

FAQs RISTRA PAP

Question: Heh, I am new here and this my first RISTRA enrollment. What's this I hear about a gift card?

Answer: Yes! Check with your CREST site investigator.

Question: My gestalt for appendicitis is really low, should I even bother?

Answer: Yes you should if it is anywhere above 0% and meets inclusion criteria. We have noted that our docs are extremely good at identifying very low risk appy patients and we intend to study and publish our finding on this group. This data will also help us refine the tool for future use.

Question: I am quite certain that I did complete an enrollment last month, but my site investigator tells me I am not eligible for a gift card. What gives?

Answer: Because of our investigation as above, and in particular studying the accuracy of our clinician gestalt, we are requesting that enrollments be completed prior to ordering any imaging (and ideally prior to resulting a WBC). In this situation you will either see 1) a recommendation for ED discharge with follow up as needed if your gestalt is very low (10% or less) or 2) a hypothetical WBC meter to estimate pARC score. Please come back to RISTRA (close and re-open) after the WBC is resulted and you won't need to re-enter data -- you will now receive the pARC score and a recommendation

Question: What is this pARC score? It is new to me. Where can I find more information about it?

Answer: It is a newly validated risk calculator for pediatric abdominal pain that improves upon the Alvarado Score and PAS. You can read more by clicking the "i" when in RISTRA



Question: Woah, that WBC meter is super cool – how does that work?

Answer: Thanks for noticing! This tool demonstrates how much the WBC count can affect the pARC score. Please feel free to move it around and see how the risk % goes up and down. Of note, we do not show this meter when gestalt is less than 10%, as our data shows that these patients are extremely low risk. The WBC meter goes from 2 to 18.5. Below 2, there is not enough data to inform risk and above 18.5 the risk plateaus.

Question: I have a WBC count resulted, and now that meter is gone, what happened to it?

Answer: RISTRA is now pulling the actual WBC into the risk calculation, so you are all good, you don't need the meter anymore!

Question: I filled out RISTRA and came back after the WBC was completed and am back on the gestalt page. Should I change my gestalt based on knowing the WBC?

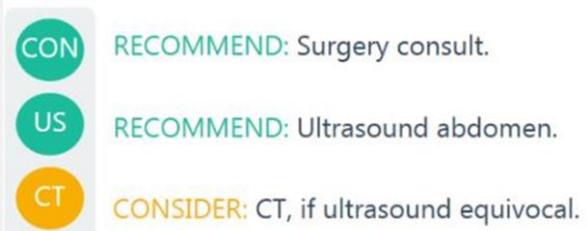
Answer: Yes, you should if it has changed after seeing WBC value – we are interested in tracking this.

Question: What is the deal with the stoplight?

Answer: These lights indicate the three basic categories of recommendation: Recommend/Consider/Not Recommended. Here are two examples...



US NOT RECOMMEND: Ultrasound abdomen.
CT NOT RECOMMEND: CT abdomen.
DC RECOMMEND: DC home, with PCP follow-up.



CON RECOMMEND: Surgery consult.
US RECOMMEND: Ultrasound abdomen.
CT CONSIDER: CT, if ultrasound equivocal.

Question: These recommendations are whack! You are telling me to CT, but this patient should go straight to the OR.

Answer: RISTRA recommendations are just that. Recommendations. You are free to take action based on your clinical judgment and local practice patterns.

Question: The pARC score is recommending an Ultrasound, but it is after hours and not available. What now?

Answer: As above, there may be times when departmental capabilities don't match with recommendations.

Question: What is this RISTRA Hype Trailer that I am hearing so much about?

Answer: It is busy blowing up YouTube. You can find it [here https://youtu.be/oPYJkMMiY8s](https://youtu.be/oPYJkMMiY8s)