

Edit Case

Patient Initials	Patient ID	Age	Gender	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Hospital/Surgical Center/Office

Date of Surgery/Treatment (mm/dd/yyyy) Date of last follow-up (mm/dd/yyyy)

Diagnosis Code (ICD-9/ICD-10)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Treatment Code (CPT)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Anatomic Region

Description of Operation

Enter a brief description only (NOT more than 100 characters). DO NOT INCLUDE ANY HISTORY ON THE PATIENT.

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.*

ANESTHETIC COMPLICATIONS

Check box, classify severity, and explain all that apply.

Complication	Severity Classification
<input type="checkbox"/> Block anesthesia complication	<div></div>
<input type="checkbox"/> General anesthesia complication	<div></div>

Explain Anesthetic Complications:

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:

MEDICAL / SYSTEMIC COMPLICATIONS

Check box, classify severity, and explain all that apply.

Complication	Severity Classification
Anemia <input type="checkbox"/>	<input type="text"/>
Arrhythmia <input type="checkbox"/>	<input type="text"/>
Cerebral Vascular Accident <input type="checkbox"/>	<input type="text"/>
Confusion/delirium <input type="checkbox"/>	<input type="text"/>
Congestive Heart Failure <input type="checkbox"/>	<input type="text"/>
Deep Vein Thrombosis (DVT) <input type="checkbox"/>	<input type="text"/>
Dermatologic complaint <input type="checkbox"/>	<input type="text"/>
GI bleeding/ulcer/gastritis <input type="checkbox"/>	<input type="text"/>
Hypotension <input type="checkbox"/>	<input type="text"/>
Hypoxia/shortness of breath <input type="checkbox"/>	<input type="text"/>
Medication error/reaction <input type="checkbox"/>	<input type="text"/>
Myocardial Infarction <input type="checkbox"/>	<input type="text"/>
Patient Expired <input type="checkbox"/>	<input type="text"/>
Pneumonia <input type="checkbox"/>	<input type="text"/>
Pulmonary Embolism <input type="checkbox"/>	<input type="text"/>
Renal Failure <input type="checkbox"/>	<input type="text"/>
Respiratory failure <input type="checkbox"/>	<input type="text"/>
Urinary retention <input type="checkbox"/>	<input type="text"/>
Urinary tract infection <input type="checkbox"/>	<input type="text"/>
Other medical complication <input type="checkbox"/>	<input type="text"/>

Explain Medical Complications: