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SAMPLE

NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
2017 AMBULATORY SURGERY PATIENT RECORD

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

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[1]"Monitor" means "to acquire, identify, or scan, or to possess, information that is stored on, processed by, or transiting an information system"; "information system" means "a discrete set of information resources organized for the collection, processing, maintenance, use, sharing, dissemination or disposition of information"; "cyber threat indicator" means "information that is necessary to describe or identify security vulnerabilities of an information system, enable the exploitation of a security vulnerability, or unauthorized remote access or use of an information system."

PATIENT INFORMATION

Patient medical record number

Date of visit

Month | Day | Year: 2 0 1

ZIP Code – *Enter "1" if homeless.*

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

Date/Time of surgery

(1) Date/Time surgery began

Month | Day | Year: 2 0 1 | Time | a.m. p.m. Military

(2) Date/Time surgery ended

Month | Day | Year: 2 0 1 | Time | a.m. p.m. Military

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

DIAGNOSIS

As specifically as possible, list all diagnoses related to this surgery or procedure. *List PRIMARY diagnosis first.*

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/History of 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

		CPT Code (Optional)	ICD10-CM Procedure Code (Optional)
Primary:	**1.**		
Other:	**2.**		
Other:	**3.**		
Other:	**4.**		
Other:	**5.**		
Other:	**6.**		
Other:	**7.**		

MEDICATION(S)

List up to 30 drugs and anesthetics that were administered and whether they were administered preoperatively, intraoperatively, and/or postoperatively. *Mark (X) all that apply.*

	Preoperatively	Intraoperatively	Postoperatively
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 ☐
30 ☐ Other – *Specify* _____	1 ☐	2 ☐	3 ☐

ANESTHESIA

Type(s) of anesthesia listed in the drug description fields – *Mark (X) all that apply.*

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

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) all that apply.*

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
1 ☐ Allergic reaction
2 ☐ Unable to intubate
3 ☐ Other
4 ☐ Unknown
6 ☐ Procedure canceled on arrival to clinic or ambulatory surgery unit/location
Reason for cancellation
1 ☐ Patient not n.p.o./fasting
2 ☐ Incomplete or inadequate medical evaluation
3 ☐ Surgical issue
4 ☐ Other
5 ☐ Unknown
7 ☐ Other
8 ☐ 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 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 staff to seek medical care
5 ☐ Patient reported medical or surgical problems, but no follow-up medical care was needed
6 ☐ Other
7 ☐ Unknown