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| --- | --- | --- | --- |
| **Add A New Case** | | | |
| **Patient Initials**  **Patient ID**  **Age**  **Gender** | | | |
| **Hospital/Surgical Center/Office:**   [**Add/Edit Hospitals**](https://hercules.dataharborsolutions.com/portal/scribe/neworal/manage_hospitals.aspx)  **Date of Surgery/Treatment:**  mm/dd/yyyy  **Diagnosis Code (ICD-9/ICD-10):**    **[https://hercules.dataharborsolutions.com/portal/scribe/images/help.gif](https://hercules.dataharborsolutions.com/portal/scribe/neworal/add_case.aspx)**  **Treatment Code (CPT):    [https://hercules.dataharborsolutions.com/portal/scribe/images/help.gif](https://hercules.dataharborsolutions.com/portal/scribe/neworal/add_case.aspx)**  **Anatomic Region:** | **Date of last follow-up:**  mm/dd/yyyy  **MD's Description of Operation:** Enter a brief description only (NOT more than 100 characters). DO NOT INCLUDE ANY HISTORY ON THE PATIENT.  **[https://hercules.dataharborsolutions.com/portal/scribe/images/help.gif](https://hercules.dataharborsolutions.com/portal/scribe/neworal/add_case.aspx)** |  |  |
| **Unexpected re-operation within 90 days?** | **Yes****No** |  |  |
|  | **Explain unexpected re-operation:** |  |  |
| **Unexpected re-admission within 90 days?** | **Yes****No** |  |  |
|  | **Explain unexpected re-admission:** |  |  |
| **Anesthetic Complications?** | **Yes****No**     If yes, check type, classify severity, and explain below. |  |  |
| **Surgical/Technical Complications?** | **Yes****No**     If yes, check type, classify severity, and explain below. |  |  |
| **Medical Complications?** | **Yes****No**     If yes, check type, classify severity, and explain below. |  |  |

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|  | **ANESTHETIC COMPLICATIONS** |
|  | **Check box, classify severity, and explain all that apply.** |
| **Complication** | **Severity Classification** |
| Block anesthesia complication |  |
| General anesthesia complication |  |
|  | **Explain Anesthetic Complications:** |

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|  | **SURGICAL / TECHNICAL COMPLICATIONS** |
|  | **Check box, classify severity, and explain all that apply.** |
| **Complication** | **Severity Classification** |
| Bone Fracture |  |
| Compartment Syndrome |  |
| Dislocation |  |
| Failure of tendon/ligament repair |  |
| Fall |  |
| Graft-related problem |  |
| Hemarthrosis/effusion |  |
| Hematoma/Seroma |  |
| Implant failure/fracture/malfunction |  |
| Infection |  |
| Limb Ischemia |  |
| Loss of reduction |  |
| Malunion |  |
| Nerve Palsy/Injury |  |
| Non Union/Delayed Union |  |
| Pain - Recurrent/Persistent/Uncontrolled |  |
| RSD/CRPS |  |
| Skin Ulcer/Blister |  |
| Spinal Cord Injury |  |
| Stiffness/arthrofibrosis |  |
| Tendon/Ligament Injury |  |
| Vascular Injury |  |
| Wound healing delay/failure |  |
| Wrong Side/Site |  |
| Other surgical complication |  |
|  | **Explain Surgical Complications:** |

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|  | **MEDICAL / SYSTEMIC COMPLICATIONS** |
|  | **Check box, classify severity, and explain all that apply.** |
| **Complication** | **Severity Classification** |
| Anemia |  |
| Arrythmia |  |
| Cerebral Vascular Accident |  |
| Confusion/delirium |  |
| Congestive Heart Failure |  |
| Deep Vein Thrombosis (DVT) |  |
| Dermatologic complaint |  |
| GI bleeding/ulcer/gastritis |  |
| Hypotension |  |
| Hypoxia/shortness of breath |  |
| Medication error/reaction |  |
| Myocardial Infarction |  |
| Patient Expired |  |
| Pneumonia |  |
| Pulmonary Embolism |  |
| Renal Failure |  |
| Respiratory failure |  |
| Urinary retention |  |
| Urinary tract infection |  |
| Other medical complication |  |
|  | **Explain Medical Complications:** |

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