PATIENT NAME (LAST, FIRST, MI): PRIMARY DIAGNOSIS (REASON FOR CURRENT OP):

(IE STATUS POST BIDIRECTIONAL GLENN)

MR # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH:\_\_\_/\_\_\_\_/\_\_\_\_\_

HOSPITAL ADMISSION:\_\_\_/\_\_\_/\_\_\_\_ FUNDAMENTAL DIAGNOSIS (UNDERLYING DIAGNOSIS):

(IE HYPOPLASTIC LEFT HEART SYNDROME)

DATE OF PROCEDURE:\_\_\_/\_\_\_/\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROCEDURES PERFORMED:

1. Internal Control/Tracking Number:\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **NONCARDIAC CONGENITAL ANATOMIC ABNORMALITIES (select all that apply)** NCAA (530) | | | | |
|  | None | | | |
|  | Major abnormality of head, Choanal atresia | | | |
|  | Major abnormality of head, Cleft lip | | | |
|  | Major abnormality of head, Cleft palate | | | |
|  | Major abnormality of head | | | |
|  | Major abnormality of brain, Hydrocephalus | | | |
|  | Major abnormality of brain, Macrocephaly | | | |
|  | Major abnormality of brain, Microcephaly | | | |
|  | Major abnormality of brain | | | |
|  | Major abnormality of spinal cord, Myelomeningocele | | | |
|  | Major abnormality of spinal cord, Spina bifida | | | |
|  | Major abnormality of spinal cord | | | |
|  | Major abnormality of spine, Scoliosis | | | |
|  | Major abnormality of spine | | | |
|  | Major abnormality of larynx - trachea - or bronchus, Laryngomalacia | | | |
|  | Major abnormality of larynx - trachea - or bronchus, Congenital tracheal stenosis | | | |
|  | Major abnormality of larynx - trachea - or bronchus, Tracheomalacia | | | |
|  | Major abnormality of larynx - trachea - or bronchus, Tracheoesophageal fistula (TEF) | | | |
|  | Major abnormality of larynx - trachea - or bronchus, Bronchomalacia | | | |
|  | Major abnormality of larynx - trachea - or bronchus | | | |
|  | Major abnormality of lung, Congenital lobar emphysema (CLE) | | | |
|  | Major abnormality of lung, Cystic congenital adenomatous malformation of the lung (CAM) | | | |
|  | Major abnormality of lung, Cystic fibrosis | | | |
|  | Major abnormality of lung, Pulmonary lymphangiectasia | | | |
|  | Major abnormality of lung | | | |
|  | Major abnormality of abdominal wall, Congenital diaphragmatic hernia (CDH) | | | |
|  | Major abnormality of abdominal wall, Gastroschisis | | | |
|  | Major abnormality of abdominal wall, Omphalocele | | | |
|  | Major abnormality of gastrointestinal system, Biliary atresia | | | |
|  | Major abnormality of gastrointestinal system, Duodenal atresia | | | |
|  | Major abnormality of gastrointestinal system, Duodenal stenosis | | | |
|  | Major abnormality of gastrointestinal system, Jujenal atresia | | | |
|  | Major abnormality of gastrointestinal system, Jujenal stenosis | | | |
|  | Major abnormality of gastrointestinal system, Ileal atresia | | | |
|  | Major abnormality of gastrointestinal system, Ileal stenosis | | | |
|  | Major abnormality of gastrointestinal system, Intestinal malrotation | | | |
|  | Major abnormality of gastrointestinal system, Hirschsprung's disease (Congenital aganglionic megacolon) | | | |
|  | Major abnormality of gastrointestinal system, Stenosis of large intestine | | | |
|  | Major abnormality of gastrointestinal system, Atresia of large intestine | | | |
|  | Major abnormality of gastrointestinal system, Atresia of rectum | | | |
|  | Major abnormality of gastrointestinal system, Stenosis of rectum | | | |
|  | Major abnormality of gastrointestinal system, Anal Atresia (imperforate anus) | | | |
|  | Major abnormality of gastrointestinal system | | | |
|  | Major abnormality of kidney - ureter - or bladder | | | |
|  | Other | | | |
|  | *(If NCAA is Other ↓)*    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Major Noncardiac Abnormality- Other- Specify NCAAOthSp (540) | | | |
| **CHROMOSOMAL ABNORMALITIES** ChromAb (570) | | | | |
| 🞎 | | No chromosomal abnormality identified | 🞎 | 5p |
| 🞎 | | 11p15.5 | 🞎 | 6p12 |
| 🞎 | | 11q | 🞎 | 7q11 |
| 🞎 | | 12p1.21 | 🞎 | 7q11.23 |
| 🞎 | | 12p12.1 | 🞎 | 7q32 |
| 🞎 | | 12q24 | 🞎 | 7q34 |
| 🞎 | | 15q21.1 | 🞎 | 8q12 |
| 🞎 | | 1q42.1 | 🞎 | TGFBR1 or 2 |
| 🞎 | | 20p12 | 🞎 | Trisomy 08 |
| 🞎 | | 22q11 deletion | 🞎 | Trisomy 09 |
| 🞎 | | 2p21 | 🞎 | Trisomy 13 |
| 🞎 | | 3p22 | 🞎 | Trisomy 18 |
| 🞎 | | 45X0 | 🞎 | Trisomy 21 |
| 🞎 | | 47,XXY | 🞎 | Other chromosomal abnormality |
| 🞎 | | 4p | *(If ChromAb is Other chromosomal abnormality ↓)* | |
| 🞎 | | 4p16 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chromosomal Abnormality - Other - Specify ChromAbOthSp (580) | |
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| **SYNDROMES (select all that apply)** Syndrome (610) | | | |
| 🞎 | No syndromic abnormality identified | 🞎 | Long QT syndrome (Ward Romano syndrome) |
| 🞎 | Alagille syndrome (intrahepatic biliary duct agenesis) | 🞎 | Marfan syndrome |
| 🞎 | Apert syndrome | 🞎 | Marfan-like syndrome |
| 🞎 | Brugada syndrome (Sudden unexplained nocturnal death syndrome) (SUNDS) | 🞎 | Mucopolysaccharidosis type IH (Hurler syndrome) |
| 🞎 | Cardiofaciocutaneous syndrome | 🞎 | Mucopolysaccharidosis type IH/S (Hurler-Scheie syndrome) |
| 🞎 | Carpenter syndrome | 🞎 | Mucopolysaccharidosis type II (Hunter syndrome) |
| 🞎 | Cat-eye syndrome | 🞎 | Mucopolysaccharidosis type IS (Scheie syndrome) |
| 🞎 | CHARGE Association | 🞎 | Noonan syndrome |
