|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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  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** | | | | | | | | | | | | | | | | | | | | | % | | | |
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| **Additional Notes:** | |  | | |  | | | | | | | | | | | | | | | | | | | | |  | | | |
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