

## Attachment D

### 2016 NHAMCS Ambulatory Surgery Patient Record Form (PRF) Changes

Proposed changes are indicated in **RED**.

- Modified-Anesthesia types

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

- Modified-Visit Disposition

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

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