| 🞎 | Cornelia de Lange syndrome | 🞎 | Patau syndrome (Trisomy 13) |
| 🞎 | Costello syndrome | 🞎 | Pierre Robin syndrome |
| 🞎 | Cri-du-chat syndrome | 🞎 | Prune Belly syndrome |
| 🞎 | Deletion 10p syndrome | 🞎 | Rethore syndrome (Trisomy 9) |
| 🞎 | Deletion 8p syndrome | 🞎 | Fetal Rubella syndrome (Congenital rubella syndrome) |
| 🞎 | DiGeorge syndrome (velocardiofacial syndrome) (conotruncal anomaly face syndrome) (22q11 deletion) | 🞎 | Rubinstein-Taybi syndrome |
| 🞎 | Down syndrome (Trisomy 21) | 🞎 | Short QT syndrome |
| 🞎 | Edwards syndrome (Trisomy 18) | 🞎 | Sickle cell disease |
| 🞎 | Ehlers- Danlos Syndrome | 🞎 | Sickle cell trait |
| 🞎 | Ellis-van Creveld syndrome | 🞎 | Situs inversus |
| 🞎 | Fetal alcohol syndrome (FAS) | 🞎 | Smith-Lemli-Opitz syndrome |
| 🞎 | Fetal drug exposure | 🞎 | Turner syndrome (45XO) |
| 🞎 | Goldenhar syndrome | 🞎 | VACTERL syndrome (VACTER/VATER/VATERR syndrome) |
| 🞎 | Heterotaxy syndrome | 🞎 | VACTERL-H syndrome (VATER association with hydrocephalus) (Briard-Evans syndrome) |
| 🞎 | Heterotaxy syndrome, Asplenia syndrome | 🞎 | Von Willebrand disease (vWD) |
| 🞎 | Heterotaxy syndrome, Polysplenia syndrome | 🞎 | Warkany syndrome (Trisomy 8) |
| 🞎 | Holt-Oram syndrome | 🞎 | Williams syndrome (Williams-Beuren syndrome) |
| 🞎 | Jacobsen syndrome | 🞎 | Wolff-Parkinson-White syndrome (WPW syndrome) |
| 🞎 | Kabuki syndrome | 🞎 | Wolf-Hirschhorn syndrome |
| 🞎 | Kartagener syndrome (Siewert syndrome) (Primary ciliary dyskinesia) | 🞎 | Other syndromic abnormality |
| 🞎 | Klinefelter syndrome (XXY Syndrome) |  | *(If Other Syndromic abnormality, Specify ↓)* |
| 🞎 | LEOPARD syndrome |  | Syndrome – Other – Specify SyndromeOthSp (620) |
| 🞎 | Loeys-Dietz syndrome |  |

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| **OPERATIVE** | | | | | | | |
| **Procedure Location:** ProcLoc (1000) | 🞎 Cardiac OR | | | 🞎 ICU | | 🞎 SICU | |
| 🞎 General OR | | | 🞎 CVICU | | 🞎 Radiology Suite | |
| 🞎 Hybrid Suite | | | 🞎 NICU | | 🞎 Procedure Room | |
| 🞎 Cath lab | | | 🞎 PICU | | 🞎 Other | |
| **Status:** Status (1001) | 🞎 Elective | | | 🞎 Urgent | | 🞎 Emergent | 🞎 Salvage |
| **Operation Type**: OpType (1002) | 🞎 CPB | | 🞎 No CPB Cardiovascular | | | | 🞎 ECMO |
| 🞎 Thoracic | | 🞎 Interventional Cardiology | | | | 🞎 VAD w/ CPB |
| 🞎 VAD w/out CPB | | 🞎 NonCardiac/NonThoracic Procedure w/ Anesthesia | | | | 🞎 Other |
|  | | | | | | | |
| OR Entry Time: *(00:00 – 23:59)* \_\_ \_\_: \_\_ \_\_ OREntryT (1013) | | | | | Skin Incision Start Time: *(00:00 – 23:59)* \_\_ \_\_: \_\_ \_\_ SIStartT (1014) | | |
|  | |  | | | |  | |
| Time of Skin Closure: *(00:00 – 23:59)* \_ \_:\_ \_  SIStopT (1021) | | OR Exit Time: *(00:00 – 23:59)* \_ \_:\_ \_  ORExitT (1022) | | | | Extended Through Midnight: 🞎 Yes 🞎 No MultiDay (1023) | |

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| **ANESTHESIA** (for sites participating in anesthesiology component) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ANESTHESIA Administrative** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Primary Anesthesiologist Attending: PrimAnesName (4590) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Primary Anesthesiologist National Provider Identifier: PrimAnesNPI (4600) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Secondary Anesthesiologist Attending: SecAnes (4610) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fellow or Resident Present FelRes (4630) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mid-Level provider CRNA/AA Present CRNA (4640) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ANESTHESIA Preoperative** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preoperative Medication Category: PreopMedCat (4700) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | | | | | None *(If not None, select all pre-operative medications that apply: ↓)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | ACE Inhibitors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | Milrinone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Amiodarone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | Narcotics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Anti-reflux Medications (H2 antagonists, PPI, propulsives) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | Nitric Oxide | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Anti-seizure medications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | Nitroglycerin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Aspirin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | Nitroprusside | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Benzodiazepines | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | Norepinephrine (Levophed) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Beta Blockers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | PDE-5 Inhibitors (e.g., Sildenafil) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Birth Control (Oral, IM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | Platelet inhibitors other than Aspirin (e.g., Plavix) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Bronchodilators, Inhaled | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | Prostacyclin (e.g., Flolan, Remodulin) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Calcium Channel