Attachment H: Ambulatory Surgery Patient Record

SAMPLE

NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY 2016 AMBULATORY SURGERY PATIENT RECORD

OMB No. 0920-0278; Expiration date 02/28/2018

NOTICE – Public reporting burden for this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Information Collection Review Office; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0278).

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Patient's medical record number State St	Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).								
Partient Number 1	PATIENT INFORMATION								
Date of Visit VDATE		1 Female	payment for this visit – Mark (X) all that apply.						
Month Day Year 1 Hispanic or Latino 2 Not Hispanic or Latino 2 Medicare Medicar	Date of Visit VDATE			` '					
Substitute Sub	Month Day Year		1 Private insurance	World Bay Teal Setts_BATE					
Race - Mark (X) all that apply. Multirace			2 Medicare						
Race - Mark (X) all that apply. Mounth Day Year Time Sure Time American American Alaska Native Time Sure Time American Alaska Native Time Sure Time American Alaska Native Time Sure Time American American Alaska Native Time American Alaska Native Alaska Native Time American Alaska Native Time Alaska Native	2 0 1		or other state-based	Time SURB_TIME a.m. p.m. Mil.					
	Zip Code PATZIP								
Date of Birth BDATE Month Day Year				(2) Date/time surgery/procedure ended					
Affercan Asian American Indian or Other Pacific Islander American Indian or Alaska Native Time SURE_TIME a.m. p.m. Mil.				Month Day Year SURE_DATE					
Month Day Year 4 Native Hawaiian or Other Pacific Islander 5 American Indian or Alaska Native Age AGE/AGET	Date of Birth BDATE								
Age AGE/AGET 1	Month Day Year								
Age AGE/AGE1 1	2 0 1	5 American Indian or		Time SURE_TIME a.m. p.m. Mil.					
2 Months 3 Days Blagnosis As specifically as possible, list all diagnoses related to this surgery or procedure. Primar Other: 1. VDIAG1	Age AGE/AGET	Alaska Native							
As specifically as possible, list all diagnoses related to this surgery or procedure. Primar	2 Months								
Primar Other: Ot	DIAGNOSIS								
Other: 2. VDIAG2 VDIAG2_LKUP Other: 3. VDIAG3 VDIAG3_LKUP Other: 4. VDIAG4 VDIAG4_LKUP Other: 5. VDIAG5 CONDITIONS Regardless of the diagnoses previously entered, does the patient now have – Mark (X) all that apply. OTH_DIAG 1									
Other: 3. VDIAG3 VDIAG3_LKUP VDIAG4_LKUP VDIAG5_LKUP CONDITIONS Regardless of the diagnoses previously entered, does the patient now have - Mark (X) all that apply. OTH_DIAG 1	1. VDIAG1		VDIAG1_LKUP						
Other: 4. VDIAG4 Other: 5. VDIAG5 CONDITIONS Regardless of the diagnoses previously entered, does the patient now have – Mark (X) all that apply. OTH_DIAG Airway problem	Other: 2. VDIAG2		VDIAG2_LKUP	AG2_LKUP					
CONDITIONS Regardless of the diagnoses previously entered, does the patient now have – Mark (X) all that apply. OTH_DIAG Airway problem	Other: 3. VDIAG3 VDIAG3_LKUP								
CONDITIONS Regardless of the diagnoses previously entered, does the patient now have − Mark (X) all that apply. OTH_DIAG 1	Other: 4. VDIAG4 VDIAG4_LKUP								
Regardless of the diagnoses previously entered, does the patient now have – Mark (X) all that apply. OTH_DIAG 1	Other: 5. VDIAG5 VDIAG5_LKUP								
1 ☐ Airway problem 7 ☐ Congestive heart failure (CHF) 12 ☐ End-stage renal disease (ESRD) 2 ☐ Asthma 8 ☐ Coronary artery disease (CAD), 3 ☐ Cardiac surgery history 4 ☐ Cerebrovascular disease/History of stroke (CVA) 7 ☐ Congestive heart failure (CHF) 8 ☐ Coronary artery disease (CAD), ischemic heart disease (IHD), or history of myocardial infarction (MI) 14 ☐ Obesity 15 ☐ Obstructive sleep apnea (OSA)									
2 Asthma 8 Coronary artery disease (CAD), ischemic heart disease (IHD), or history of myocardial infarction (MI) 13 Hypertension 14 Obesity 15 Obstructive sleep apnea (OSA)	Regardless of the diagnoses previously entered, does the patient now have – Mark (X) all that apply. OTH_DIAG								
or transient ischemic attack (TIA)	2 ☐ Asthma 3 ☐ Cardiac surgery history 4 ☐ Cerebrovascular disease/History	8 Corolische ry of stroke (CVA) 8 Corolische histor	ary artery disease (CAD), 13 Hypertension lic heart disease (IHD), or 14 Obesity of myocardial infarction						

