|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Case Info** |  |  | **Anesthesia type** |  |
| **Date of Service** |  |  | **Provider ID/Provider NPI** |  |
| **Patient ID** |  |  | **CRNA ID** |  |
| **ASA Physical Status** |  |  | **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: |  |  |  |  |  |