Attachment H: 2014 Ambulatory Surgery Patient Record Form Screenshots

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National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013

Forms Answer Navigate Options Help Show Watch Window

1 First | 2 Prev | 3 Next | 4 Last | 5 Add | 6 Delete | 7 Exit

NHAMCS | FAQ | Exit/F10 | Patient Information | Diagnosis | Conditions | Procedures | Medications | Anesthesia | Disposition

1 of 2 PRF's   MRN: NHAMCS-100(ASC)   PATIENT INFORMATION

◆ Enter the patient's medical record number

◆ Date of visit
  (Format MM/DD/YYYY)

◆ Patient's 5-digit zip code.
  (Enter "1" if homeless)

◆ Date of birth

◆ Age

◆ Enter time period
  ○ 1. Years   ○ 3. Days
  ○ 2. Months

◆ Sex
  ○ 1. Female
  ○ 2. Male

?[F1] ◆ Ethnicity
  ○ 1. Hispanic or Latino   ○ 2. Not Hispanic or Latino

? [F1]
◆ Race
  (Enter all that apply, separate with commas)
  □ 1. White
  □ 2. Black or African American
  □ 3. Asian
  □ 4. Native Hawaiian or Other Pacific Islander
  □ 5. American Indian or Alaska Native

? [F1]
◆ Expected source(s) of payment
  for THIS VISIT.
  Enter all that apply, separate with commas
  □ 1. Private Insurance
  □ 2. Medicare
  □ 3. Medicaid or CHIP or other state-based program
  □ 4. Workers' compensation
  □ 5. Self-pay
  □ 6. No charge /Charity
  □ 7. Other
  □ 8. Unknown

? [F1] ◆ Date/Time into operating room
  (MM/DD/YYYY)
  (HH:MMAM/PM/ML)

? [F1] ◆ Date/Time surgery began
  (MM/DD/YYYY)
  (HH:MMAM/PM/ML)

? [F1] ◆ Date/Time surgery ended
  (MM/DD/YYYY)
  (HH:MMAM/PM/ML)

? [F1] ◆ Date/Time out of operating room
  (MM/DD/YYYY)
  (HH:MMAM/PM/ML)

? [F1] ◆ Date/Time into postoperative care
  (MM/DD/YYYY)
  (HH:MMAM/PM/ML)

? [F1] ◆ Date/Time out of postoperative care
  (MM/DD/YYYY)
  (HH:MMAM/PM/ML)

00020100 | PATIENT_NUMBER | 11:17:16 AM | 8-30-2013 | RP: April 18 - May 8 | SW: 0 | TE: 0 | 1/1

1 of 2 PRF's   MRN: NHAMCS-100(ASC) DIAGNOSIS

? [F1]
♦ As specifically as possible, list all diagnoses related to this surgery or procedure

List PRIMARY diagnosis first

Primary:

? [F1]
♦ As specifically as possible list diagnoses related to the visit, including chronic conditions.

Enter "XXX" if diagnosis cannot be found

Look-Up Diag.

Other: 1.

Other: 2.

Other: 3.

Other: 4.

1 of 2 PRF's   MRN: NHAMCS-100(ASC) CONDITIONS

? [F1]   ♦ Does patient have any of the following conditions?
    (NOTE: These conditions could impact this surgery or procedure)

Enter all that apply, separate with commas

☐ 1. Airway problem
☐ 2. Asthma
☐ 3. Cardiac surgery history
☐ 4. Cerebrovascular disease/stroke (CVA) or
       transient ischemic attack (TIA)
☐ 5. Chronic obstructive pulmonary disease
       (COPD)

☐ 6. Chronic kidney disease (CKD)
☐ 7. End-stage renal disease (ESRD)
☐ 8. Congestive heart failure (CHF)
☐ 9. Diabetes mellitus (DM), Type 1
☐ 10. Diabetes mellitus (DM), Type 2
☐ 11. Diabetes mellitus (DM), Type unspecified
☐ 12. Hypertension

☐ 13. Coronary artery disease (CAD), ischemic
       heart disease (IHD) or history or
       myocardial infarction (MI)
☐ 14. Obesity
☐ 15. Obstructive sleep apnea (OSA)
☐ 16. None of the above

Screen 1

Forms Answer Navigate Options Help Show Watch Window

| 1 First | 2 Prev | 3 Next | 4 Last | 5 Add | 6 Delete | 7 Exit |

NHAMCS | FAQ | Exit/F10 | Patient Information | Diagnosis | Conditions | **Procedures** | Medications | Anesthesia | Disposition

1 of 2 PRF's   MRN: NHAMCS-100(ASC) PROCEDURES

? [F1] ♦ As specifically as possible, enter all diagnostic or surgical procedures performed during this visit.
            Enter "0" if None/No more