Blockers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | Prostaglandin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Calcium Chloride infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | Psychiatric Medications (including ADHD and antidepressants) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Coumadin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | Statins | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Digoxin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | Steroids (oral / IV) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Direct Thrombin Inhibitors (e.g., argatroban) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | Thyroid Hormone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Diuretics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | Transplant Rejection Inhibition Meds (other than steroids) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Dobutamine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | Vasopressin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Dopamine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | Antiarrhythmics not otherwise listed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Endothelin Antagonist (e.g., Bosentan) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | Inotropes not otherwise listed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Epinephrine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | Vasodilators not otherwise listed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Heparin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | Vasoconstrictors not otherwise listed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Heparin, Low molecular weight | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | | | | Insulin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Preoperative Sedation PreopSed (4710) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | *(If Yes→)* | | | | | | | | | | | Preoperative Sedation Route  PreopSedRte (4720) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 IM 🞎 IV 🞎 Nasal 🞎 PO (Oral) 🞎 Rectal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | *(If Yes, select all pre-operative sedation drugs that apply: ↓)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | Atropine  PreopSedDrugAtro (4730) | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ketamine  PreopSedDrugKet (4770) | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | Demerol  PreopSedDrugDem (4740) | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Lorazepam  PreopSedDrugLoraz (4780) | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | Dexmedetomidine  PreopSedDrugDex(4741) | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Midazolam  PreopSedDrugMidaz (4790) | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | Diazepam  PreopSedDrugDiaz (4750) | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Morphine  PreopSedDrugMorph (4800) | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | Glycopyrrolate  PreopSedDrugGlyco (4760) | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Pentobarbital  PreopSedDrugPent (4810) | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Preoperative Oxygen Saturation: PreopO2Sat (4820) \_\_\_\_\_\_\_\_\_ % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preoperative Oxygen Supplementation PreopOxygen (4830) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date and Time of Transport to Procedure Location Or Anesthesia Start Time: *mm/ dd/ yyyy hh : mm* \_ \_ / \_ \_ / \_ \_ \_ \_ \_ \_:\_ \_  PLocTransDT (4840) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ANESTHESIA Monitoring** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Arterial Line  ArtLine (4850) | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | *(If Yes →)*Type: *(Select all that apply)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | Radial  ArtLineTypeRad (4860) | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Brachial  ArtLineTypeBrach (4870) | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Axillary  ArtLineTypeAx (4880) | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Femoral  ArtLineTypeFem (4890) | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Ulnar  ArtLineTypeUlnar (4900) | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Dorsalis Pedis  ArtLineTypeDors (4910) | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Posterior Tibial  ArtLineTypePost (4920) | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Umbilical  ArtLineTypeCent (4930) | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | |
