|  |
| --- |
| **FOR IDENTIFICATION PURPOSES** |
| **Patient Name**  |  |  **Date of Birth:**  |  **MM/DD/YYYY** |
| **Joint** |  [ ]  Knee  | **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** **History of DVT/PE**  | 🞎 No 🞎 Yes 🞎 Unknown |
| 🞎 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 Medications (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 Knee Procedure Type** | * Primary Total Knee Arthroplasty
* Unicompartmental (Lateral condyle)
* Bicompartmental
* Revision Knee Arthroplasty
 | * Unicompartmental (Medial condyle)
* Isolated Patella-Femoral
* Revision Isolated Patella
 |  |
| **If Revision Isolated Patella, select Patella Status** | * Removed
 | * Replaced
 | * Resurfaced
 |
| **INTRA-OP (continued)** |
| **Reason(s) for Revision****(Choose all that apply)** | * Periprosthetic Joint Infection
* Malalignment
* Metal reaction /Metallosis
* Aseptic Loosening
* Osteolysis
* Arthrofibrosis
* Poly liner wear
* Implant failure
 | * Instability/Dislocation
* Peri-prosthetic fracture (tibia)
* Peri-Prosthetic fracture (femur)
* Patellofemoral Joint
* Conversion of UKA
* Extensor Mechanism Failure
* Pain
 |
| **Anesthesia****(Choose all that apply)** | * Block
* Epidural
 | * General
* Local
 | * Spinal
 |
| **Surgical Approach** **(Choose all that apply)**  | 🞎 Lateral Parapatellar🞎 Medial Parapatellar🞎 Mid-Vastus, VMO Splitting | 🞎 Sub-Vastus🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Surgical Incision** |  **Open Time**  |  **Close Time** | **Time from Incision to Close****Auto Calculated** |
| **Device Fixation** | **Femoral** [ ]  Cemented **Tibial** [ ]  Cemented  | [ ]  Uncemented [ ]  Uncemented | [ ]  Unable to determine[ ]  Not replaced[ ]  Unable to determine[ ]  Not replaced  |
|  | **Patellar** [ ]  Cemented  | [ ]  Uncemented | [ ]  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)
* 🞏 CHG-containing solution (for example, Irrisept)
* 🞏 Povidone-Iodine (for example, Betadine)
 |  | 🞏 Normal Saline🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Optional Technique****(Choose all that apply)** | 🞏 Computer Assisted * 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**TYPE\_** |
| **Pharmacological 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 | **VTE Diagnostic test date**  |  **MM/DD/YYYY** |
| **VTE Diagnostic Test Positive Results**  | 🞎 No 🞎 Yes 🞎 Unknown |
| **POST-OP NARCOTIC PRESCRIPTON** |
| **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 |
| **POST-OP NARCOTIC PRESCRIPTION (continued)** |
| **Medication Name** | **Dose** | **Dose Units** | **Route** | **Total Units Prescribed** |
| 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 |
| Methadone | **#** | 🞎 mgm 🞎 mcg | 🞎Nasal spray | 🞎Oral | **#** |
| 🞎Transdermal patch |
| Morphine* Morphine extended release
 | **#** | 🞎 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 Intranasal**  | 🞎 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:** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |