|  |
| --- |
| **FOR IDENTIFICATION PURPOSES** |
| **Patient Name:** |  | **Date of Birth:**  | **MM/DD/YYYY** |
| **Joint**  |  [ ]  Hip  | **Date of Surgery: MM/DD/YYYY**  |
| **Side** |  [ ]  Left [ ]  Right |  [ ]  Bilateral |
| **Hospital MRN** |  | **Sex:** | [ ]  Male [ ]  Female [ ]  Unknown |
| **ADMISSION** |
| **Age at Surgery** |  **Auto Calculated** |
|  **Payer Type** | 🞎 BCBSM 🞎 BCN 🞎 Medicare | 🞎 BCBSM Medicare Advantage🞎 BCN Medicare Advantage🞎 Medicare Advantage | 🞎 Medicaid🞎 No Insurance/Self Pay🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Admission Date** | **MM/DD/YYYY Time of Admission:**  |
| **Admission Type**  | 🞎 Elective | 🞎Emergent |  🞎 Urgent  | 🞎 Unknown |
| **Discharge Date** | **MM/DD/YYYY** |  **Time of Discharge**  |  |
| **Length of Stay**  | **Auto Calculated** |
| **Discharge Disposition** | See Specs Manual for selections p. 49 |
|  |  **PRE-OP** |
| **Smoking Status** | 🞎 Never 🞎 Previous 🞎 Current 🞎 Unknown  |
| **History of a bleeding disorder**  | 🞎 No 🞎 Yes 🞎 Unknown |
| **History of DVT/PE**  | 🞎 No 🞎 Yes 🞎 Unknown |
| **Pre-Op Assistive Devices** | 🞎 No 🞎 Yes |  🞎 Unknown |  |
| **Prehabilitation Program****(Choose all that apply)**  | 🞎 None  | 🞎 Therapy  | 🞎 X-10  | 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Height** | Inches \_\_\_\_\_\_\_\_  |  |  Centimeter \_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Weight:**  |  lbs kg | **BMI:**  | **Auto Calculated** |
| **Prior to Admission Medication (Choose all that apply)** | 🞎 Anticoagulation * Opioids
 | [ ]  Antimicrobial [ ]  Steroids  | [ ]  Antiplatelet[ ]  None  |
| **Diabetes Mellitus** | [ ]  No [ ]  Yes – Type Unknown  |  [ ]  Yes – Type 1 Diabetes  [ ]  Unknown | [ ]  Yes – Type 2 Diabetes |
| **Diabetes Treatment****(Choose all that apply)** | [ ]  Diet[ ]  Oral  |  [ ]  Insulin [x]  Other \_\_\_\_\_\_\_\_\_\_\_\_ |  [ ]  None/No meds taken [ ]  Unknown |
| **History of COVID-19** | 🞎 No 🞎 Yes  |  |  |
| **Joint Education Class** |  [ ]  Interactive |  [ ]  Non-interactive |  [ ]  No [ ]  Unknown |
| **Pre-op ASA Class** |  [ ]  Unknown |  ☐ I [ ]  II [ ]  III [ ]  IV 🞏 V |
| **INTRA-OP** |
| **CPT Procedure** |  |  |  |
| **Principal Procedure ICD10** |  |  |  |
| **Additional Procedures ICD10** |  |  |  |
| **Actual Hip Procedure Type** | [ ]  Primary Total Hip Conventional[ ]  Revision Total Hip  | [ ]  Primary Total Hip Resurfacing[ ]  Conversion of previous hip surgery to  total hip |  |
| **Reason (s) for Revision****(Choose all that apply)** | [ ]  Periprosthetic Joint Infection[ ]  Malalignment [ ]  Metal reaction/Metallosis[ ]  Aseptic loosening🞏 Osteolysis[ ]  Poly liner wear | [ ]  Implant failure☐ Instability/Dislocation 🞏 Peri-prosthetic fracture (Femur) 🞏 Peri-prosthetic fracture (Acetabulum)☐ Pain  |
| **Anesthesia****(Choose all that apply)** | * Block
 | * General
 | * Spinal
 |
| * Epidural
 | * Local
 |  |
| **Surgical Approach** **(Choose all that apply)**  | 🞎 Anterior 🞎 Transtrochanteric🞎 Antero Lateral | 🞎 Posterior (Includes Posterolateral)🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Surgical Incision:** |  **Open Time** |  **Close Time** | **Time from Incision** **to Close Auto Calculated** |
