LAC+USC Health Care Network
Anesthesiology Quality Improvement Data Collection Form

Attach copy of anesthesia record to this sheet

Name of Institution:
☐ General Hospital ☐ WCH-OB/GYN ☐ WCH-PEDIATRICS ☐ HCH

Inpt./Outpt. Surgery:
☐ Inpatient ☐ Outpatient ☐ AM admit

MRUN:

Date: ☐☐ / ☐☐ / ☐☐ (MM / DD / YY)

ASA Status (check one):
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ ER

Sex:
☐ M
☐ F

Age:
☐ <= 2 years
☐ 3 - 12 years
☐ > 12 years

OR/Anesthesia Technique (check all that apply):
☐ General ☐ IV regional block ☐ Caudal ☐ Epidural ☐ MAC/Sedation ☐ Spinal ☐ Peripheral nerve block

Non-OR Activity (check all that apply):
☐ Pain consults ☐ CPR ☐ Epidural (non labor) ☐ Labor Epidural ☐ Peripheral Nerve Block
☐ Epidural Blood Patch ☐ Airway Intubation ☐ Invasive Line Placement ☐ Anesthesia/MAC outside OR

Answer the following:

Yes	No	
☐	☐	Was the Pre-Op visit documented?
☐	☐	Did the Attending Staff sign Pre-Op note?
☐	☐	Did the Attending Staff co-sign anesthesia record?
☐	☐	Were blood products transfused?
☐	☐	Were invasive lines placed?

Events: **Yes** ☐ **No** ☐

Were there any perioperative events?

If yes, indicate the categories below (check all that apply):

☐ Machine/Equipment failures
☐ Respiratory complications
☐ Cardiovascular complications
☐ Renal problems
☐ Accidental burns/Airway fires
☐ Corneal abrasion
☐ Peripheral nerve injury
☐ Epidural wet tap
☐ Post dural puncture headache
☐ Allergic/anaphylactic reaction or Adverse drug reaction
☐ Transfusion reaction
☐ Death (perioperative)
☐ Dental Injury
☐ Other _____

Faculty (print name): _____
ID#:

CRNA (print name): _____
ID#:

Resident/SRNA (print name): _____
ID#: