

18 RECOVERY FOLLOWING ANAESTHESIA? (did horse stand and walk out of recovery box?) If NO, go to Page2

19 DATE AND TIME OF RECOVERY: (date and time horse stood following anaesthesia) [24 HOUR CLOCK]

SURGICAL PROCEDURES

Place cross in all sections that apply and give any 'Other' selection details; please complete even if horse euthanased / died during surgery or anaesthetic recovery to get complete reporting data

20 LAPAROTOMY

MIDLINE:

PARAMEDIAN:

OTHER

Please describe 'Other':

21 SMALL INTESTINE

CORRECT ENTRAPMENT:

ENTEROTOMY:

EEJA— end-to-end jejuno-jejunal anastomosis:

RESECTION—OTHER (describe below):

EEJIA—end-to-end jejuno-ileal anastomosis:

BIOPSY:

SSJCA— side-to-side jejuno-caecal anastomosis:

SMALL INTESTINE—OTHER (describe below):

'Other' describe:

22 CAECUM

CAECAL BYPASS:

TYPHLOTOMY:

PARTIAL RESECTION:

CAECUM—OTHER (describe):

Other' describe:

23 LARGE COLON

LARGE COLON— REPOSITION:

LARGE COLON-CORRECT TORSION:

LARGE COLON-PEXY:

LARGE COLON-RESECTION:

PELVIC FLEXURE ENTEROTOMY:

OTHER ENTEROTOMY:

LARGE COLON-OTHER (describe):

Other' describe:

24 SMALL COLON

COLOSTOMY:

RESECTION:

ENTEROTOMY:

SMALL COLON-OTHER (describe):

Other' describe:

25 OTHER

ADHESIOLYSIS:

OMENTECTOMY:

DIAPHRAGM REPAIR:

UTERUS REPOSITION:

EPIPLOIC FORAMEN MESH PLACEMENT:

GASTRIC PROCEDURE-DESCRIBE:

OTHER SURGICAL PROCEDURE (describe):

Other' describe:

POST-OPERATIVE DATA

ORAL FLUIDS AND FEEDS

		DATE	TIME [24H CLOCK]	NOT RECORDED / UNKNOWN:
26	RETURN TO ORAL FLUIDS: Date and time horse returned to oral fluids without IV fluid supplementation or subsequent reflux	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="00 : 00"/>	<input type="checkbox"/>
27	RETURN TO ORAL FEED: Date and time horse returned to maintenance / ad lib feed without subsequent reflux	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="00 : 00"/>	<input type="checkbox"/>

