

Attachment D

2016 NHAMCS Ambulatory Surgery Patient Record Form (PRF) Changes

Proposed changes are indicated in **RED**.

- Modified-Anesthesia types

“Anesthesia” Section	
ANESTH:	
<p><u>Old</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> NONE <input type="checkbox"/> General <input type="checkbox"/> Conscious/IV sedation/MAC (Monitored Anesthesia Care) <input type="checkbox"/> Regional epidural <input type="checkbox"/> Regional peripheral nerve <input type="checkbox"/> Regional peribulbar <input type="checkbox"/> Regional retrobulbar <input type="checkbox"/> Regional spinal (Subarachnoid) <input type="checkbox"/> Regional, other <input type="checkbox"/> Local /Topical <input type="checkbox"/> Other 	<p><u>New</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> NONE <input type="checkbox"/> General <input type="checkbox"/> Conscious/IV sedation/MAC (Monitored Anesthesia Care) <input type="checkbox"/> Local/Topical <input type="checkbox"/> Regional epidural <input type="checkbox"/> Regional peribulbar block <input type="checkbox"/> Regional peripheral nerve block <input type="checkbox"/> Regional retrobulbar block <input type="checkbox"/> Regional spinal (subarachnoid) <input type="checkbox"/> Other regional block <input type="checkbox"/> Other

- Modified-Visit Disposition

“Visit Disposition” Section	
ASCDISP:	
<p><u>Old</u></p> <p>Mark (X) one box.</p> <ol style="list-style-type: none"> 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 <ul style="list-style-type: none"> Reason for surgery termination Allergic reaction Unable to intubate Other Unknown 7. Procedure canceled on arrival to ambulatory surgery unit 	<p><u>New</u></p> <p>Mark (X) all that apply.</p> <ol style="list-style-type: none"> 1. Routine discharge to customary residence 2. Discharge to observation status <input type="checkbox"/> Discharge to post-surgical/recovery care facility 3. Admitted to hospital as inpatient 4. Referred to ED 5. Surgery terminated <ul style="list-style-type: none"> Reason for surgery termination Allergic reaction Unable to intubate Other Unknown 6. Procedure canceled on arrival to clinic or ambulatory surgery unit/location

Reason for cancellation Patient not n.p.o./fasting Incomplete or inadequate medical evaluation Surgical issue Other Unknown 8. Other 9. Unknown	Reason for cancellation Patient not n.p.o./fasting Incomplete or inadequate medical evaluation Surgical issue Other Unknown 7. Other 8. Unknown
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- Modified-Follow-up Information

“Follow-up Information” Section	
LEARNED:	
<u>Old</u> What was learned from this follow-up: <ol style="list-style-type: none"> 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 	<u>New</u> What was learned from this follow-up: <ol style="list-style-type: none"> 1. Unable to reach patient 2. Patient reported no medical or surgical problems 3. Patient reported medical or surgical problems and sought medical care 4. Patient reported medical or surgical problems and was advised by staff to seek medical care 5. Patient reported medical or surgical problems, but no follow-up medical care was needed 6. Other 7. Unknown