1. PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Race</th>
<th>Mark (X) all that apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>☐</td>
</tr>
<tr>
<td>Black or African American</td>
<td>☐</td>
</tr>
<tr>
<td>Asian</td>
<td>☐</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>☐</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time in to operating room</th>
<th>☐ a.m.</th>
<th>☐ p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time surgery began</td>
<td>☐ a.m.</td>
<td>☐ p.m.</td>
</tr>
<tr>
<td>Time surgery ended</td>
<td>☐ a.m.</td>
<td>☐ p.m.</td>
</tr>
<tr>
<td>Time out of operating room</td>
<td>☐ a.m.</td>
<td>☐ p.m.</td>
</tr>
<tr>
<td>Time in to postoperative care</td>
<td>☐ a.m.</td>
<td>☐ p.m.</td>
</tr>
<tr>
<td>Time out of postoperative care</td>
<td>☐ a.m.</td>
<td>☐ p.m.</td>
</tr>
</tbody>
</table>

2. FINAL DIAGNOSIS

|---------------|-------------|-----------|-----------|-----------|-----------|

3. EXTERNAL CAUSE OF INJURY

- As specifically as possible, describe the injury that preceded the visit or adverse effect that occurred during the visit.

- Optional – E-Code

4. PROCEDURE(S)

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

- Optional – CPT-4 Codes
<table>
<thead>
<tr>
<th>CPT-4 Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

- Optional – ICD-9-CM Codes
<table>
<thead>
<tr>
<th>ICD-9-CM Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
### 5. Medication(s) & Anesthesia

**a. Include Rx and OTC drugs, anesthetics, and oxygen that were ordered, supplied, or administered during this visit or at discharge.**

<table>
<thead>
<tr>
<th></th>
<th>During this visit</th>
<th>During discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**b. Type(s) of anesthesia – Mark (X) all that apply.**

- NONE
- General
- MAC (Monitored Anesthesia Care)
- Topical/Local
- Regional
  - Epidural
  - Spinal
  - Regional block
- Other block
- Other

### 6. Provider(s) of Anesthesia

**Anesthesia administered by – Mark (X) all that apply.**

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

**Mark (X) all that apply.**

1. NONE
2. Apnea
3. Bleeding/Hemorrhage
4. Difficulty waking up
5. Dysrhythmia/Arrhythmia
6. Hypertension/High blood pressure
7. Hypotension/Low blood pressure
8. Hypoxia
9. Incontinence
10. Nausea
11. Vomiting
12. Other

### 7. Symptom(s) Present During or After Procedure

**Mark (X) all that apply.**

1. NONE
2. Apnea
3. Bleeding/Hemorrhage
4. Difficulty waking up
5. Dysrhythmia/Arrhythmia
6. Hypertension/High blood pressure
7. Hypotension/Low blood pressure
8. Hypoxia
9. Incontinence
10. Nausea
11. Vomiting
12. Other

### 8. Disposition

**Mark (X) one box.**

- Routine discharge to customary residence
- Discharge to observation status
- Discharge to post-surgical/recovery care facility
- Admitted to hospital as inpatient
- Referred to ED
- Surgery terminated
- Other
- Unknown

### 9. Follow-up Information

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

- Yes – Continue with Item 9b.
- No
- Unknown

**END – Patient Record complete.**

**b. What was learned from this follow-up?**

- Unable to reach patient
- Patient reported no problems
- Patient reported problems and sought medical care
- Patient reported problems, but no follow-up medical care was needed
- Other
- Unknown