



VA National Surgery Office

VA Purchased Surgical Care Patient Outcome Form

To be completed for all procedures at time of hospital/surgery center discharge. Definitions of complications available at **XXXXXXX** website.

Patient SSN (xxx-xx-xxxx):		Patient Name (Last, First, MI):	
Date of Surgery (MM/DD/YYYY):		Date of Hospital/Surgery Center Discharge (xx/xx/xxxx) :	
Principal CPT Code:		Surgical Specialty of the Principal Surgeon:	
** Please transmit all procedure notes and pathology reports. **			
System Category	Complications (not present on admission)	Event Y/N	
Cardiac	Cardiac Arrest	yes	no
	Myocardial Infarction	yes	no
	Repeat Cardio-Pulmonary Bypass	yes	no
Central Nervous System	Coma lasting >24 hours	yes	no
	CVA/Stroke	yes	no
	Peripheral Nerve Injury	yes	no
Pulmonary	Failure to Wean >48 hours after surgery	yes	no
	Repeat Ventilation	yes	no
	Pneumonia	yes	no
	Pulmonary Embolism	yes	no
	Tracheostomy	yes	no
Renal	Acute Renal Failure	yes	no
	New or Worsened Renal Insufficiency	yes	no
	Urinary Tract Infection	yes	no
Surgical Site Infection	Superficial	yes	no
	Deep	yes	no
	Organ Space	yes	no
Other	Reoperation for Bleeding	yes	no
	Bleeding	yes	no
	DVT/ Thrombo-phlebitis	yes	no
	Graft/Prosthesis Failure	yes	no
	Systemic Sepsis/Shock	yes	no
	Dehiscent Wound	yes	no
	Visual Loss	yes	no
	Retinal Detachment	yes	no
Optional Comments:			