



Patient Safety Event Report - Hospital:



SURGERY OR ANESTHESIA

Use this form to report an event involving a surgical or other invasive procedure (e.g., colonoscopy), or the administration of anesthesia. Do not complete this form if the event involved the removal of organs from brain-dead patients (ASA Class 6) or handling an organ after procurement. If the event involved an anesthetic device, please also complete the Device or Medical/Surgical Supply, including Health Information Technology (HIT) form. If the event involved an anesthetic, medical gas, medication, or other substance, please also complete the Medication or Other Substance form. If the event involved a healthcare-associated infection, please also complete the Healthcare-associated Infection form. Narrative detail can be captured on the Healthcare Event Reporting Form (HERF). Highlighted fields are collected for local facility and PSO use. This information will not be forwarded to the Network of Patient Safety Databases (NPSD).

1. Describe briefly the procedure associated with this event:

2. Enter ICD-9-CM or ICD-10-CM procedure code associated with this event:

ICD-9-CM OR ICD-10-CM CODE

3. What was the patient's documented American Society of Anesthesiologists (ASA) Physical Classification System class? CHECK ONE:

- a. Class 1
- b. Class 2
- c. Class 3
- d. Class 4
- e. Class 5
- f. ASA classification was not documented

4. Was the procedure performed as an emergency? CHECK ONE:

- a. Yes
- b. No
- c. Unknown

5. Which combination of anesthesia and sedation was used? CHECK ONE:a. Anesthesia only**6. What type of anesthesia? CHECK FIRST APPLICABLE:**a. General anesthesia

ANSWER QUESTION 10

b. Regional anesthesia (e.g., epidural, spinal, or peripheral nerve blocks)

ANSWER QUESTION 11

c. Local or topical anesthesiab. Anesthesia and sedation**7. What type of anesthesia? CHECK FIRST APPLICABLE:**a. General anesthesia

ANSWER QUESTION 10

b. Regional anesthesia (e.g., epidural, spinal, or peripheral nerve blocks)

ANSWER QUESTION 8

c. Local or topical anesthesiac. Sedation only**8. What was the level of sedation? CHECK ONE:**a. Deep sedation or analgesiab. Moderate sedation or analgesia (conscious sedation)

ANSWER QUESTION 11

c. Minimal sedation (anxiolysis)d. Unknownd. No anesthesia or sedatione. Unknown

ANSWER QUESTION 13

9. What was the level of sedation? CHECK ONE:a. Deep sedation or analgesiab. Moderate sedation or analgesia (conscious sedation)

ANSWER QUESTION 11

c. Minimal sedation (anxiolysis)d. Unknown**10. What was the length of time from induction of anesthesia to the end of anesthesia? CHECK ONE:**a. Less than 1 hourb. Greater than or equal to 1 hour, but less than 3 hoursc. Greater than or equal to 3 hours, but less than 5 hoursd. Greater than or equal to 5 hourse. Unknown**11. Who administered (or, if the event occurred prior to administration of anesthesia, person who was scheduled to administer) the anesthesia or sedation? CHECK ONE:**a. Anesthesiologistb. Certified Registered Nurse Anesthetistc. Other healthcare professionald. Unknown**12. Was there supervision by an anesthesiologist?**

CHECK ONE:

a. Yesb. Noc. Unknown

13. When was the event discovered? CHECK ONE:

- a. Before anesthesia started or, if no anesthesia used, before procedure started
- b. After anesthesia started, but before incision or start of procedure
- c. After procedure started (incision), but before procedure ended (closure)
- d. At closure, if surgical operation
- e. After procedure ended, but before patient left operating room or other procedure area
- f. During post-anesthesia care/recovery period
- g. After post-anesthesia recovery, but before discharge
- h. After patient was discharged
- i. During anesthesia when no surgical operation or invasive procedure was performed
- j. Unknown

14. What was the medical or surgical specialty of the provider or team who performed the procedure? CHECK ONE:

SELECT THE SPECIALTY OF THE PROVIDER OR TEAM THAT PERFORMED THE PROCEDURE. IF THE PROCEDURE WAS NOT STARTED, SELECT THE SPECIALTY OF THE PROVIDER WHO WAS SCHEDULED TO PERFORM THE PROCEDURE.

