SOUTHLAKE
REGIONAL HEALTH CENTRE

596 Davis Drive
Newmarket, ON L3Y 2P9

Surgical Services

Health Record #: _____ Complete or place barcoded patient label here

Patient Name: *(Print first, last)* _____

DOB: mm / dd / yy Age: _____ ❑ Female ❑ Male

OHIP #: _____ Version Code: _____

Account #: _____ Date of Admission: mm / dd / yy

Aortic Aneurysm (AA) Repair Vascular Registry Data Collection Form

Post-Procedure

POST-PROCEDURE

ICU/Step Down Stay: ❑ Yes ❑ No | ICU/Step Down Stay Time: _____ days

Re-Do Procedure Prior to Discharge: ❑ Yes* ❑ No – If Yes*, indicate procedure: _____

Spinal Ischemia in Hospital: ❑ Yes* ❑ No

If Yes*, indicate severity: ❑ None, baseline ❑ Minimal, walks independently ❑ Minor, walks with assistance ❑ Non-ambulatory

Lab values prior to discharge: Creatinine: ❑ Done ❑ Not Done ❑ Unknown Creatinine: _____ µmol/L

eGFR (local lab value): _____ ml/min/1.73m^2 ❑ Not Available

Complications Prior to Discharge: ❑ Yes* ❑ No – If Yes*, specify:

Myocardial infarction: ❑ Yes* ❑ No If Yes* Troponin Level: _____
Cardiac Troponin Level Max Reference Range: _____

Reduced renal function: ❑ Yes ❑ No

New dialysis required: ❑ Yes* ❑ No If Yes*, ❑ Temporary
❑ Permanent

Access site infection: ❑ Yes* ❑ No If Yes*, ❑ Resolved with antibiotic
❑ Required operative drainage and/or antibiotic
❑ Required major debridement and/or artery repair

Surgical site infection: ❑ Yes* ❑ No If Yes*, ❑ Superficia
❑ Deep
❑ Organ/Space

Respiratory: ❑ Yes* ❑ No If Yes*, ❑ Prompt recovery with medical management
❑ Prolonged hospitalization or IV Antibiotic
❑ Prolonged intubation, tracheostomy, reduced pulmonary function or O_2 dependence

Bowel Ischemia: ❑ Yes* ❑ No If Yes* ❑ Recovered without Intervention
❑ Recovered with IV Antibiotics or Total Parenteral Nutrition
❑ Required Operative Procedure

Bowel Obstruction: ❑ Yes* ❑ No If Yes*, ❑ Recovered without Intervention
❑ Required Laparotomy
❑ Required Bowel Resection

Leg Ischemia: ❑ Yes* ❑ No If Yes*, ❑ Resolved with Conservative Medical Treatment
❑ Required Intervention
❑ Resulted in Limb Loss

Arterial Injury: ❑ Yes* ❑ No If Yes*, ❑ Single Injury Site
❑ Multiple Injury Sites

Major Amputation: ❑ Yes* ❑ No If Yes*, ❑ Above Knee
❑ Below Knee/Above Ankle

PVI = Peripheral Vascular Intervention

SL2241_01 (05/16) "Surgical Surgery" Review (05/19)

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Surgical Services

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Post-Procedure

❑ Pulmonary embolism	❑ DVT	❑ CHF	❑ Dysrhythmia	❑ TIA
❑ Stroke	❑ Intracranial hemorrhage	❑ Atherotromboembolism	❑ Other: _____	

Discharged on ACE Inhibitor/ARB: ❑ Yes ❑ No

Not discharged on ACE – Inhibitor/ARB – Reason: _____

Discharged on Beta Blocker: ❑ Yes ❑ No

Discharged on P2Y12 Antagonist: ❑ Yes ❑ No

Discharged on Hyperlipidemia Medical Management: ❑ Statin ❑ Niacin ❑ Fibrate ❑ Ezetimibe ❑ None

Blood transfusion: ❑ Yes* ❑ No – If Yes*, indicate total amount PRBC transfused _____ units

Discharge Date: mm / dd / yy

Patient Discharge Location:

❑ Home ❑ Repatriated to referring facility ❑ Transferred to other facility ❑ Rehabilitation Unit at same hospital

❑ Rehabilitation Unit – other facility

Patient Status:

Patient Died: ❑ Yes* ❑ No – If Yes*, Date of Death: mm / dd / yy

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