Primary: 1.
Look-Up 1
Other   2.
Look-Up 2
Other   3.
Look-Up 3
Other   4.
Look-Up 4
Other   5.
Look-Up 5
Other   6.
Look-Up 6
Other   7.
Look-Up 7

00020100   VPROC1   11:19:50 AM   8-30-2013   RP: April 18 - May 8   SW: 0   TE: 0   1/1

Screen 2

Forms Answer Navigate Options Help Show Watch Window

| 1 First | 2 Prev | 3 Next | 4 Last | 5 Add | 6 Delete | 7 Exit |

NHAMCS | FAQ | Exit/F10 | Patient Information | Diagnosis | Conditions | Procedures | **Medications** | Anesthesia | Disposition

? [F1]
♦ Enter all drugs and anesthetics that were administered and whether they were administered
    preoperatively, intraoperatively, and/or postoperatively.

○ 1. None/no more   ○ 5. Oxygen   ○ 9. Zofran (Ondansetron)
◉ 2. Fentanyl   ○ 6. Pentothal   ○ 10. Other, please specify
○ 3. Lidocaine   ○ 7. Propofol
○ 4. Nitrous oxide   ○ 8. Versed (Midazolam)

Medication	Drug	Drug Lookup	When given
2			1
2			1
2			2
2			2
2			2
2			2
2			2
2			2
2			2
2			2
2			2
2			2
2			2
2			2
2			2

00020100   VMEDA   11:20:06 AM   8-30-2013   RP: April 18 - May 8   SW: 0   TE: 0   1/2

1 of 2 PRF's   MRN: NHAMCS-100(ASC) ANESTHESIA

? [F1]

• Type(s) of anesthesia listed in the VDRUG fields

  Enter all that apply, separate with commas

☐ 1. None
☐ 2. General
☐ 3. Conscious/IV sedation/MAC (Monitored Anesthesia Care)
☐ 4. Regional Epidural
☐ 5. Regional peripheral nerve
☐ 6. Regional peribulbar
☐ 7. Regional retrobulbar
☐ 8. Regional spinal (Subarachnoid)
☐ 9. Regional, other
☐ 10. Local/topical
☐ 11. Other

? [F1]

• Anesthesia administered by

  Enter all that apply, separate with commas

☐ 1. Anesthesiologist
☑ 2. CRNA (Certified Registered Nurse Anesthetist)
☐ 3. Surgeon/Other physician
☐ 4. Resident
☐ 5. Other provider
☐ 6. Unknown

[2]

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1 of 2 PRF's   MRN: NHAMCS-100(ASC) SYMPTOMS, DISPOSITION, AND FOLLOWUP

? [F1]

• Symptoms present during or after procedure
  Enter all that apply, separate with commas

☐ 1. NONE
☐ 2. Airway problem or aspiration
☐ 3. Arrhythmia- significant
☐ 4. Bleeding (post-operative) - moderate to severe
☐ 5. Hypertension/High blood pressure - >20% change from baseline
☐ 6. Hypotension/Low blood pressure - >20% change from baseline
☐ 7. Hypoxia
☐ 8. Nausea- moderate to severe
☐ 9. Pain- moderate to severe
☐ 10. Sedation- excessive
☐ 11. Surgical complications- unanticipated
☐ 12. Urinary retention
☐ 13. Vomiting- moderate to severe
☐ 14. Other

? [F1]

• Enter Disposition

○ 1. Routine discharge to customary residence
○ 2. Discharge to observation status
○ 3. Discharge to post-surgical/recovery care facility
○ 4. Admitted to hospital as inpatient
○ 5. Referred to ED
○ 6. Surgery terminated
● 7. Procedure canceled on arrival to ambulatory surgery unit
○ 8. Other
○ 9. Unknown

[7]

• Reason for surgery termination:

● 1. Allergic reaction
○ 2. Unable to intubate
○ 3. Other

[1]

• Reason for cancellation:

● 1. Patient not n.p.o./fasting
○ 2. Incomplete or inadequate medical evaluation
○ 3. Surgical issue
○ 4. Other

[1]

? [F1] • Did someone attempt to follow-up with the patient within 24 hours after the surgery?

○ 1. Yes
● 2. No
○ 3. Unknown

[2]

? [F1]

• What was learned from this follow-up?

  Enter all that apply, separate with commas

☐ 1. Unable to reach patient
☐ 2. Patient reported no problems
☐ 3. Patient reported problems and sought medical care
☐ 4. Patient reported problems and was advised by ambulatory surgery staff to seek medical care
☐ 5. Patient reported problems, but no follow-up medical care was needed
☐ 6. Other
☐ 7. Unknown

[ ]