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| Cutdown  Cutdown (4940) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | *(If Yes →)*Type: *(Select all that apply)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | Radial  CutdownRad (4950) | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Femoral  CutdownFem (4960) | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Ulnar  CutdownUln (4970) | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Other  CutdownOth (4980) | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Percutaneous Central Pressure  PercCentPress (4990) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | *(If Yes →)* Location: *(Select all that apply)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Right Internal Jugular  PCPLocRJug (5000) | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Left Internal Jugular  PCPLocLJug (5010) | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Right Subclavian  PCPLocRSub (5020) | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Left Subclavian  PCPLocLSub (5030) | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Right Femoral Vein  PCPLocRFem (5040) | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Left Femoral Vein  PCPLocLFem (5050) | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Other  PCPLocOth (5060) | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| CVP Placed by Anesthesia  CVPPlaced (5070) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Swan-Ganz Catheter  SGCath (5080) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Oximetric Central Line (ScVO2)  ScVO2 (5090) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Ultrasound Guidance Used for Line Placement:  UltraDopGuide (5100) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 None  🞎 Arterial line | | | | | | | | | | | | | | | | | | | | 🞎 Central venous line  🞎 Both arterial & venous lines | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Neurologic Monitoring  NeuroMonitor (5110) | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | *(If Yes →)* | | | | | | | | | | | | | | | | | | | | | Bispectral Index  NeuroMonBIS (5130)  Transcranial Doppler  NeuroMonTCD (5140)  NIRS (Cerebral)  NeuroMonNIRS (5141)  Other  NeuroMonOth (5150) | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No  🞎 Yes 🞎 No  🞎 Yes 🞎 No  🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lowest Recorded Intraoperative Temperature:  LowIntraopTemp (5160) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_ *° C* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Lowest Intraoperative Temperature Site:  IntraopTempSite (5170) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Nasal 🞎 Esophageal 🞎 Bladder 🞎 Rectal  🞎 Axillary 🞎 Skin 🞎 Tympanic 🞎Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transesophageal Echocardiography TEE (5180) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **ANESTHESIA Anesthetic Technique** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date and Time of Induction: *mm/ dd/ yyyy hh : mm* \_ \_ / \_ \_ / \_ \_ \_ \_ \_ \_:\_ \_  InductionDT (5190) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Induction Type: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | Inhalation  IndTypeInh (5200) | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | *(If Yes →)* | | | | | | | | | | | | | | | | | Sevoflurane  IndAgentInhalSevo (5220) | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Isoflurane  IndAgentInhalIso (5230) | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | Intravenous  IndTypeIV (5240) | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | *(If Yes →)* | | | | | | | | | | | | | | | | | Sodium Thiopental  IndAgentIVSodT (5260) | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Dexmedetomidine  IndAgentIVDex (5320) | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Sufentanil  IndAgentIVSuf (5330) | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Remifentanil  IndAgentIVRem (5340) | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | Intramuscular (IM)  IndTypeIM (5350) | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | *(If Yes →)* | | | | | | | | | | | | | | | | | Ketamine  IndAgentIMKet (5370) | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Midazolam  IndAgentIMMid (5380) | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | |
| Regional Anesthetic  RegionalAnes (5400) | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *(If Yes →)* | | | | | | | | | | | | Regional Anesthetic Site: RegAnesSite (5410) | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Thoracic Epidural Catheter 🞎 Lumbar Epidural Catheter 🞎 Caudal Epidural Catheter  🞎 Lumbar Epidural -Single shot 🞎 Caudal Epidural – Single shot  🞎 Lumbar Intrathecal -Single Shot 🞎 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | *(If Yes →)* | | | | | | | | | | | | Regional Anesthetic Drug: | | | | | | | | | | | | | | | | | | | | | | | | Bupivicaine  RegAnesDrugBup (5420) | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | Bupivicaine/Fentanyl  RegAnesDrugBupFen (5430) | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | |
|  |  | | | | | | | | | | | | *(Select all that apply)* | | | | | | | | | | | | | | | | | | | | | | | | Clonidine  RegAnesDrugClon (5440) | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | Fentanyl  RegAnesDrugFen (5450) | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | |
|  |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Hydromorphone  RegAnesDrugHydro (5460) | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | Lidocaine  RegAnesDrugLido (5470) | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | |
|  |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Morphine  RegAnesDrugMorph (5480) | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | Ropivicaine  RegAnesDrugRop (5490) | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | |
|  |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Ropivicaine/Fentanyl RegAnesDrugRopFen (5500) | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | Tetracaine  RegAnesDrugTetra (5510) | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | |
