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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** |  | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  |  | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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