MORBIDITY DURING HOSPITALISATION PLACE A CROSS IN ALL BOXES THAT APPLY

28	MORBIDITY TYPE	YES	NO	DEFINITION
	NONE	<input type="checkbox"/>	<input type="checkbox"/>	No post-operative morbidities occurred
	SURGICAL SITE INFECTION (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	Any purulent discharge from the incision or serous discharge of >24 hours duration
	POST-OPERATIVE COLIC (POC)	<input type="checkbox"/>	<input type="checkbox"/>	Signs of abdominal discomfort that require administration of additional analgesia
	POST-OPERATIVE REFLUX (POR)	<input type="checkbox"/>	<input type="checkbox"/>	Net reflux of >2L gastric contents on passage of a nasogastric tube
	POST-OPERATIVE PYREXIA	<input type="checkbox"/>	<input type="checkbox"/>	Rectal temperature of >38.6 °C on at least one occasion
	POST-OPERATIVE DIARRHOEA	<input type="checkbox"/>	<input type="checkbox"/>	Passage of unformed faeces for more than 24 h or on 2 or more consecutive occasions.
	REPEAT LAPAROTOMY	<input type="checkbox"/>	<input type="checkbox"/>	Repeat laparotomy/celiotomy within same hospitalisation period
	SYSTEMIC INFLAMMATORY RESPONSE SYNDROME (SIRS)	<input type="checkbox"/>	<input type="checkbox"/>	Horse has 2 or more of the following: Rectal temperature > 38.6° C (101.5° F); Heart rate > 60 beats/min; Respiratory rate > 30 breaths/min; White blood cell count > 12,500 cells/µl or < 4,500 cells/µl and 10% band neutrophils.
	INCISIONAL DEHISCENCE - TOTAL	<input type="checkbox"/>	<input type="checkbox"/>	Complete dehiscence of all layers of the abdominal wall for part / all of the length of the incision
	INCISIONAL DEHISCENCE - PARTIAL	<input type="checkbox"/>	<input type="checkbox"/>	Dehiscence of the skin / subcutis but the linea alba remains intact
	ABDOMINAL - HAEMOPERITONEUM	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of active haemorrhage into the abdomen confirmed by abdominal ultrasonography / abdominocentesis
	ABDOMINAL - SEPTIC PERITONITIS	<input type="checkbox"/>	<input type="checkbox"/>	Presence of toxic or degenerative changes in neutrophils and presence of intracellular or extracellular bacteria in peritoneal fluid
	CATHETER RELATED - THROMBOPHLEBITIS	<input type="checkbox"/>	<input type="checkbox"/>	Local increase in temperature, thickening of the venous wall and subcutaneous peri-venous tissues and signs of pain on palpation and / or ultrasonographic evidence of a thrombus
	LAMINITIS - SIRS RELATED	<input type="checkbox"/>	<input type="checkbox"/>	Elevated digital pulses / shifting weight stance necessitating additional therapy for laminitis e.g. digital cryotherapy / additional anal-
	OCULAR - CORNEAL ULCERATION	<input type="checkbox"/>	<input type="checkbox"/>	Positive fluorescein uptake on the cornea and requirement for ophthalmic therapy
	OTHER	<input type="checkbox"/>	<input type="checkbox"/>	(please describe):

OUTCOME DATA

29 DID THE HORSE SURVIVE TO HOSPITAL DISCHARGE?: /

If NO, go to question 32

FOR HORSES THAT SURVIVED TO HOSPITAL DISCHARGE

30 DATE AND TIME OF HOSPITAL DISCHARGE: DATE: TIME: [24 HOUR CLOCK]

31 IS THE OWNER / CARER HAPPY TO BE CONTACTED FOLLOWING HOSPITAL DISCHARGE?

OWNER REQUESTED NO CONTACT: NA—NOT COLIC:
 TREATING CLINIC ONLY: HORSE DECEASED:
 STUDY TEAM CAN CONTACT* :

**only in clinics that have requested follow up by study team and where written owner / carer consent for contact details to be passed on has been obtained*

THANK-YOU FOR COMPLETING THIS FORM—SEE BOTTOM OF PAGE FOR DATABASE ENTRY DETAILS

FOR HORSES THAT DID NOT SURVIVE TO DISCHARGE

32 DATE AND TIME OF DEATH : (death or euthanasia:): DATE: TIME: [24 HOUR CLOCK]

33 REASON FOR DEATH

DIED (not euthanized):
 EUTHANASIA— Combination of economics and welfare (guarded prognosis, limited finances):
 EUTHANASIA— Economic only (horse could have potentially been treated):
 EUTHANASIA— Non-economic, other owner factor (horse could have potentially been treated):
 EUTHANASIA— Welfare only (poor - hopeless prognosis even with treatment):

CAUSE OF MORTALITY

34 PRIMARY CAUSE OF MORTALITY:

35 CONFIRMED (post-mortem or repeat laparotomy undertaken):

SUSPECTED (no post-mortem or repeat laparotomy):

36 MORTALITY FURTHER DETAILS: (if applicable)

THANK-YOU FOR COMPLETING THIS FORM.
 PLEASE ENTER THE DATA VIA THE APP OR ONTO THE WEBSITE AT: www.internationalcolicaudit.com