|  |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | Other  RegAnesDrugOth (5520) | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | Intercostal Nerve Infiltration by Surgeon or Anesthesia:  IntNerveInf (5530) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Regional Field Block by Surgeon or Anesthesia:  RegFieldBlock (5540) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ANESTHESIA Airway** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Endotracheal Intubation Performed: 🞎 Yes 🞎 No*(If Yes ↓)* Intubate (1015) | | | | |  | Intubation Date/Time: IntubateDT (1016)  *(mm/dd/yyyy 00:00 – 23:59)* \_ \_ / \_ \_ / \_ \_ \_ \_ \_ \_:\_ \_ | | Initial Extubation Date/Time: ExtubateDT (1017)  *(mm/dd/yyyy 00:00 – 23:59)* \_ \_ / \_ \_ / \_ \_ \_ \_ \_ \_:\_ \_ | |  | Extubated in OR: ExtubInOR (1018) 🞎 Yes 🞎 No | |  | |  | Re-Intubated After Initial Postoperative Extubation: 🞎 Yes 🞎 No*(If Yes ↓)* ReIntubate (1019) | | | |  |  | Final Extubation Date/Time: *(mm/dd/yyyy 00:00 – 23:59)* \_ \_ / \_ \_ / \_ \_ \_ \_ \_ \_:\_ \_ FinExtubDT (1020) | |   Airway In-situ (ETT or Tracheostomy): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Airway Type: | | | | | | | | | | | | | | | | | | | 🞎 No airway support 🞎 Simple face mask 🞎 Bag-mask 🞎 Nasal cannulae 🞎 Laryngeal Mask Airway (LMA)  🞎 Endotracheal intubation 🞎 Tracheostomy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | (If LMA →) | | | | | | | | Airway Size : | | | | | | | | | | | | | | | | | | | | | | | | 🞎 1.0 🞎 1.5 🞎 2.0 🞎 2.5 🞎 3.0 🞎 4.0 🞎 5.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | (If Endotracheal intubation →) | | | | | | | | | | | | | | | | | | | | | | | | Airway Size (mm): | | | | | | | | | | | | | | | | | | | | | | | | 🞎 2.5 🞎 3.0 🞎 3.5 🞎 4.0 🞎 4.5 🞎 5.0  🞎 5.5 🞎 6.0 🞎 6.5 🞎 7.0 🞎 7.5 🞎 8.0  🞎 Other 🞎 Size not listed (DLETT, Tracheotomy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Cuffed | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | (If Endotracheal intubation or Tracheostomy→) | | | | | | | | | | | | | | | | | | | | | | | | Airway Site: | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Oral 🞎 Nasal 🞎 Tracheostomy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Endobronchial Isolation (DLETT, Bronchial Blocker) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| ICU Type Ventilator Used Intraop | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **ANESTHESIA Transfusion** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transfusion 🞎 Yes 🞎 No Transfusion (5630) *(If Yes enter # of units or 0 if none ↓)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Packed Red Blood Cells (PRBC)Units  PRBCUnits (5660) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Platelet Pheresis Units  PlateletsPheresis (5690) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Random Donor Platelet Units  PlateletsDonor (5700) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Fresh Frozen Plasma (FFP) – Units  FFPUnits (5730) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Cryoprecipitate – Units  CryoUnits (5760) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Whole Blood – Units  WholeBldUnits (5790) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Autologous Transfusion  AutologousTrans (5800) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Cell Saver/Salvage  CellSavSal (5810) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Directed Donor Units  DirDonorUnits (5820) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ANESTHESIA Procoagulents** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Factor VIIa (Novoseven) mcg/kg- Dose 1 \_\_\_\_\_\_ProcoagFactorVIIa1 (5850) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(If Factor VIIa dose 1 > 0 →)* Factor VIIa (Novoseven) mcg/kg- Dose 2 \_\_\_\_\_\_ProcoagFactorVIIa2 (5860) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(If Factor VIIa dose 2 > 0 →)*Factor VIIa (Novoseven) mcg/kg- Dose 3 \_\_\_\_\_\_ProcoagFactorVIIa3 (5870) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prothrombin Concentrate units/kg- Dose 1 \_\_\_\_\_\_ProcoagProthrom1 (5880) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(If Prothrombin dose 1 > 0 →)*Prothrombin Concentrate units/kg- Dose 2 \_\_\_\_\_\_ProcoagProthrom2 (5890) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(If Prothrombin dose 2 > 0 →)*Prothrombin Concentrate units/kg- Dose 3 \_\_\_\_\_\_ProcoagProthrom3 (5900) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fibrinogen Concentrate mg/kg- Dose 1 \_\_\_\_\_\_ProcoagFibrin1 (5910) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(If Fibrinogen dose 1 > 0 →)*Fibrinogen Concentrate mg/kg- Dose 2 \_\_\_\_\_\_ProcoagFibrin2 (5920) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(If Fibrinogen dose 2 > 0 →)*Fibrinogen Concentrate mg/kg- Dose 3 \_\_\_\_\_\_ProcoagFibrin3 (5930) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Antithrombin 3 Concentrate units- Dose 1 \_\_\_\_\_\_ProcoagAntithrom1 (5940) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(If Antithrombin dose 1 > 0 →)* Antithrombin 3 Concentrate units- Dose 2 \_\_\_\_\_\_ProcoagAntithrom2 (5950) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(If Antithrombin dose 2 > 0 →)*Antithrombin 3 Concentrate units- Dose 3 \_\_\_\_\_\_ProcoagAntithrom3 (5960) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Desmopressin (DDAVP) mcg/kg- Dose 1 \_\_\_\_\_\_ ProcoagDesmo1 (5970) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(If DDAVP dose 1 > 0 →)*Desmopressin (DDAVP) mcg/kg- Dose 2 \_\_\_\_\_\_ProcoagDesmo2 (5980) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(If DDAVP dose 2 > 0 →)*Desmopressin (DDAVP) mcg/kg- Dose 3 \_\_\_\_\_\_ProcoagDesmo3 (5990) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ANESTHESIA Antifibrinolytics** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Epsilon Aminocaproic Acid (Amicar) Used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No AntifibEpUse (6000) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(If Yes →)* | | | | | | | | | | | Epsilon Aminocaproic Acid (Amicar) Load mg/kg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_ mg/kg AntifibEpLoad (6010) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Epsilon Aminocaproic Acid (Amicar) Pump Prime mg/kg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_ mg/kg AntifibEpPrime (6020) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | Epsilon Aminocaproic Acid (Amicar) Infusion Rate mg/kg/hr | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_ mg/kg/hr AntifibEpInfRate (6030) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tranexamic Acid Used | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No AntifibTranexUse (6040) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(If Yes →)* | | | | | | | | | | Tranexamic Acid Load mg/kg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_ mg/kg AntifibTranexLoad (6050) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | Tranexamic Acid Pump Prime mg/kg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_ mg/kg AntifibTranexPrime (6060) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | Tranexamic Acid Infusion Rate mg/kg/hr | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_ mg/kg/hr AntifibTranexInfRate (6070) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trasylol (Aprotinin) Used | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No AntifibTrasylUse (6080) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(If Yes →)* | | | | | | | | | | Trasylol (Aprotinin) Load cc/kg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_ cc/kg AntifibTrasylLoad (6090) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | Trasylol (Aprotinin) Pump Prime cc/kg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_ cc/kg AntifibTrasylPrime (6100) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | Trasylol (Aprotinin) Infusion Rate cc/kg/hr | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_ cc/kg/hr AntifibTrasylInfRate (6110) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ANESTHESIA Intraoperative Pharmacology (including CPB)** IntraopPharm (6140) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intraoperative Medications: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 None *(If not None, select all intra-operative medications that apply: ↓)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | 5-HT3 Agents (e.g., Ondansetron) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Narcotic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Adenosine bolus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Nesiritide Infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Amiodarone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Nicardipine Infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Bronchodilator - Inhaled | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Nitric Oxide inhalation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Benzodiazepine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Nitroglycerin (Tridil) infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Calcium Chloride infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Nitroprusside (Nipride) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Calcium Gluconate infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Phenoxybenzamine bolus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Desflurane | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Phentolamine (Regitine) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Dexmetetomidine (Precedex) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Phenylephrine infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Dobutamine infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Procainamide | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Dopamine infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Propofol (Diprivan) infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Epinephrine (Adrenalin) infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Prostaglandin infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Esmolol | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Sevoflurane | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Fenoldopam infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Sodium Bicarbonate bolus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Furosemide | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Steroids IV/CPB (Hydrocortisone/Methylprednisolone/Dexamethasone) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Insulin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Thyroid