

Postoperative



Redcap ID _____

Patient Hospital Number _____

Date _____

Critical care admission

Was the patient admitted to critical care directly from theatre ?

- Yes - planned
 Yes - unplanned
 No
 ((including intensive care and high dependency units and extended recovery))

Date of admission to critical care _____

Date of discharge from critical care _____

Full blood count available at critical care admission?

- Yes
 No

Haemoglobin on admission to critical care / extended recovery _____

(g/L)

Full blood count available at critical care discharge?

- Yes
 No

Haemoglobin on discharge from critical care / extended recovery _____

(g/L)

Was the patient readmitted to HDU / ICU?

- No Yes

Date of readmission to critical care _____

Date of discharge from critical care (readmission episode) _____

Postoperative management and complications

Did the patient have a postoperative complication prior to discharge?

- Yes
 No

Highest in-hospital complication grade?

- 1
 2
 3
 4
 5

(Clavien-Dindo Grade - see protocol appendix)

Was there a reoperation prior to the patient being discharged from hospital?

- Yes
 No
 ((this episode))

Date of reoperation _____

(Date of operation)

What operation was performed during the reoperation?

(list operation) _____

Number of MET Calls

- No MET calls
 1
 2
 3
 More than 4
 (MET: Medical Emergency Calls)

Were antibiotics used post-operatively

- Yes
 No

Reason for antibiotics?

- Respiratory infection
 Urinary infection
 Wound infection
 Prophylaxis
 Other

Other reason for antibiotics _____

Number of blood transfusions in the post-operative period? (units)

- No postoperative blood transfusions
 1
 2
 3
 4
 More than 4
 (units, a partial unit should be recorded as a whole unit)

Haemoglobin immediately prior to transfusion _____

(g/L. If multiple transfusions, please take the lowest Hb value prior to transfusion)

Was any iron therapy prescribed in the postoperative period ?

- None
 Oral iron
 IV iron
 (Either in-hospital or on discharge)

Was a postoperative hemoglobin level done?

- Yes
 No

Lowest haemoglobin in the first 3 postoperative days _____

(g/L)

Last recorded haemoglobin before discharge from hospital _____

(g/L)

Discharge

Date of discharge from hospital _____

(If the patient has not been discharged prior to the end of 30-day follow-up enter the date of the 30-day follow up)

Discharge destination

- Home
 Rehabilitation
 Nursing or supported care
 Hospital
 Died

Comments

Comments about your data _____