- | | |
|---|--|
| a. <input type="checkbox"/> Anesthesiology | n. <input type="checkbox"/> Orthopedic surgery |
| b. <input type="checkbox"/> Cardiology | o. <input type="checkbox"/> Otolaryngology |
| c. <input type="checkbox"/> Colorectal surgery | p. <input type="checkbox"/> Pediatrics |
| d. <input type="checkbox"/> Dentistry, including oral surgery | q. <input type="checkbox"/> Pediatric surgery |
| e. <input type="checkbox"/> Dermatology | r. <input type="checkbox"/> Plastic surgery |
| f. <input type="checkbox"/> Emergency medicine | s. <input type="checkbox"/> Podiatry |
| g. <input type="checkbox"/> Family medicine | t. <input type="checkbox"/> Pulmonology |
| h. <input type="checkbox"/> Gastroenterology | u. <input type="checkbox"/> Radiology, including vascular and interventional |
| i. <input type="checkbox"/> General surgery | v. <input type="checkbox"/> Thoracic surgery |
| j. <input type="checkbox"/> Internal medicine | w. <input type="checkbox"/> Urology |
| k. <input type="checkbox"/> Neurological surgery | x. <input type="checkbox"/> Vascular surgery |
| l. <input type="checkbox"/> Obstetrics/Gynecology | y. <input type="checkbox"/> Other: PLEASE SPECIFY |
| m. <input type="checkbox"/> Ophthalmology | |

15. What best describes the event? CHECK ONE:

a. Surgical event

ANSWER QUESTION 18

b. Anesthesia event

ANSWER QUESTION 27

c. Major complication that could be associated with either surgery or anesthesia

ANSWER QUESTION 16

16. Which of the following major complications occurred? CHECK ONE:

- a. Cardiac or circulatory event
- b. Central nervous system event
- c. Renal failure, impairment, or insufficiency
- d. Respiratory failure, requiring unplanned respiratory support, within 24 hours after the procedure
- e. Other: **PLEASE SPECIFY**

17. Which of the following best describes the respiratory support provided? CHECK ONE:

- a. Prolonged ventilator support
- b. Re-institution of ventilator following discontinuation
- c. Other: **PLEASE SPECIFY**

IF MAJOR COMPLICATION

STOP

This form is complete.

18. Was the surgical event a retained object? CHECK ONE:

- a. Yes
- b. No

ANSWER QUESTION 24

19. What type of object was retained? CHECK ONE:

- a. Sponge
- b. Needle (includes needle fragment or microneedle)
- c. Towel
- d. Whole instrument (e.g., clamp)
- e. Instrument fragment
- f. Other: **PLEASE SPECIFY** _____

20. Was a count performed for the type of object that was retained? CHECK ONE:

- a. Yes

21. After counting, what was the reported count status? CHECK ONE:

- a. Incorrect (unreconciled) count
- b. Correct (reconciled) count

ANSWER QUESTION 22

STOP

This form is complete.

- b. No, object "countable"
- c. No, object not "countable" (e.g., broken piece retained)
- d. Unknown

STOP

This form is complete.

22. Was an x-ray obtained before the end of the procedure to detect the retained object? CHECK ONE:

- a. Yes
 b. No
 c. Unknown

23. Was the retained object radiopaque (i.e., detectable by x-ray)? CHECK ONE:

- a. Yes
 b. No
 c. Unknown

IF RETAINED OBJECT

STOP

This form is complete.

24. Which of the following best characterizes the surgical event? CHECK ONE:

- a. Surgical site infection
 b. Bleeding requiring return to the operating room
 c. Burn and/or operating room fire

ALSO COMPLETE THE HEALTHCARE-ASSOCIATED INFECTION FORM

- d. Incorrect surgical or invasive procedure
 e. Iatrogenic pneumothorax
 f. Unintended laceration or puncture
 g. Dehiscence, flap or wound failure or disruption, or graft failure
 h. Unintended blockage, obstruction, or ligation
 i. Unplanned removal of organ
 j. Air embolus
 k. Other: **PLEASE SPECIFY**

25. Which of the following occurred? CHECK ONE:

- a. Burn
 b. Operating room fire
 c. Both

26. What was incorrect about the surgical or invasive procedure?**CHECK FIRST APPLICABLE:**

- a. Incorrect patient
 b. Incorrect side
 c. Incorrect site
 d. Incorrect procedure
 e. Incorrect implant by mistake
 f. Incorrect implant because correct implant was not available
 g. Other: **PLEASE SPECIFY** _____

IF SURGICAL EVENT

STOP

This form is complete.

27. If the event involved anesthesia, which of the following best characterizes the event? CHECK ONE:

- a. Dental injury
- b. Ocular injury
- c. Peripheral nerve injury
- d. Awareness (during anesthesia)
- e. Malignant hyperthermia
- f. Problem with anesthetic, medical gas, medication, or other substance
- g. Problem with device used in the delivery of anesthesia
- h. Difficulty managing airway
- i. Other: **PLEASE SPECIFY**

ALSO COMPLETE THE MEDICATION OR OTHER SUBSTANCE FORM**ALSO COMPLETE THE DEVICE OR SUPPLY, INCLUDING HEALTH INFORMATION TECHNOLOGY (HIT) FORM****28. Which of the following best characterizes the airway management problem? CHECK ONE:**

- a. Difficulty during tracheal intubation
- b. Difficulty maintaining airway during procedure
- c. Esophageal intubation
- d. Re-intubation, following extubation, in the operating or recovery room
- e. Other: **PLEASE SPECIFY** _____

Thank you for completing these questions.**OMB No. 0935-0143****Exp. Date 10/31/2014**

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