



American College of Surgeons National Surgical Quality Improvement Program

Attention Surgeons:

- SHC is one of few select hospitals participating in the American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSQIP) which is aimed at improving surgical mortality and morbidity.
- The information detailed on this card is essential for you to document in the medical record during pre-op H&P, as well as post-operative visits, to ensure reliable data submission to the ACS.
- For any questions, please contact Dr. John Morton, Dr. Cornelius Olcott, or Yana Stanislavskaya, RN, SCNR @ 650-721-6176. Thank you for your support and cooperation.

Preoperative Risk Assessment

General	<ul style="list-style-type: none"> • Diabetes (specify - Insulin or oral medications, or diet control) • Dyspnea (specify - On moderate exertion or At rest) • Current smoker within 1 year. Date patient quit smoking. • Cigarette history (pack years) • Alcoholic drinks (type of liquor, # ounces/wk) within 2 wks. prior to surgery • Functional health status within 30 days prior to surgery (Independent (i.e. no assistance required for ADL), Partially dependent, Totally dependent): <ul style="list-style-type: none"> • prior to current illness • prior to surgery • DNR status
Pulmonary	<ul style="list-style-type: none"> • Ventilator-dependent within 48 hours prior to surgery • History of severe COPD • Current pneumonia
Hepatobiliary	<ul style="list-style-type: none"> • Ascites within 30 days prior to surgery
Gastrointestinal	<ul style="list-style-type: none"> • Esophageal varices
Cardiac	<ul style="list-style-type: none"> • CHF (acute) • History of MI past 6 months • Previous percutaneous coronary intervention (PCI) • Previous cardiac surgery • HTN requiring medications
Vascular	<ul style="list-style-type: none"> • History of revascularization/ amputation for PVD • Rest pain • Gangrene (specify – Wet or Dry), unhealing ulcer
Renal	<ul style="list-style-type: none"> • Acute Renal Failure (provide laboratory results: serum creatinine, BUN) • Currently requiring or on Dialysis
Central Nervous System	<ul style="list-style-type: none"> • Impaired sensorium (acutely change, not chronic) within 48 hours prior to surgery • Coma • Hemiplegia/ Hemiparesis • History of TIA • History of CVA / residual neurologic deficit • History of CVA/ no neurologic deficit • Tumor involving CNS • Paraplegia / Paraparesis • Quadraplegia/ Quadraparesis

Preoperative Risk Assessment (continued)

Nutritional/ Immune/ Other	• Disseminated cancer
	• Open wound with or without infection
	• Steroid use for chronic condition
	• > 10% body weight loss last 6 months
	• Bleeding disorders
	• If on anticoagulants, what type & when were they discontinued prior to surgery?
	• Transfusions > 4 RBC units within 72 hours prior to surgery
	• Chemotherapy within 30 days and/or Radiotherapy within 90 days
	• Systemic Sepsis (includes SIRS, Sepsis and/or Septic Shock) within 48 hours of surgery (document lab & CT results)
	• If female, document: a). LMC or negative pregnancy test (within last 2 weeks prior to surgery), b). Prior hysterectomy, and/or c). Post-menopausal state

Preoperative Lab Values (up to 90 days before surgery)

• Albumin	• BUN	• INR	• Serum sodium
• Alk phos	• Creatinine	• Platelets	• Total bilirubin
• AST/SGOT	• Hematocrit	• PT/ PTT	• WBC

Intraoperative Occurrences

<ul style="list-style-type: none"> • # of intraoperative RBC units transfused • Cardiac Arrest • Acute MI (new transmural acute MI during surgery) • Unplanned Intubation • Other (please specify) • If possible, please state the CPT code for the Principal Procedure and Post-op ICD-9 code.

Postoperative Occurrences

<ul style="list-style-type: none"> • Support with Lab results • Within 30 days of surgery • Provide dates & times
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Wound Occurrences	<ul style="list-style-type: none"> • Surgical site infection (specify - superficial; deep; organ/space) • Wound disruption (to what extent, was fascia involved?)
Respiratory Occurrences	<ul style="list-style-type: none"> • Pneumonia • Unplanned intubation • Pulmonary Embolism (CT, V/Q scan) • On ventilator > 48 cumulative hours
Urinary Tract Occurrences	<ul style="list-style-type: none"> • Progressive Renal Insufficiency (support with documented creatinine value) • Acute Renal Failure (as a new occurrence for patients who did not have it preoperatively) • UTI (document culture results and symptoms)
CNS Occurrences	<ul style="list-style-type: none"> • Stroke / CVA • Coma > 24 hours • Peripheral Nerve Injury
Cardiac Occurrences	<ul style="list-style-type: none"> • Cardiac Arrest requiring CPR • Acute MI (manifested by new Q-waves on ECG)
Other Occurrences:	<ul style="list-style-type: none"> • Bleeding requiring > 4 units RBC within 1st 72 hours of surgery • Graft/ Prosthesis/ Flap Failure • New DVT/ Thrombophlebitis • Systemic Sepsis (includes sepsis or septic shock) supported by a). ↑ Temp, b). ↑ WBC, c). Anion gap acidosis, d). + blood culture, e). Documentation of purulence or + culture from the causative site, f). Oliguria, g). Acute respiratory distress):
Discharge Summary	<ul style="list-style-type: none"> • Specify where patient was discharged: home, hospice, transitional care units, subacute hospital, SNF, etc.