|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Case Info**  |  |  | **Anesthesia type** |  |
| **Date** |  |  | **Provider ID** |  |
| **MR #** |  |  | **CRNA ID** |  |
| **ASA Class** |  |  | **Additional provider** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Number of days since discharge |   |  |  |  |  |
|  |  |  |  |  |  |
|  | Never | Occasionally | Some  | Often | Constantly |
| Since discharge from the recovery room, I have had nausea and or vomiting… |   |   |   |   |   |
|  | Always | Mostly | Somewhat | Rarely | Never |
| Since discharge from the recovery room, my pain has been well-controlled |   |   |   |   |   |
|  |  |  |  |  |  |
| Did the patient experience any of the following since discharge? (If yes, choose from :) |
| Unanticipated awareness during anesthesia |   |  |  |  |  |
| Unplanned Emergency Department visit |   |  |  |  |  |
| Unplanned readmission to the hospital |   |  |  |  |  |
| New neurologic injury |   |  |  |  |  |
| Occurrence of sore throat |   |  |  |  |  |
| Occurrence of eye irritation |   |  |  |  |  |
| Difficulties with memory |   |  |  |  |  |
| Occurrence of headache |   |  |  |  |  |
| Infection at the site of an anesthesia procedure |   |  |  |  |  |
| Occurrence of pneumonia |   |  |  |  |  |
| Occurrence of central line associated blood stream infection |   |  |  |  |  |
| If other, briefly describe: |   |   |   |  |  |