

POST OPERATION

Instructions:

- i) Where check boxes are provided, check one or more boxes. Where radio buttons are provided, check one box only.
- ii) Red asterisk (*) indicates the field is mandatory and must be filled.

Post Operative

1 *	Patient status at 30 days post operation	<input type="radio"/> Alive <input type="radio"/> Dead <input type="radio"/> Not Available			
2 *	ICU Admission	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available			
If Yes					
i Date & Time of ICU Admission		Date (dd-mm-yyyy)	Time (24 hr format HH:mm)		<input type="checkbox"/> Estimated / Not Known Time
ii Date & Time of ICU Discharge		Date (dd-mm-yyyy)	Time (24 hr format HH:mm)		<input type="checkbox"/> Estimated / Not Known Time
iii Length of ICU Stay (Auto Calculated)		day(s)			
iv Date & Time of Postoperative Extubation		Date (dd-mm-yyyy)	Time (24 hr format HH:mm)		<input type="checkbox"/> Estimated / Not Known Time
v Duration of Postoperative Intubation (Auto Calculated)		minutes			
vi ICU Readmission within 24 hours of discharge		<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Not Available	
vii Reintubation within 24 hours of extubation		<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Not Available	
3 *	Complication	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing			
If Yes					
a * Reoperation		<input type="checkbox"/> No reoperation <input type="checkbox"/> Sternal resuturing (sterile)	<input type="checkbox"/> Required for bleeding or tamponade <input type="checkbox"/> For deep sternal wound infection	<input type="checkbox"/> For graft problems <input type="checkbox"/> For other cardiac problems	<input type="checkbox"/> For valvular problem
b * New post operative stroke		<input type="radio"/> No <input type="radio"/> Transient <input type="radio"/> Permanent <input type="radio"/> Not Available			
c * Renal failure need dialysis		<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not Available			
d * Pulmonary complication		<input type="checkbox"/> Tracheostomy <input type="checkbox"/> Pneumonia <input type="checkbox"/> Prolonged Ventilation > 5 days <input type="checkbox"/> Pleural Effusion	<input type="checkbox"/> Others, specify		
e * GI complication		<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not Available			
f * Graft harvest site infection		<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not Available			
g * Sternal / thoracotomy wound infection		Type	<input type="radio"/> Superficial <input type="radio"/> Deep <input type="radio"/> Complete dehiscence		
h * New heart failure		<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not Available			
i * Post-op MI		<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not Available			
j * Arrhythmias		Type	<input type="radio"/> AF <input type="radio"/> SVT <input type="radio"/> Others, specify <input type="radio"/> Not Available		
k * Pericardial Effusion (Bleeding Tamponade)		<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not Available			
l * Fever		<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not Available			
m * Hypoglycemia episode		<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not Available			

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Post Operative (cont...)

4 *	Patient Status at discharge <p> <input type="radio"/> Alive <input type="radio"/> Dead <input type="radio"/> Not Available </p> <p> i. Date of discharge / Date of death (dd-mm-yyyy) </p> <p> ii. If Alive, discharge destination from cardiothoracic ward <input type="radio"/> Home <input type="radio"/> Convalescence <input type="radio"/> Other ward <input type="radio"/> Other Hospital </p> <p> ii. If died, please specify cause of death </p>	
5 *	Readmission within 28 days <p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not Available </p> <p> If Yes, reason for readmission <input type="radio"/> Related to cardiac operation <input type="radio"/> Due to other medical illness <input type="radio"/> Non medical reasons </p>	