| **Device Fixation** | **Femoral:** [ ]  Cemented **Acetabular:** [ ]  Cemented  | [ ]  Uncemented [ ]  Uncemented | [ ]  Unable to determine[ ]  Not replaced[ ]  Unable to determine[ ]  Not replaced |
| **Antibiotics added** **to cement for fixation** | * Cefazolin
* Cefuroxime
* Ciprofloxacin
 | 🞏 Clindamycin🞏 Colistan🞏 Erythromycin  | 🞏 Vancomycin 🞏 Gentamicin 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Tobramycin 🞏 No/None |
| **Antibiotics added to cement by** | * Manufacturer 🞏 Surgeon
 |  🞏 Manufacturer and Surgeon |  |
| **Cement used other than for fixation to major component?** | 🞏 Yes🞏 No |  |  |
| **Was antibiotic powder introduced into the joint?** | 🞏 Yes🞏 No |  |  |
| **What was used in the irrigant?****(Choose all that apply)** | 🞏 Antibiotic solution (for example, Bacitracin) 🞏 Normal Saline🞏 🞏 CHG-containing solution (for example, Irrisept) 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Povidone-Iodine (for example, Betadine) |
| **Optional Technique****(Choose all that apply)** | * Computer Assisted

**TYPE*** Robotic surgery \_\_\_\_\_\_\_\_
 | 🞏 Custom Implants 🞏 ETO  | [ ]  Prefabricated Blocks 🞏 None |
| **Intra-op Complications** **(Choose all that apply)**  | * Fracture

🞎 Vascular Injury  | 🞏 Nerve Injury 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_  | [ ]  Tendon/ligament 🞏 None |
| **Tranexamic Acid:** | 🞎 No 🞎 Yes | **If yes, specify route (Choose all that apply)** |  🞎 IV 🞎 Topical 🞎 Oral  |
| 🞎 Unknown |
| **POST-OP**  |
| **Mechanical VTE Prophylaxis:**  | No/None | 🞎 Yes 🞎 No |
| Intermittent Pneumatic Compression Devices (IPCs) | 🞎 Yes 🞎 No |
| Venous Foot Pumps  | 🞎 Yes 🞎 No |
| Compression Stockings | 🞎 Yes 🞎 No |
| Other | 🞎 Yes 🞎 No |
| **VTE Prophylaxis:**  | **VTE Prophylaxis Type** | **Initiation Date** | **Stop Date** | **Med Continued?** |
| **No/None** |  |  |  |
| Antiplatelet (excluding Aspirin) | **MM/DD/YYYY** |  **MM/DD/YYYY or** 🞎Unknown |  🞎 Yes 🞎 No |
| Aspirin | **MM/DD/YYYY** |  **MM/DD/YYYY or** 🞎Unknown |  🞎 Yes 🞎 No |
| Direct Factor Xa Inhibitor | **MM/DD/YYYY** |  **MM/DD/YYYY or** 🞎Unknown |  🞎 Yes 🞎 No |
| Direct thrombin inhibitors | **MM/DD/YYYY** |  **MM/DD/YYYY or** 🞎Unknown |  🞎 Yes 🞎 No |
| Low molecular weight Heparin (LMWH) | **MM/DD/YYYY** |  **MM/DD/YYYY or** 🞎Unknown |  🞎 Yes 🞎 No |
| Synthetic pentasaccharides | **MM/DD/YYYY** |  **MM/DD/YYYY or** 🞎Unknown |  🞎 Yes 🞎 No |
| Unfractionated Low Dose Heparin (LDUH) | **MM/DD/YYYY** |  **MM/DD/YYYY or** 🞎Unknown |  🞎 Yes 🞎 No |
| Warfarin (Coumadin) | **MM/DD/YYYY** |  **MM/DD/YYYY or** 🞎Unknown |  🞎 Yes 🞎 No |
| Other/Unknown | **MM/DD/YYYY** |  **MM/DD/YYYY or** 🞎Unknown |  🞎 Yes 🞎 No |
| **VTE Diagnostic testing performed** | 🞎 No 🞎 Yes 🞎 Unknown | **If Yes, VTE Diagnostic test date**  | **MM/DD/YYYY** |
| **VTE Diagnostic Test Positive Results** | 🞎 No 🞎 Yes 🞎 Unknown |
| **Post Op Narcotic Prescription** |