Hormone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Isoflurane | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Tromethamine (THAM) bolus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Isoproterenol infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Vasopressin infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Ketamine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Other Inotrope | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Norepinephrine (Levophed) infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Other Vasodilator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Magnesium Sulfate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | Other Vasoconstrictor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | Milrinone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ANESTHESIA Pharmacology On Arrival To ICU/PACU** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medications Given At Time Of Transfer: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 None (If not None, select all medications that apply: ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | | | | Aminocaproic Acid (Amicar) infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | Nesiritide Infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | Amiodarone infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | Nicardipine infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | Aprotinin (Trasylol ) infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | Nitric Oxide inhalation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | Benzodiazepine infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | Nitroglycerin (Tridil) infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | Calcium Chloride infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | Nitroprusside (Nipride) infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | Calcium Gluconate infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | Norepinephrine (Levophed) infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | Dexmetetomidine (Precedex) infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | Phentolamine (Regitine) infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | Dobutamine infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | Phenylephrine infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | Dopamine infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | Procainamide bolus/infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | Epinephrine (Adrenalin) infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | Propofol (Diprivan) infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | Esmolol infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | Prostaglandin infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | Fenoldopam infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | Thyroid Hormone infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | Insulin infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | Tranexamic Acid infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | Isoproterenol infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | Vasopressin infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | Local Anesthetic infusion via catheter (On-Q, Pleural catheter) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | Other Inotrope | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | Milrinone infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | Other Vasodilator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | Muscle Relaxant infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | Other Vasoconstrictor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 🞎 | | | | | | Narcotic infusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **ANESTHESIA ICU/PACU Care** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date and Time of ICU/PACU Arrival (mm/dd/yyyy 00:00 – 23:59) \_ \_ / \_ \_ / \_ \_ \_ \_ \_ \_:\_ \_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial FiO2 | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | Mechanical circulatory support(ECMO/VAD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | |
| ICU/PACU Arrival labs  ICUPACULabs | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | (If Yes →) | | | | | | | | | | | | | | | | | pH: \_\_\_\_\_ | | | | | | | | | | | | | | | | pCO2: \_\_\_\_\_ | | | | | | | | | | | | | | | pO2: \_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Base Excess: \_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Lactate: \_\_\_\_\_ | | | | | | | | | | | | | | | Hematocrit: \_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| Initial pulse oximeter \_\_\_\_\_ % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Temperature on ICU/PACU Arrival: \_\_\_\_\_ ° C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temperature Measurement Site: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Forehead scan 🞎 Tympanic membrane 🞎 Skin 🞎 Rectal 🞎 Bladder  🞎 Oral 🞎 Axillary 🞎 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Need for Temporary Pacemaker on Arrival In ICU/PACU | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | (If Yes →) | | | | | | | | | | | | | Site of Temporary Pace Maker: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Epicardial 🞎 Transvenous | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | (If Yes →) | | | | | | | | | | | | | Type of Temporary Pacing: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Atrial 🞎 Atrio-ventricular 🞎 Ventricular 🞎 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disposition Under Anesthesia: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Discharged as planned after PACU/Recovery  🞎 Admit to ICU as planned  🞎 Other location not listed above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Admit to hospital floor as planned  🞎 Unplanned admit to hospital or ICU  🞎 Patient expired under anesthetic management | | | | | | | | | | | | | | | | | | | | | | | |
