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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****Treatment Code (CPT):   https://hercules.dataharborsolutions.com/portal/scribe/images/help.gif****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** |  |  |
| **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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