| **Medication Name** | **Dose** | **Dose Units** | **Route** | **Total Units Prescribed** |
| No Narcotics Prescribed |  |  |  |  |
| Buprenorphine | **#** | 🞎 mgm 🞎 mcg | 🞎Nasal spray | 🞎Oral | **#** |
| 🞎Transdermal patch |
| Butorphanol | **#** | 🞎 mgm 🞎 mcg | 🞎Nasal spray | 🞎Oral | **#** |
| 🞎Transdermal patch |
| Codeine | **#** | 🞎 mgm 🞎 mcg | 🞎Nasal spray | 🞎Oral | **#** |
| 🞎Transdermal patch |
| Dihydrocodeine | **#** | 🞎 mgm 🞎 mcg | 🞎Nasal spray | 🞎Oral | **#** |
| 🞎Transdermal patch |
| FENTanyl * tablets or lozenge
* film or oral spray
* nasal spray
* patch
 | **#** | 🞎 mgm 🞎 mcg | 🞎Nasal spray | 🞎Oral | **#** |
| 🞎Transdermal patch |
| Hydrocodone | **#** | 🞎 mgm 🞎 mcg | 🞎Nasal spray | 🞎Oral | **#** |
| 🞎Transdermal patch |
| Hydromorphone | **#** | 🞎 mgm 🞎 mcg | 🞎Nasal spray | 🞎Oral | **#** |
| 🞎Transdermal patch |
| Levorphanol tartrate | **#** | 🞎 mgm 🞎 mcg | 🞎Nasal spray | 🞎Oral | **#** |
| 🞎Transdermal patch |
| Meperidine | **#** | 🞎 mgm 🞎 mcg | 🞎Nasal spray | 🞎Oral | **#** |
| 🞎Transdermal patch |
| **Post Op Narcotic Prescription (continued)** |
| **Medication Name** | **Dose** | **Dose Units** | **Route** | **Total Units Prescribed** |
| Methadone | **#** | 🞎 mgm 🞎 mcg | 🞎Nasal spray | 🞎Oral | **#** |
| 🞎Transdermal patch |
| Morphine* Morphine extended release
 | **#** | 🞎 mgm 🞎 mcg | 🞎Nasal spray | 🞎Oral | **#** |
| 🞎Transdermal patch |
| Opium | **#** | 🞎 mgm 🞎 mcg | 🞎Nasal spray | 🞎Oral🞎Transdermal patch | **#** |
| Oxycodone* OxyContin extended release
 | **#** | 🞎 mgm 🞎 mcg | 🞎Nasal spray | 🞎Oral | **#** |
| 🞎Transdermal patch |
| Oxymorphone | **#** | 🞎 mgm 🞎 mcg | 🞎Nasal spray | 🞎Oral | **#** |
| 🞎Transdermal patch |
| Pentazocine | **#** | 🞎 mgm 🞎 mcg | 🞎Nasal spray | 🞎Oral | **#** |
| 🞎Transdermal patch |
| Tapentadol | **#** | 🞎 mgm 🞎 mcg | 🞎Nasal spray | 🞎Oral | **#** |
| 🞎Transdermal patch |
| Tramadol* Tramadol extended release
 | **#** | 🞎 mgm 🞎 mcg | 🞎Nasal spray | 🞎Oral | **#** |
| 🞎Transdermal patch |
| **POST-OP (continued)** |
| **Blood Transfusion Given During Stay:**  | 🞎 No | 🞎 Yes 🞎 Unknown |
| **If Yes, # of RBC Units Given:**  | units |
| **LABS** |
| **Staph aureus Screening:** | **Screened** | 🞎 No |  🞎 Yes | 🞎 Unknown |
| **If yes,** **Screen result** | 🞎 Negative 🞎 Positive for MSSA  | 🞎 Positive for MRSA 🞎 Unknown |
| **Staph Aureus-Decolonized** **Internasal**  | 🞎 Mupirocin🞎 Povidone-Iodine 5% | 🞎 Other treatment🞎 None | 🞎 Unknown |
|  | **Staph Aureus-Decolonized Skin Cleansing** | 🞎 CHG Soap🞎 CHG wipes/cloth | 🞎 Antimicrobial soap🞎 Other treatment | 🞎 None🞎 Unknown  |
| **Pre-op Labs**  | **Lab** | **Date** | **Level** |
| **Albumin:** |  **MM/DD/YYYY** | g/dL |
| **Creatinine:** |  **MM/DD/YYYY** | mg/dL |
| **Hemoglobin:** |  **MM/DD/YYYY** | g/dL |
| **HbA1c:** |  **MM/DD/YYYY** |  **%** |
| **Platelet:** |  **MM/DD/YYYY** | k/µL |
| **INR:** |  **MM/DD/YYYY** | % |
| **Post-op Labs** | **Hemoglobin:** |  **MM/DD/YYYY** |  g/dL |
| **INR:** |  **MM/DD/YYYY** | % |
|  |  |  |  |
| **Additional Notes:** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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