

(QID-424 will be calculated based on other fields - Anes Start/End time, Primary Anesthetic Type, and Temperature < 35.5°C outcome.)

Name		MACRA MEASURES				OUTCOMES													
DoB Gndr MRN (PATIENT STICKER) EN		Send satisfaction survey* <input type="radio"/> Yes <input type="radio"/> Pt Declines <input type="radio"/> No	Mobile* <input type="text"/>		<input type="checkbox"/> Cardiac arrest (unplanned) <input type="checkbox"/> Myocardial ischemia <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Dysrhythmia requiring intervention <input type="checkbox"/> Unexpected death <input type="checkbox"/> Uncontrolled HTN <input type="checkbox"/> Stroke, CVA, or coma <input type="checkbox"/> Vasc injury (arterial/ptx)														
CASE INFORMATION		Email <input type="text"/>	Patient is a smoker <input type="radio"/> Yes <input type="radio"/> No (if Yes) — Rec'd cessation guidance <input type="radio"/> Yes <input type="radio"/> No (if Yes) — Smoked on DoS <input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/> Pneumo (related to anesthesia) <input type="checkbox"/> Aspiration														
Fac (PRINT LEGIBLY) <input type="text"/> Loc <input type="text"/>		Difficult airway and GETA planned <input type="radio"/> Yes <input type="radio"/> No (if Yes) — Planned equip & 2nd Provider present <input type="radio"/> Yes <input type="radio"/> No	Frailty screening positive <input type="radio"/> Yes <input type="radio"/> No (if Yes) — Multidisciplinary consult/care <input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/> Failed regional anesthetic <input type="checkbox"/> Peripheral nerve injury post regional <input type="checkbox"/> Wet tap <input type="checkbox"/> Systemic local anes toxicity														
<input type="radio"/> Standard <input type="radio"/> Labor Only <input type="radio"/> C/S Only <input type="radio"/> Labor to C/S First Case: <input type="radio"/> Y <input type="radio"/> N Sched Start <input type="text"/>		Anes Start <input type="text"/> Anes Ready <input type="text"/>	Difficult airway and GETA planned <input type="radio"/> Yes <input type="radio"/> No (if Yes) — Planned equip & 2nd Provider present <input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/> Temperature <95.9°F or <35.5°C <input type="checkbox"/> Reintubation (planned trial extub) <input type="checkbox"/> Reintubation (no trial extub) <input type="checkbox"/> Inadequate reversal <input type="checkbox"/> Intractable N/V <input type="checkbox"/> Unexpctd post-op vent <input type="checkbox"/> Prolonged PACU stay														
Anes Start <input type="text"/> Surg Start <input type="text"/> Anes Ready <input type="text"/> Surg End <input type="text"/>		Difficult airway and GETA planned <input type="radio"/> Yes <input type="radio"/> No (if Yes) — Planned equip & 2nd Provider present <input type="radio"/> Yes <input type="radio"/> No	Multimodal pain management <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU Maintenance inhalational agent <input type="radio"/> Yes <input type="radio"/> No (if Yes) — Low flow maintenance <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU (if Yes) — ≥ 3 (or ≥2 peds) PONV Rf's <input type="radio"/> Yes <input type="radio"/> No (if Yes) — Combo therapy used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU		<input type="checkbox"/> Medication administration error <input type="checkbox"/> Adverse transfusion reaction <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Opioid reversal required <input type="checkbox"/> Wrong site surgery <input type="checkbox"/> Wrong patient <input type="checkbox"/> Wrong surgical procedure <input type="checkbox"/> Unplanned hospital admission <input type="checkbox"/> Unplanned ICU admission														
<input type="radio"/> Amb <input type="radio"/> Inpt <input type="radio"/> ED <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> E <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		Diabetes mellitus diagnosed <input type="radio"/> Yes <input type="radio"/> No (if Yes) — BG prior to Anes Start <input type="radio"/> Yes <input type="radio"/> No (if Yes) — Resulting BG ≥ 180 mg/dL <input type="radio"/> Yes <input type="radio"/> No (if Yes) — Insulin prior to Anes End <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU (if Yes) — BG tested prior to D/C <input type="radio"/> Yes <input type="radio"/> No (if Yes) — Education on BG mngmnt <input type="radio"/> Yes <input type="radio"/> No Note: Both oral and written education must be provided.	Total joint arthroplasty <input type="radio"/> Yes <input type="radio"/> No (if Yes) — Anemia screen performed <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU (if Yes) — Anemia screen result <input type="radio"/> Hgb <13 <input type="radio"/> Hgb ≥13 (if Yes) — ≥1 Anemia mngmnt strategy <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU		<input type="checkbox"/> Dental trauma <input type="checkbox"/> Visual loss <input type="checkbox"/> MH <input type="checkbox"/> Awareness under GA <input type="checkbox"/> Unable to intubate <input type="checkbox"/> Airway fire in OR <input type="checkbox"/> Corneal abrasion <input type="checkbox"/> Equipment malfunction <input type="checkbox"/> Fall in OR <input type="checkbox"/> Other														
PROVIDER INFORMATION		Anemia management strategies: Antifibrinolytic <input type="checkbox"/> Cell salvage <input type="checkbox"/> Evidence-based algorithm <input type="checkbox"/> Tourniquet <input type="checkbox"/> Epoetin alpha <input type="checkbox"/> Iron supplements <input type="checkbox"/>				CASE CANCELLED REASON(S)													
Surg <input type="text"/> Anes #1 <input type="text"/> Anes #2 <input type="text"/> Anes #3 <input type="text"/> Anes #4 <input type="text"/> Anes #5 <input type="text"/> Anes #6 <input type="text"/>		Isolated CABG surgery <input type="radio"/> Yes <input type="radio"/> No CPB used <input type="radio"/> Yes <input type="radio"/> No (if Yes) — Temp <37.0°C w/ CPB <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> None (if Yes) — Intubated >24 hours <input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Before Ind <input type="radio"/> After Ind Date Cancelled: <input type="text"/>													
ASA CPT CODE		Post-op disposition <input type="radio"/> PACU/Stepdown <input type="radio"/> ICU Normal				<input type="checkbox"/> No OR Time <input type="checkbox"/> Eqpmnt Failure <input type="checkbox"/> ICU Bed Not Available <input type="checkbox"/> Inpt Bed Not Available <input type="checkbox"/> Patient Decision <input type="checkbox"/> Abnormal Labs <input type="checkbox"/> Patient No Show <input type="checkbox"/> NPO Violation <input type="checkbox"/> Change in Surgical Plan <input type="checkbox"/> Other													
COMMENTS		Post-op pain <table style="display: inline-table; border: none;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>Unk</td></tr> </table>				0	1	2	3	4	5	6	7	8	9	10	Unk	<input type="checkbox"/> Other	
0	1	2	3	4	5														
6	7	8	9	10	Unk														
ASA CPT CODE		Current medications documented <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU Safety surgical checklist used <input type="radio"/> Yes <input type="radio"/> No Handoff protocol used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU																	
<input type="text"/> Free Text ASA CPT																			

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