| Peri-Anesthetic Demise: (within 24 hr of last anesthetic end time) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ANESTHESIA Adverse Events** AnesAdvEvent (6380) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anesthesia adverse events: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 None | | | | | | | | | | | | | | | *(If not None, select all adverse events that apply: ↓)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Oral/Nasal Injury-Bleeding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Protamine Reaction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Respiratory Arrest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Cardiac Arrest - related to anesthesia care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Difficult Intubation/Reintubation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Cardiac Arrest - unrelated to anesthesia care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Stridor / Sub-glottic Stenosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | TEE related esophageal bleeding / rupture | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Extubation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Esophageal Chemical Burn | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Endotracheal Tube Migration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | TEE related airway compromise | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Airway Injury | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | TEE related extubation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Arrythmia - Central Venous Line Placement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Complications during patient transfer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Myocardial Injury - Central Venous Line Placement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Peripheral Nerve Injury due to positioning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Vascular Compromise - Central Venous Line Placement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Arterial Line Placement- Extremity ischemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Pneumothorax - Central Venous Line Placement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Anesthesia Equipment Malfunction/ Failure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Vascular Access | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Intravenous Infiltration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Hematoma requiring relocation of catheter placement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Integument Injury (skin breakdown or dehiscence, pressure ulcer or alopecia) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Arterial Puncture | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Bronchospasm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Intravenous/Intra-arterial Air Embolism | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Hemoptysis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Bleeding - Regional Anesthetic Site | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Postop Nausea/Vomiting requiring admission | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Intrathecal Puncture - Regional | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Vomiting or Aspiration on Induction/Emergence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Local Anesthetic Toxicity - Regional | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Emergence Delirium requiring Medication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Neurologic Injury - Regional | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Laryngospasm requiring medication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Anaphylaxis/Anaphylactoid Reaction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Unplanned need to remain intubated postprocedure due to anesthesia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Non-allergic Drug Reaction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Ocular Injury (corneal abrasion or injury) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Medication Administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Pulmonary Hypertensive Crisis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Medication Dosage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Hypercyanotic Episode (Tet Spell) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Intraoperative Recall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | | Malignant Hyperthermia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |