NHAMCS-176
(1-24-2014)

SAMPLE

NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
2014 AMBULATORY SURGERY PATIENT RECORD

Form Approved: OMB No. 0920-0278; Expiration date 12/31/2014

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential; will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls; and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

PATIENT INFORMATION

Patient medical record number

Date of visit

Month | Day | Year 1

ZIP Code

Date of birth

Month | Day | Year

Age
1 ☐ Years
2 ☐ Months
3 ☐ Days

Sex
1 ☐ Female 2 ☐ Male

Ethnicity
1 ☐ Hispanic or Latino
2 ☐ Not Hispanic or Latino

Race – *Mark (X) all that apply.*
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.*
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

Date/Time

	Month	Day	Year	Time	a.m.	p.m.	Military
(1) Date/Time into operating room . . .			1	:	☐	☐	☐
(2) Date/Time surgery began . . .			1	:	☐	☐	☐
(3) Date/Time surgery ended . . .			1	:	☐	☐	☐
(4) Date/Time out of operating room . . .			1	:	☐	☐	☐
(5) Date/Time into postoperative care			1	:	☐	☐	☐
(6) Date/Time out of postoperative care			1	:	☐	☐	☐

DIAGNOSIS

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

Primary: **1.**

Other: **2.**

Other: **3.**

Other: **4.**

Other: **5.**

CONDITIONS

Does patient have any of the following conditions? (Note: These conditions could impact this surgery or procedure) – *Mark (X) all that apply.*

1 ☐ Airway problem
2 ☐ Asthma
3 ☐ Cardiac surgery history
4 ☐ Cerebrovascular disease/stroke (CVA) or transient ischemic attack (TIA)
5 ☐ Chronic kidney disease (CKD)
6 ☐ Chronic obstructive pulmonary disease (COPD)
7 ☐ Congestive heart failure (CHF)
8 ☐ Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI)
9 ☐ Diabetes mellitus (DM), Type 1
10 ☐ Diabetes mellitus (DM), Type 2
11 ☐ Diabetes mellitus (DM), Type unspecified
12 ☐ End-stage renal disease (ESRD)
13 ☐ Hypertension
14 ☐ Obesity
15 ☐ Obstructive sleep apnea (OSA)
16 ☐ None of the above

PROCEDURE(S)

As specifically as possible, list all diagnostic or surgical procedures performed during this visit.

☐ NONE

Primary: **1.**

Other: **2.**

Other: **3.**

Other: **4.**

Other: **5.**

Other: **6.**

Other: **7.**

MEDICATION(S)

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

	Preop	Intraop	Postop
1 ☐ NONE/No more			
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 ☐
8 ☐ Versed (Midazolam)	1 ☐	2 ☐	3 ☐
9 ☐ Zofran (Ondansetron)	1 ☐	2 ☐	3 ☐
10 ☐ Other – *Specify* _____	1 ☐	2 ☐	3 ☐
11 ☐ Other – *Specify* _____	1 ☐	2 ☐	3 ☐
12 ☐ Other – *Specify* _____	1 ☐	2 ☐	3 ☐

ANESTHESIA

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

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

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

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

DISPOSITION

Symptoms present during or after procedure – *Mark (X) all that apply.*

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

Enter disposition – *Mark (X) one box.*

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
Reason for termination
☐ Allergic reaction
☐ Unable to intubate
☐ Other
7 ☐ Procedure canceled on arrival to ambulatory surgery unit
Reason for cancellation
☐ Patient not n.p.o./fasting
☐ Incomplete or inadequate medical evaluation
☐ Surgical issue
☐ Other
8 ☐ Other
9 ☐ Unknown

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

1 ☐ Yes
2 ☐ No
3 ☐ Unknown

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

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