example contains measures from three NQS domains. Practices can customize based upon their measure selection** Anesthesiologist: Date of Service: ____/____/_____ 1 2 3 4 5 6 Physical Status ☐ Same MD, DOS and same patient. State Procedure: PQRS 44: CABG - Preoperative Beta-Blocker PQRS 424: Temperature Management ☐ **4115F:** Beta Blocker Administered within 24 hrs. ☐ **4255F:** Anesthesia of 60 minutes duration or prior to surgical incision longer ☐ 4115F 1P: Documentation of Medical Reason for ☐ **4559F:** At least 1 body temperature > 35.5 degrees not administering Beta Blocker ☐ 4115F 8P: Beta Blocker not administered, reason ☐ **4559F 1P**: Documentation of medical reason for not otherwise specified not recording at least 1 body temperature > 35.5 degrees Celsius ☐ **4559F 8P:** At least 1 body temperature > 35.5 degrees Celsius **NOT** recorded ☐ **G9654**: Monitored Anesthesia Care PQRS 76: CVC related Bloodstream Infections PQRS 426: Transfer of Care to PACU ☐ **6030F:** All elements of sterile barrier techniques ☐ **G9656:** Pt transferred directly from anesthetizing followed location to PACU ☐ **6030F 1P:** Medical Reason for not following sterile ☐ **G9657:** Transfer of care during an anesthetic to barrier techniques the ICU ☐ 6030F 8P: Sterile Barrier Techniques not followed, ☐ **G9655:** Transfer of Care Checklist Used reason not otherwise specified ☐ **G9658:** Transfer of Care Checklist NOT Used PQRS 110: Preventive Care & Screening: Influenza PQRS 427: Transfer of Care to ICU □ **0581F:** Pt transferred directly from anesthetizing **Immunization** ☐ **G8482**: Influenza Immunization administered or location to ICU ☐ **0583F:** Transfer of Care Checklist Used previously received ☐ **0583F 8P:** Transfer of Care Checklist Not Used ☐ **G8483:** Influenza immunization was not administered for reasons documented by clinician ☐ **G8484:** Influenza immunization was not administered, reason not given PQRS 130: Documentation of Current Medications PQRS 430: Prevention of Post-Op Nausea and Vomiting (Cross Cutting) ☐ **4554F**: Pt received inhalational anesthetic agent ☐ **G8427:** Current medications obtained, ☐ **4556F**: Pt exhibits 3 or more risk factors for PONV ☐ **4558F:** Pt received 2 prophylactic anti-emetic documented and reviewed ☐ **G8430:** Medications not documented, Patient not agents ☐ **4558F 1P**: Documentation of medical reason for eligible ☐ **G8428:** Current medications not documented, NOT receiving 2 anti-emetics reason not given ☐ 4558F 8P: Pt did NOT receive at least 2 antiemetics preoperatively and intraoperatively PQRS 404: Smoking Abstinence ☐ **G9642:** Current Cigarette Smoker ☐ **G9643**: Elective Surgery ☐ **G9497:** Seen preoperatively by anesthesiologist or proxy prior to day of surgery ☐ **G9644:** Pt abstained from smoking ☐ **G9645:** Pt DID NOT abstain from smoking

**Disclaimer: This is a sample QR (Qualified Registry) Data Capture Form. Not all PQRS measures have been included on this form. This

This sample quality capture form should not be construed as representing ASA policy, making clinical recommendations, dictating payment policy, dictating measures to collect, or substituting for the judgment of a physician.