

Patient Safety Data Reporting Template

Submit all cases online through the Patient Safety Data Reporting portal: psdr.aaaasf.org

Period I: Jan. 1 - March 31 **Period II:** April 1 - June 30 **Period III:** July 1 - Sept. 30 **Period IV:** Oct. 1 - Dec. 31

Period: _____ Year: _____

Facility Information

Facility ID#: _____

Name: _____

Operating Surgeon: _____ Total # of Cases for this Period: _____

Patient Information

Patient Initials: _____ Gender: _____ Age: _____

Ethnicity: _____ Height: _____ Weight: _____

Surgical/Procedural Information

Date: _____ Duration: _____(hours) _____(minutes)

Procedure: _____

Procedure # 2: _____

Procedure # 3: _____

NOTE: If there were additional procedures, please list them on a separate sheet.

Anesthesia Information

Type of Anesthesia: _____

Anesthesia Provider (e.g. Anesthesiologist, CRNA, RN under the direction of the Operating Surgeon):

Anesthesia Duration: _____(hours) _____(minutes)

Medical Record Review

Pathology Report ___ Yes ___ No ___ N/A

Pre-Op Plan for Treatment ___ Yes ___ No ___ N/A

Informed Consent ___ Yes ___ No ___ N/A

Medical History ___ Yes ___ No ___ N/A

Physical Examination ___ Yes ___ No ___ N/A

Laboratory Reports ___ Yes ___ No ___ N/A

Post-Op Recovery Record ___ Yes ___ No ___ N/A

Anesthesia Record ___ Yes ___ No ___ N/A

RX Given to Patient ___ Yes ___ No ___ N/A

Discharge Instructions ___ Yes ___ No ___ N/A

Operative Report ___ Yes ___ No ___ N/A

Recorded in Log ___ Yes ___ No ___ N/A