

## Add a New Case

Patient Initials

Patient ID

Age

Gender

Other

Hospital/Surgical Center/Office

Date of Surgery/Treatment  
(mm/dd/yyyy)

Date of last follow-up  
(mm/dd/yyyy)

Diagnosis Code (ICD-9/ICD-10)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surgeon Brief Description of Operation

*Enter a brief description only (NOT more than 200 characters). DO NOT INCLUDE ANY HISTORY ON THE PATIENT.*

<input type="text"/>
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Treatment Code (CPT)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Anatomic Region

Unexpected re-operation within 90 days?  Yes  No

Explain unexpected re-operation:

Unexpected re-admission within 90 days?  Yes  No

Explain unexpected re-admission:

Anesthetic Complications?  Yes  No *If yes, check type, classify severity, and explain below.*

Surgical/Technical Complications?  Yes  No *If yes, check type, classify severity, and explain below.*

Medical Complications?  Yes  No *If yes, check type, classify severity, and explain below.*

## ANESTHETIC COMPLICATIONS

Check box, classify severity, and explain all that apply.

Complication		Severity Classification
Block anesthesia complication	<input type="checkbox"/>	<input type="text"/>
General anesthesia complication	<input type="checkbox"/>	<input type="text"/>

Explain Anesthetic Complications:

### SURGICAL / TECHNICAL COMPLICATIONS

Check box, classify severity, and explain all that apply.

Complication	Severity Classification
Bone Fracture <input type="checkbox"/>	<input type="text"/>
Compartment Syndrome <input type="checkbox"/>	<input type="text"/>
Dislocation <input type="checkbox"/>	<input type="text"/>
Failure of tendon/ligament repair <input type="checkbox"/>	<input type="text"/>
Fall <input type="checkbox"/>	<input type="text"/>
Graft-related problem <input type="checkbox"/>	<input type="text"/>
Hemarthrosis/effusion <input type="checkbox"/>	<input type="text"/>
Hematoma/Seroma <input type="checkbox"/>	<input type="text"/>
Implant failure/fracture/malfunction <input type="checkbox"/>	<input type="text"/>
Infection <input type="checkbox"/>	<input type="text"/>
Limb Ischemia <input type="checkbox"/>	<input type="text"/>
Loss of reduction <input type="checkbox"/>	<input type="text"/>
Malunion <input type="checkbox"/>	<input type="text"/>
Nerve Palsy/Injury <input type="checkbox"/>	<input type="text"/>
Non Union/Delayed Union <input type="checkbox"/>	<input type="text"/>
Pain - Recurrent/Persistent/Uncontrolled <input type="checkbox"/>	<input type="text"/>
RSD/CRPS <input type="checkbox"/>	<input type="text"/>
Skin Ulcer/Blister <input type="checkbox"/>	<input type="text"/>
Spinal Cord Injury <input type="checkbox"/>	<input type="text"/>
Stiffness/arthrofibrosis <input type="checkbox"/>	<input type="text"/>
Tendon/Ligament Injury <input type="checkbox"/>	<input type="text"/>
Vascular Injury <input type="checkbox"/>	<input type="text"/>
Wound healing delay/failure <input type="checkbox"/>	<input type="text"/>
Wrong Side/Site <input type="checkbox"/>	<input type="text"/>
Other surgical complication <input type="checkbox"/>	<input type="text"/>

Explain Surgical Complications:

**MEDICAL / SYSTEMIC COMPLICATIONS**

Check box, classify severity, and explain all that apply.

Complication	Severity Classification
Anemia <input type="checkbox"/>	<input type="text"/>
Arrythmia <input type="checkbox"/>	<input type="text"/>
Cerebral Vascular Accident <input type="checkbox"/>	<input type="text"/>
Confusion/delirium <input type="checkbox"/>	<input type="text"/>
Congestive Heart Failure <input type="checkbox"/>	<input type="text"/>
Deep Vein Thrombosis (DVT) <input type="checkbox"/>	<input type="text"/>
Dermatologic complaint <input type="checkbox"/>	<input type="text"/>
GI bleeding/ulcer/gastritis <input type="checkbox"/>	<input type="text"/>
Hypotension <input type="checkbox"/>	<input type="text"/>
Hypoxia/shortness of breath <input type="checkbox"/>	<input type="text"/>
Medication error/reaction <input type="checkbox"/>	<input type="text"/>
Myocardial Infarction <input type="checkbox"/>	<input type="text"/>
Patient Expired <input type="checkbox"/>	<input type="text"/>
Pneumonia <input type="checkbox"/>	<input type="text"/>
Pulmonary Embolism <input type="checkbox"/>	<input type="text"/>
Renal Failure <input type="checkbox"/>	<input type="text"/>
Respiratory failure <input type="checkbox"/>	<input type="text"/>
Urinary retention <input type="checkbox"/>	<input type="text"/>
Urinary tract infection <input type="checkbox"/>	<input type="text"/>
Other medical complication <input type="checkbox"/>	<input type="text"/>

**Explain Medical Complications:**

Reset

Save Case