



- 5  Chronic kidney disease (CKD)                      9  Diabetes mellitus (DM), Type I  
 6  Chronic obstructive pulmonary disease (COPD)    10  Diabetes mellitus (DM), Type II  
 11  Diabetes mellitus (DM), Type unspecified

**PROCEDURE(S)**

As specifically as possible, list all diagnostic and surgical procedures performed during this visit.		CPT-4 Code		ICD-10-CM Code	
Primary:	1. <b>VPROC1 / VPROC1_LKUP</b>		<b>CPTCODE1</b>	<b>ICD10CM1</b>	●
Other:	2. <b>VPROC2 / VPROC2_LKUP</b>		<b>CPTCODE2</b>	<b>ICD10CM2</b>	●
Other:	3. <b>VPROC3 / VPROC3_LKUP</b>		<b>CPTCODE3</b>	<b>ICD10CM3</b>	●
Other:	4. <b>VPROC4 / VPROC4_LKUP</b>		<b>CPTCODE4</b>	<b>ICD10CM4</b>	●
Other:	5. <b>VPROC5 / VPROC5_LKUP</b>		<b>CPTCODE5</b>	<b>ICD10CM5</b>	●
Other:	6. <b>VPROC6 / VPROC6_LKUP</b>		<b>CPTCODE6</b>	<b>ICD10CM6</b>	●
Other:	7. <b>VPROC7 / VPROC7_LKUP</b>		<b>CPTCODE7</b>	<b>ICD10CM7</b>	●

**MEDICATION(S)**

Mark (X) all drugs and anesthetics that were administered and whether they were administered preoperatively, intraoperatively, and/or postoperatively. **VMEDA**

	Preop	Intraop	Postop	<b>GMED</b>	Preop	Intraop	Postop
1 <input type="checkbox"/> NONE (Skip to Disposition)							
2 <input type="checkbox"/> Fentanyl .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	8 <input type="checkbox"/> Versed (Midazolam) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3 <input type="checkbox"/> Lidocaine .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/> Zofran (Ondansetron) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/> Nitrous oxide .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	10 <input type="checkbox"/> Other – Specify ↙			
5 <input type="checkbox"/> Oxygen .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<b>VMED</b> (up to 30 drugs may be entered)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6 <input type="checkbox"/> Pentothal .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>				
7 <input type="checkbox"/> Propofol .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>				

**ANESTHESIA**

**PROVIDER(S) OF ANESTHESIA**

- Type(s) of anesthesia administered – Mark (X) all that apply. **ANESTH**
- |  |  |
|--|--|
| 1 <input type="checkbox"/> NONE  | 7 <input type="checkbox"/> Regional peripheral nerve block |
| 2 <input type="checkbox"/> General   | 8 <input type="checkbox"/> Regional retrobulbar block      |
| 3 <input type="checkbox"/> Conscious/IV sedation/MAC (Monitored Anesthesia Care) | 9 <input type="checkbox"/> Regional spinal (subarachnoid)  |
| 4 <input type="checkbox"/> Local/Topical   | 10 <input type="checkbox"/> Other regional block           |
| 5 <input type="checkbox"/> Regional epidural                                     | 11 <input type="checkbox"/> Other                          |
| 6 <input type="checkbox"/> Regional peribulbar block                             |  |

- Anesthesia administered by – Mark (X) all that apply. **ANESTH\_BY**
- |  |
|--|
| 1 <input type="checkbox"/> Anesthesiologist                              |
| 2 <input type="checkbox"/> CRNA (Certified Registered Nurse Anesthetist) |
| 3 <input type="checkbox"/> Surgeon/Other physician                       |
| 4 <input type="checkbox"/> Resident                                      |
| 5 <input type="checkbox"/> Other provider                                |
| 6 <input type="checkbox"/> Unknown                                       |

**SYMPTOM(S) PRESENT DURING OR AFTER PROCEDURE**

- Mark (X) all that apply. **SYMPTOMS**
- |   |  |
|---|--|
| 1 <input type="checkbox"/> NONE   | 9 <input type="checkbox"/> Pain – moderate to severe               |
| 2 <input type="checkbox"/> Airway problem or aspiration                                 | 10 <input type="checkbox"/> Sedation – excessive                   |
| 3 <input type="checkbox"/> Arrhythmia – significant                                     | 11 <input type="checkbox"/> Surgical complications – unanticipated |
| 4 <input type="checkbox"/> Bleeding (post-operative) – moderate to severe               | 12 <input type="checkbox"/> Urinary retention                      |
| 5 <input type="checkbox"/> Hypertension/High blood pressure - >20% change from baseline | <input type="checkbox"/> Vomiting – moderate to severe             |
| 6 <input type="checkbox"/> Hypotension/Low blood pressure - >20% change from baseline   | 13   |
| 7 <input type="checkbox"/> Hypoxia  | 14 <input type="checkbox"/> Other                                  |
| 8 <input type="checkbox"/> Nausea – moderate to severe                                  |  |

## DISPOSITION

Mark (X) all that apply. **ASCDISP**

1  Routine discharge to customary residence

2  Discharge to observation status

3  Admitted to hospital as inpatient

4  Referred to ED

5  Surgery terminated

Reason for surgery termination: **TERMINATE**

Allergic reaction

Unable to intubate

Other

Unknown

6  Procedure cancelled on arrival to ambulatory surgery unit/location

Reason for cancellation: **CANCELED**

Patient not n.p.o./fasting

Incomplete or inadequate medical evaluation

Surgical issue

Other

Unknown

7  Other

8  Unknown

## FOLLOW-UP INFORMATION

Did someone attempt to follow-up with the patient within 24 hours after the surgery? Mark (X) one box.

**FUSURG**

1  Yes

2  No

3  Unknown

What was learned from this follow-up? Mark (X) all that apply.

**LEARNED**

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 ambulatory surgery staff to seek medical care

5  Patient reported medical or surgical problems, but no follow-up medical care was

6  Other

7  Unknown