6 Chronic obstructive pulmonary	disease (COPD)	9 🗆	Diabetes m						
6 Chronic obstructive pulmonary disease (COPD) 10 Diabetes mellitus (DM), Type II 11 Diabetes mellitus (DM), Type unspecified									
		PF	ROCEDU						
As specifically as possible, list all diagraphic procedures performed during this visit.	nostic and surgica						ND 40 01	4.01-	
			CPT-4 (ICD10CM1	D-10-CI	vi Code	
Primary: 1. VPROC1 / VPROC1			CPTCOI			ICD10CM2			•
Other: 2. VPROC2 / VPROC2			CPTCOI			ICD10CM3			•
Other: 3. VPROC3 / VPROC3			CPTCOI			ICD10CM4			
Other: 4. VPROC4 / VPROC4 Other: 5. VPROC5 / VPROC5			CPTCOI			ICD10CM5			
Other: 5. VPROC5 / VPROC5 Other: 6. VPROC6 / VPROC6			CPTCOI			ICD10CM6			•
Other: 7. VPROC7 / VPROC7			CPTCOI	DE7		ICD10CM7			•
Other. 7. VI ROOF / VI ROOF	_ EI(OI	MI	EDICATION	ON(S)					
Mark (X) all drugs and anesthe		administ			hey we	ere administered	d preop	eratively	,
intraoperatively, and/or postor	peratively. VM	EDA	1						
1 NONE (Skip to Disposition)	Preop Intraop	Postop		GPMED)		Preop	Intraop	Postop
2 Fentanyl	1 🗌 2 🔲	3 🗆	_	`		n)	1 🔲	2 🗌	3 🗌
3 Lidocaine	1 2 2	3 🗆		·		on)	1 🔲	2 🗆	3 🗌
4 Nitrous oxide	1	3 🗆	10 📙	Other - Sp	ecify	7			
6 Pentothal	1 2 2	3 🗆		VMED		o to 30 drugs ay be entered)	1 🔲	2 🗆	3 □
7 Propofol	1 2	3 🗆			7770	y so omerou)			
ANESTHESIA PROVIDER(S) OF ANESTHESIA									
A	NESTHES	IA			P	ROVIDER(S	6) OF	ANES	THESIA
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	DISPOSITION					
Mark (2	X) all that apply. ASCDISP					
1 🗆			6 🗆	Procedure cancelled on arrival to ambulatory surgery unit/location		
2 🗌	2 Discharge to observation status			Reason for cancellation: CANCELED		
3 🗆	3 Admitted to hospital as inpatient			☐ Patient not n.p.o./fasting		
4 🗆	4 Referred to ED			☐ Incomplete or inadequate medical evaluation		
5 🗌	5 Surgery terminated			☐ Surgical issue		
	Reason for surgery termination: TERMINATE			Other		
	☐ Allergic reaction			Unknown		
	☐ Unable to intubate		7 🗆	Other		
	☐ Other		8 🗆	Unknown		
	Unknown					
FOLLOW-UP INFORMATION						
	FOLLOW-OF INFORMATION					
	omeone attempt to follow-up with the	What was learne	ed from	this follow-up? Mark (X) all that apply.		
patient within 24 hours after the surgery? Mark (X) one box. LEARNED						
FUSU	IRG	1 Unable to reach patient				
1	☐ Yes	2 Patient reported no medical or surgical problems				
	□ No □ Unknown	 3 Patient reported medical or surgical problems and sought medical care 4 Patient reported medical or surgical problems and was advised by ambulatory surgery staff to seek medical care 				
		5 Patient reported medical or surgical problems, but no follow-up medical care was 6 Other Unknown				