

5. MEDICATION(S) & ANESTHESIA

a. Was oxygen administered during this visit?

Mark (X) one box.

- 1 Yes
- 2 No
- 3 Unknown

b. List up to 12 Rx and OTC drugs and anesthetics that were ordered, supplied, or administered during this visit or at discharge, excluding oxygen.

NONE – SKIP to item 7.

	During this visit	At discharge
(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(6)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(8)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(9)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(10)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(11)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(12)	1 <input type="checkbox"/>	2 <input type="checkbox"/>

c. Type(s) of anesthesia listed in 5b – Mark (X) all that apply.

- 1 NONE – SKIP to item 7.
- 2 General
- 3 IV sedation
- 4 MAC (Monitored Anesthesia Care)
- 5 Topical/Local
- 6 Epidural
- 7 Spinal
- 8 Retrobulbar block
- 9 Peribulbar block
- 10 Other block
- 11 Other

6. PROVIDER(S) OF ANESTHESIA

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

- 1 Anesthesiologist
- 2 CRNA (Certified Registered Nurse Anesthetist)
- 3 Surgeon/Other physician
- 4 Unknown

7. SYMPTOM(S) PRESENT DURING OR AFTER PROCEDURE

Mark (X) all that apply.

- 1 NONE
- 2 Apnea
- 3 Bleeding/Hemorrhage
- 4 Difficulty waking up
- 5 Dysrhythmia/Arrhythmia
- 6 Hypertension/High blood pressure
- 7 Hypotension/Low blood pressure
- 8 Hypoxia
- 9 Incontinence
- 10 Nausea
- 11 Vomiting
- 12 Other

8. 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
- 7 Other
- 8 Unknown

9. FOLLOW-UP INFORMATION

a. Did someone attempt to follow-up with the patient within 24 hours after the surgery?

Mark (X) one box.

- 1 Yes – Continue with Item 9b.
 - 2 No
 - 3 Unknown
- } END – Patient Record complete.

b. 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 ASC staff to seek medical care
- 5 Patient reported problems, but no follow-up medical care was needed
- 6 Other
- 7 Unknown