

**AMERICAN COLLEGE OF SURGEONS
NATIONAL SURGICAL QUALITY IMPROVEMENT PROGRAM**

ESSENTIALS WORKSHEET

*IDN _____
LMRN _____

Cycle Number _____
Case Number _____

DEMOGRAPHICS

Last Name: <u>Capp</u>		First: <u>Andy</u>		MI: _____	
Street Address: _____					
City/Town: _____		State/Province: _____		Zip: _____ Country: _____	
Home Phone (____) _____		Work Phone (____) _____		Cell Phone (____) _____	
*DOB: ____/____/____ (mm/dd/yyyy)			Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
Race: <input checked="" type="checkbox"/> White		<input type="checkbox"/> American Indian / Alaska Native		<input type="checkbox"/> Asian	
<input type="checkbox"/> Black / African American		<input type="checkbox"/> Native Hawaiian / Other Pacific Islander		<input type="checkbox"/> Unknown	
Ethnicity: Hispanic - <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> Unknown		Preferred Language: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH	

SURGICAL PROFILE

Principal Procedure Ileocelectomy with Takedown of Ileorectal Fistula CPT® Code 44160

Patient Status: Inpatient Outpatient Elective Surgery: YES NO Unknown

Origin Status:

Not transferred, admitted directly from home Transfer from other (i.e. Spinal Cord Injury Unit or other facility not listed)

Acute Care Hospital (inpatient status only)- Per operative report (Olympia Hospital transferred on 7/4) Transfer from outside Emergency Department

Nursing Home/Chronic Care Facility/Intermediate Care Unit Unknown (if transferred from unknown location or Facility)

Hospital Admission Date: 7/4/____ Time:____ (time is optional) *Operation Date: 7/5/____

Anesthesia Technique:

General Spinal Epidural Regional Local MAC/IV Sedation None Other Unknown

Additional Anesthesia Technique(s)- this is an optional field

General Spinal Epidural Regional Local MAC/IV Sedation None Other Unknown

*Surgical Specialty: (select one)

1. <u>General Surgery x</u>	3. Thoracic	5. Orthopedics	7. Urology	9. Plastics
2. Vascular	4. Cardiac	6. Neurosurgery	8. Otolaryngology (ENT)	10. Gynecology
11. Interventional Radiology				

Surgeon NPI: _____

Attending Surgeon's Name: James Dean Attending Surgeon's IDN: _____

LCN: _____ Encounter Number: _____

PREOPERATIVE RISK ASSESSMENT

GENERAL				RENAL			
Height	Unknown	_____	Inches	CM	Acute Renal Failure w/in 24 hrs	YES	X NO
Weight	(per anesthesia note)	154	Pounds	KG	Currently requiring or on Dialysis w/in 2 wks	YES	X NO
Diabetes Mellitus	Non-Insulin	Insulin	X NO	NUTRITIONAL/IMMUNE/OTHER			
Current Smoker w/in 1 year		YES	X NO	Disseminated Cancer	YES	X NO	
Dyspnea	Mod. Exertion	At Rest	X NONE	Open Wound (w/ or w/out infection)	X YES	NO	
Functional Health Status	I ___ PD ___	TD ___	Unk x ___	Steroid/Immunosuppressant use for chronic condition	YES	X NO	
PULMONARY				>10% loss of body wt. last 6 months	YES	X NO	
Vent. Dependent w/in 48 hrs		YES	X NO	Bleeding disorders	YES	X NO	
COPD (severe)		YES	X NO	Preop Transfusions (RBC units w/in 72 hrs)	YES	X NO	
HEPATOBIILIARY				Sepsis w/in 48 hours	SIRS	NO	
Ascites w/in 30 days		YES	X NO	Brief surgical note:	X Sepsis		
CARDIAC				Temp 101.2, HR 96, WBC 12.9	Sep Shock		
CHF w/in 30 days		YES	X NO	Intraoperative findings of purulent drainage			
Hypertension req. meds.		YES	X NO	"The abdominal cavity was copiously irrigated with normal saline throughout the case to remove purulent drainage"			

LABORATORY DATA

LABORATORY DATA: (report preop lab values closest to the Procedure/Surgery start date & time)
 Preop values should be within 90 days prior to surgery

PREOPERATIVE LAB DATA	Value 90 days	unknown	Date
Serum Sodium (Na)	141 (Brief Surgical H&P)	<input type="checkbox"/>	7 / 5 / ___
Blood Urea Nitrogen (BUN)		X	___ / ___ / ___
Creatinine (Cr)	3.6 (Renal Progress note on 7/5 notes labs from 7/4)	<input type="checkbox"/>	7 / 4 / ___
Albumin (ALB)		X	___ / ___ / ___
Total Bilirubin (TB)		X	___ / ___ / ___
Serum Glutamic-Oxaloacetic Transaminase (SGOT)/(AST)		X	___ / ___ / ___
Alkaline Phosphatase (Alk Phos)		X	___ / ___ / ___
White Blood Count (WBC)	12.9 (Brief Surgical H&P)	<input type="checkbox"/>	7 / 5 / ___
Hematocrit (Hct)	34.2 (Brief Surgical H&P)	<input type="checkbox"/>	7 / 5 / ___
Platelets (Plt)		X	___ / ___ / ___
Internat'l Normalized Ratio (INR)		X	___ / ___ / ___
Partial Thromboplastin Time (PTT)		X	___ / ___ / ___

