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

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PATIENT INFORMATION

Patient's medical record number

PATIENT_NUMBER

Date of Visit VDATE

Month | Day | Year: 2 0 1

Zip Code PATZIP

Date of Birth BDATE

Month | Day | Year: 2 0 1

Age AGE/AGET

1 ☐ Years
2 ☐ Months
3 ☐ Days

Sex SEX

1 ☐ Female
2 ☐ Male

Ethnicity ETHNIC

1 ☐ Hispanic or Latino
2 ☐ Not Hispanic or Latino

Race – *Mark (X) all that apply.* MULTIRACE

1 ☐ White
2 ☐ Black or African American
3 ☐ Asian
4 ☐ Native Hawaiian or Other Pacific Islander
5 ☐ American Indian or Alaska Native

Expected source(s) of payment for this visit – *Mark (X) all that apply.* PAY_SOURCE1-8

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

Surgery/Procedure Date and Time

(1) Date/time surgery/procedure began

Month | Day | Year SURB_DATE

Time SURB_TIME | a.m. ☐ | p.m. ☐ | Mil. ☐

(2) Date/time surgery/procedure ended

Month | Day | Year SURE_DATE

Time SURE_TIME | a.m. | p.m. | Mil.

DIAGNOSIS

As specifically as possible, list all diagnoses related to this surgery or procedure.

Primary:	**1.** VDIAG1	VDIAG1_LKUP
Other:	**2.** VDIAG2	VDIAG2_LKUP
Other:	**3.** VDIAG3	VDIAG3_LKUP
Other:	**4.** VDIAG4	VDIAG4_LKUP
Other:	**5.** VDIAG5	VDIAG5_LKUP

CONDITIONS

Regardless of the diagnoses previously entered, does the patient now have – *Mark (X) all that apply.* OTH_DIAG

1 ☐ Airway problem
2 ☐ Asthma
3 ☐ Cardiac surgery history
4 ☐ Cerebrovascular disease/History of stroke (CVA) or transient ischemic attack (TIA)
7 ☐ Congestive heart failure (CHF)
8 ☐ Coronary artery disease (CAD), ischemic heart disease (IHD), or history of myocardial infarction (MI)
12 ☐ End-stage renal disease (ESRD)
13 ☐ Hypertension
14 ☐ Obesity
15 ☐ Obstructive sleep apnea (OSA)
16 ☐ None of the above

5 ☐ Chronic kidney disease (CKD)
6 ☐ Chronic obstructive pulmonary disease (COPD)
9 ☐ Diabetes mellitus (DM), Type I
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. VPROC1 / VPROC1_LKUP		CPTCODE1		ICD10CM1		●
Other:	2. VPROC2 / VPROC2_ LKUP		CPTCODE2		ICD10CM2		●
Other:	3. VPROC3 / VPROC3_ LKUP		CPTCODE3		ICD10CM3		●
Other:	4. VPROC4 / VPROC4_ LKUP		CPTCODE4		ICD10CM4		●
Other:	5. VPROC5 / VPROC5_ LKUP		CPTCODE5		ICD10CM5		●
Other:	6. VPROC6 / VPROC6_ LKUP		CPTCODE6		ICD10CM6		●
Other:	7. VPROC7 / VPROC7_ LKUP		CPTCODE7		ICD10CM7		●

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
1 ☐ NONE (Skip to Disposition)			
2 ☐ Fentanyl	1 ☐	2 ☐	3 ☐
3 ☐ Lidocaine	1 ☐	2 ☐	3 ☐
4 ☐ Nitrous oxide	1 ☐	2 ☐	3 ☐
5 ☐ Oxygen	1 ☐	2 ☐	3 ☐
6 ☐ Pentothal	1 ☐	2 ☐	3 ☐
7 ☐ Propofol	1 ☐	2 ☐	3 ☐

GPMED

	Preop	Intraop	Postop
8 ☐ Versed (Midazolam)	1 ☐	2 ☐	3 ☐
9 ☐ Zofran (Ondansetron)	1 ☐	2 ☐	3 ☐
10 ☐ Other – Specify			
VMED *(up to 30 drugs may be entered)*	1 ☐	2 ☐	3 ☐

ANESTHESIA

Type(s) of anesthesia administered – ***Mark (X) all that apply.*** ANESTH

1 ☐ NONE
2 ☐ General
3 ☐ Conscious/IV sedation/MAC (Monitored Anesthesia Care)
4 ☐ Local/Topical
5 ☐ Regional epidural
6 ☐ Regional peribulbar block
7 ☐ Regional peripheral nerve block
8 ☐ Regional retrobulbar block
9 ☐ Regional spinal (subarachnoid)
10 ☐ Other regional block
11 ☐ Other

PROVIDER(S) OF ANESTHESIA

Anesthesia administered by – ***Mark (X) all that apply.***
ANESTH_BY

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

SYMPTOM(S) PRESENT DURING OR AFTER PROCEDURE

Mark (X) all that apply. SYMPTOMS

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

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