

# Unanticipated Sequela Template

Submit all cases online through the Patient Safety Data Reporting portal: [psdr.aaaasf.org](http://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#: \_\_\_\_\_ Operating Surgeon: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

## **Patient Information**

Patient Initials: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## **Surgical/Procedural Information**

Original Surgery Date: \_\_\_\_\_ Duration: \_\_\_\_\_(hours) \_\_\_\_\_(minutes)

## **Anesthesia Information**

Type of Anesthesia: \_\_\_\_\_

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

Anesthesia Duration: \_\_\_\_\_(hours) \_\_\_\_\_(minutes)

## **Sequela Information**

Sequela Type: \_\_\_\_\_

Location of Event (e.g. recovery room, hotel, home, etc.): \_\_\_\_\_

Original Procedure: \_\_\_\_\_

Procedure #2: \_\_\_\_\_ Procedure #3: \_\_\_\_\_

Procedure #4: \_\_\_\_\_ Procedure #4: \_\_\_\_\_

*NOTE: If there were additional procedures, please list them on another page.*

Analysis of Reason for Problem: \_\_\_\_\_

Sequela Outcome: \_\_\_\_\_

## **Required for all Deaths:**

Date of Death: \_\_\_\_\_ Days elapsed between surgery/procedure and date of sequela: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

***NOTE:*** If any of the procedures reported for this unanticipated sequela included liposuction, infection, or resulted in hospitalization, please fill out the appropriate section(s) of the Unanticipated Sequela Addendum template.

## Unanticipated Sequela Addendum Template

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### Liposuction Information

Infusion/Tumescent Fluid Type: \_\_\_\_\_

Epinephrine Used: \_\_\_\_\_% Amount: \_\_\_\_\_ per 1000cc Infusion Fluid

Lidocaine Used: \_\_\_\_\_% Amount: \_\_\_\_\_ per 1000cc Infusion Fluid

Marcaine Used: \_\_\_\_\_% Amount: \_\_\_\_\_ per 1000cc Infusion Fluid

Total Infusion/Tumescent Fluid: \_\_\_\_\_ cc

Total Volume Aspirate Removed: \_\_\_\_\_ cc

Intravenous Fluid Type: \_\_\_\_\_ Total IV Fluids Given: \_\_\_\_\_ cc

### Hospital Information

Hospital Name: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date of Discharge/Death: \_\_\_\_\_

Reason of Admission: \_\_\_\_\_

Explanation of Hospital Course: \_\_\_\_\_

### Infection Information

Anatomic Location: \_\_\_\_\_

Culture Result: \_\_\_\_\_

Wound Management: \_\_\_\_\_

Other Therapy: \_\_\_\_\_