OPERATIVE INFORMATION

Emergency Case: YES NO (per Brief Surgical H&P and Anesthesia note- ASA 3E)

Wound Classification: Clean Clean/Contaminated Contaminated Dirty/Infected (presence of purulence introp)

Surgical wound(s) closure:

- All layers of incision (deep and superficial) are fully closed by some means (per operative report "fascia and skin were closed")
- Only deep layers of incision are closed; superficial layers are left open
- No layers of the incision are surgically closed

ASA Class (circle one): 1 2 3 4 5 6 None Assigned (for local anes. only) (Anesthesia note- ASA 3E)

OPERATIVE TIMES: Procedure / Surgery Start: 08 : 50 Procedure/Surgery Finish: 13 : 45

ADDITIONAL OPERATIVE PROCEDURES

Other Procedure	CPT
1. Low Anterior Bowel Resection (Per operative report and at the top of page 1)	44143
2.	
3.	
4.	
5.	
6.	
7.	

Concurrent Procedure	CPT
1.	
2.	
3.	
4.	
5.	
6.	
7.	

OCCURRENCES

POSTOPERATIVE OCCURRENCES:

YES NO

(Although not required for this program, you may wish to document 'treatment' and 'outcome to date' of the occurrence for internal quality monitoring)

			<u>Date</u>	<u>Treatments / Outcomes / Comments</u>
Wound Occurrences				
Superficial Incisional SSI	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	___/___/___	_____
Present at Time of Surgery?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	___/___/___	_____
Deep Incisional SSI	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	___/___/___	_____
Present at Time of Surgery?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	___/___/___	_____
Organ/Space SSI	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	7 / 14 / ___	Abscess noted on Abdominal CT on 7/14 @1600
Present at Time of Surgery?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	___/___/___	Purulence noted in operative space during POP
Wound Disruption	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	___/___/___	_____
Respiratory Occurrences				
Pneumonia (PNA)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	7 / 9 / ___	CT with Opacities (7/9)-- WBC 14.6 Dyspnea,
Present at Time of Surgery?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	___/___/___	rhonchi, increased o2 requirements (Surgery
				progress report 9/7 @0640)
				H&P 7/5 scattered rhonchi, decreased Breath
				Sounds, Productive cough
Intraop OR Postop Unplanned Intubation	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	___/___/___	_____
Pulmonary Embolism	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	___/___/___	_____
On ventilator > 48 hours	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	___/___/___	_____
Present at Time of Surgery?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	___/___/___	_____
Urinary Tract Occurrences				
Urinary Tract Infection (UTI)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	___/___/___	_____
Present at Time of Surgery?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	___/___/___	_____
<u>Report the most significant level</u>				
Progressive Renal Insufficiency	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	___/___/___	_____
Acute Renal Failure	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	7 / 10 / ___	"Insert groshong cath. for dialysis today" (Renal
				Progress note 7/9 @1400)
CNS Occurrences				
Stroke / CVA	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	___/___/___	_____
Cardiac Occurrences				
Intraop OR Postop Cardiac Arrest req. CPR	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	___/___/___	_____
Intraop OR Postop Myocardial Infarction	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	___/___/___	_____
Other Occurrences				
Transfusion Intraop/Postop (72h of surgery start time)				
(transfusion of 1-200 units)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	7 / 5 / ___	# of units transfused: 4 (per anesthesia note 7/5)
Vein Thrombosis req. Therapy	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	___/___/___	_____
Postoperative Clostridium Difficile (C.diff) Colitis	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	___/___/___	If you do not answer "yes" for the postoperative
				occurrence of C diff, you would not answer any of the
				following C. Diff questions)
Type of C. Diff Test Performed: _____				
Result of C. diff Test	<input type="checkbox"/> Pos.	<input type="checkbox"/> Neg.		
Treatment for C. diff	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Diarrhea/loose stools	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

Sepsis: Sepsis YES NO _____/_____/_____
Present at time of surgery? YES NO
Septic Shock YES NO 7 / 12 / _____

BP 50/palp, Temp 102.2, HR 120 to 160, RR 28, Levophed and Neosynephrine qtt, (Surgery progress note 7/12 @1800) Blood cultures positive for pseudomonas (SICU progress noted 7/13 @1910)

Present at time of surgery? YES NO

Although the patient met Sepsis criteria prior to the principal operative procedure, the patient did not meet Septic Shock criteria at the time of the principal operative procedure

Other Postoperative Occurrences (ICD-9 code): YES NO _____/_____/_____
This field is optional (ICD-9 code) _____

No further follow up information provided on case study.