SAMPLE
NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
2016 AMBULATORY SURGERY PATIENT RECORD

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PATIENT INFORMATION

Patient medical record number
Age
Sex
Date of visit
Month Day Year
Date of birth
Month Day Year
Ethnicity
Race
ZIP Code
Enter "1" if homeless.

Date/Time of surgery
(1) Date/Time surgery began
Month: Day: Year: Time: a.m. p.m. Military
(2) Date/Time surgery ended
Month: Day: Year: Time: a.m. p.m. Military

Expected source(s) of payment for THIS VISIT – Mark (X) all that apply.

DIAGNOSIS

As specifically as possible, list all diagnoses related to this surgery or procedure. List PRIMARY diagnosis first.

Primary: 1.
Other: 2.
Other: 3.
Other: 4.
Other: 5.

CONDITIONS

Does patient have any of the following conditions? (Note: These conditions could impact this surgery or procedure) – Mark (X) all that apply.

Primary:
Other:
Other:
Other:
Other:
Other:

PROCEDURE(S)

As specifically as possible, list all diagnostic or surgical procedures performed during this visit.

Primary:
Other:
Other:
Other:
Other:
Other:

2016 ASC
## MEDICATION(S)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Preoperatively</th>
<th>Intraoperatively</th>
<th>Postoperatively</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fentanyl</td>
<td></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Lidocaine</td>
<td></td>
<td>3</td>
<td>3</td>
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<tr>
<td>Nitrous oxide</td>
<td></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Oxygen</td>
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<td>3</td>
<td>3</td>
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<tr>
<td>Propofol</td>
<td></td>
<td>3</td>
<td>3</td>
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<tr>
<td>Versed</td>
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<td>3</td>
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</tr>
<tr>
<td>Zofran</td>
<td></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

### ANESTHESIA

**Type(s) of anesthesia listed in the drug description fields**

- Regional retrobulbar block
- Regional spinal (Subarachnoid)
- Other regional block
- Other

**Anesthesia administered by**

- Anesthesiologist
- CRNA (Certified Registered Nurse Anesthetist)
- Surgeon/Other physician
- Resident
- Other provider
- Unknown

### DISPOSITION

**Symptoms present during or after procedure**

- Hypoxia
- Nausea – moderate to severe
- Pain – moderate to severe
- Sedation – excessive
- Surgical complications – unanticipated
- Urinary retention

**Enter disposition**

- Procedure canceled on arrival to clinic or ambulatory surgery unitification
- Patient not n.p.o./fasting
- Incomplete or inadequate medical evaluation
- Surgical issue
- Other
- Unknown

### Did someone attempt to follow-up with the patient within 24 hours after the surgery?

- Yes
- No
- Unknown

### What was learned from this follow-up?

- Unable to reach patient
- Patient reported no medical or surgical problems
- Patient reported medical or surgical problems and sought medical care
- Patient reported medical or surgical problems and was advised by staff to seek medical care
- Patient reported medical or surgical problems, but no follow-up medical care was needed
- Other
- Unknown