

Name DoB MRN EN		Gndr		MACRA MEASURES			OUTCOMES		
CASE INFORMATION				Send satisfaction survey* <input type="radio"/> Yes <input type="radio"/> Pt Declines <input type="radio"/> No			<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)		
Facility		Mobile*		Email			<input type="checkbox"/> Pneumo (related to anesthesia) <input type="checkbox"/> Aspiration		
Anes Start		Anes End		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"/> Failed regional anesthetic <input type="checkbox"/> Peripheral nerve injury post regional <input type="checkbox"/> Wet tap <input type="checkbox"/> Systemic local anes toxicity		
Patient type <input type="radio"/> Amb <input type="radio"/> Inpt <input type="radio"/> ED				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"/> 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		
Physical status <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				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"/> 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		
Primary anes <input type="radio"/> Gen <input type="radio"/> Regional <input type="radio"/> Spinal <input type="radio"/> MAC <input type="radio"/> Epidural				Multimodal pain management <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				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"/> Case Cancelled Reason(s) <input type="radio"/> Before Ind <input type="radio"/> After Ind		
Surg		Anes #1 Anes #2 Anes #3 Anes #4 Anes #5 Anes #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.			<input type="checkbox"/> 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		
ASA CPT CODE				Anemia management strategies: Antifibrinolytic Tourniquet Cell salvage Epoetin alpha Evidence-based algorithm Iron supplements			<input type="checkbox"/> No OR Time <input type="checkbox"/> Eqmmt 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				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			Date Cancelled:		
Free Text ASA CPT				QUALITY MEASURES			Post-op disposition <input type="radio"/> PACU/Stepdown <input type="radio"/> ICU Normal		
				Post-op pain 0 1 2 3 4 5 6 7 8 9 10 Unk					
				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					

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

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