CONSENT FOR ANESTHESIA SERVICES

I acknowledge that my doctor has explained to me that I will have an operation, diagnostic or treatment procedure. My doctor has explained the risks of the procedure advised me of alternative treatments and told me about the expected outcome and what could happen if my condition remains untreated. I also understand that anesthesia services are needed so that my doctor can perform the operation or procedure.

It has been explained to me that all forms of anesthesia Involve some risks and no guarantees or promises can be made concerning the results of my procedure or treatment. Although rare, unexpected severe complications with anesthesia can occur and Include the remote possibility of Infection, bleeding, drug reactions, blood clots, loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack, or death. I understand that these risks apply to all forms of anesthesia and that additional or specific risks have been identified below as they may apply to a specific type of anesthesia. I understand that the type(s) of anesthesia service checked below will be used for my procedure and that the anesthetic technique to be used Is determined by many factors including my physical condition, the type of procedure my doctor is to do, his or her preference, as well as my own desire. It has been explained to me that sometimes an anesthesia technique which involves the use of local anesthetics, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anesthesia.

☐ General Anesthesia	Expected Result Technique Risks	Total unconscious state, possible placement of a tube into the windpipe Drug injected into bloodstream, breathed into the lungs, or by other routes Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, aspiration, pneumonia.
☐ Spinal or Epidural ☐ With sedation ☐ Without sedation	Expected Result Technique Risks	Temporary decreased or loss of feeling and/or movement to lower part of the body Drug injected through a needle/catheter placed either directly into the spinal canal or immediately outside the spinal canal Headache, backache, buzzing in the ears, convulsions, infection, persistent weakness, numbness, residual pain, injury to blood vessels, total spinal
☐ Major/ Minor Nerve Block ☐ With sedation ☐ Without sedation	Expected Result Technique Risks	Temporary loss of feeling and/or movement of a specific limb or area Drug Injected near nerves providing loss of sensation to the area of the operation Infection, convulsions, weakness, persistent numbness, residual pain, injury to blood vessels
☐ Intravenous Regional Anesthesia ☐ With sedation ☐ Without sedation	Expected Result Technique Risks	Temporary loss of feeling and/or movement of a limb Drug injected into veins of arm or leg while using a tourniquet Infection, convulsions, persistent numbness, residual pain, injury to blood vessels
☐ Monitored Anesthesia Care ☐ With sedation	Expected Result Technique Risks	Reduced anxiety and pain, partial or total amnesia Drug injected Into the bloodstream, breathed into the lungs, or by other routes producing a semi-conscious state An unconscious state, depressed breathing, injury to blood vessels, aspiration, pneumonia
☐ Monitored Anesthesia Care ☐ Without sedation	Expected Result Technique Risks	Measure of vital signs, availability of anesthesia provider for further intervention None Increased awareness, anxiety and/or discomfort

I hereby consent to the anesthesia service checked above and authorize that it be administered by those who are privileged to provide anesthesia services at . I consent to an alternative type of anesthesia, if necessary, as deemed appropriate by them. I also consent for additional trained personnel (i.e. RT, RN, EMS) to perform tasks deemed appropriate (i.e. Intubation, IV start, etc.) under the direct supervision of the surgeon/anesthesia provider.

I certify and acknowledge that I have read this form or had it read to me, that I understand the risks, alternatives and expected result of the anesthesia service; and that I had ample time to ask questions and to consider my decision.

SIGNATURE (Patient / Patient Representative)	DATE	TIME

SIGNATURE (Witness)	DATE	TIME

ID	SIGNATURE (PROVIDER)	DATE / TIME

CONSENTIMIENTO PARA SERVICIOS DE ANESTESIA

Yo reconozco que mi médico me ha explicado que tendré una operación, diagnóstico o procedimiento. Mi Médico me ha explicado los riesgos del pro- cedimiento, me ha explicado los tratamientos alternativos y me ha informado sobre los resultados que se esperan, así como lo que pudiera suceder si mi condición continúa sin tratamiento alguno. Yo entiendo también que se necesitan servicios de anestesia para que mi médico pueda efectuar la cirugía o el procedimiento.

Se me ha explicado que todos los tipos de anestesia involucran ciertos riesgos y que no se pueden otorgar garantías o promesas relacionadas a los resultados de mi procedimiento o tratamiento. Aunque raramente, pueden suceder complicaciones severas con la anestesia y existe la remota posibilidad de infección, sangrado, reacción a las drogas, coágulo de sangre, pérdida de sensación, pérdida de función en las extremidades, paráli- sis, embolia, daño cerebral, ataque al corazón o muerte. Yo entiendo que todos estos riesgos se aplican a todos los tipos de anestesia y que riesgos específicos o adicionales han sido identificados a continuación, al poder ellos ser aplicables a ciertos tipos de anestesia. Yo entiendo que el tipo de servicio de anestesia indicado a continuación será utilizado en mi operación y que la técnica anestésica será deter- minada basada en varios factores, incluyendo mi condición física, el tipo de procedimiento que mi médico efectuará, su preferencia, así como mi propia elección. Se me ha explicado que a veces una técnica anestésica que involucra el uso de anestésicos locales, con o sin sedación, puede no ser completamente exitosa y por lo tanto otra técnica tendrá que ser usada, incluyendo la anestesia general.

☐ Anestesia General	Resultados Esperados Técnica Riesgos	Estado total inconsciente, posible colocación de un tubo dentro de la tráquea. Droga inyectada dentro del flujo sanguíneo, inhalada a los pulmones, o por otras vías. Dolor en la boca o garganta, ronquera, daño en la boca o dientes, conciencia durante la anestesia, daño a los vasos sanguíneos, aspiración, neumonía.
☐ Espinal o Epidural ☐ Con sedación ☐ Sin sedación	Resultados Esperados Técnica Riesgos	Disminución temporaria o pérdida de sensación y/o movimiento de la parte inferior del cuerpo. Drug injected through a needle/catheter placed either directly into the spinal canal or immediately outside the spinal canal Dolor de cabeza, dolor de espalda, zumbido en los oídos, convulsiones, infección, debilidad per- sistente, adormecimiento, dolor residual, daño a los vasos sanguíneos, "total espinal".
☐ Mayor/Menor Bloqueo Nervioso ☐ Con sedación ☐ Sin sedación	Resultados Esperados Técnica Riesgos	Pérdida temporal de sensación y/o movimiento de una extremidad específica o área. Droga inyectada cerca de los nervios que causa pérdida de sensación en el área de la operación. Infección, convulsiones, debilidad, persistente adormecimiento, dolor residual, daño a los vasos san- guíneos.
☐ Anestesia Regional Intravenosa ☐ Con sedación ☐ Sin sedación	Resultados Esperados Técnica Riesgos	Pérdida temporal de sensación y/o movimiento de una extremidad. Droga inyectada en las venas del brazo o pierna mientras se usa un torniquete. Infección, convulsiones, adormecimiento persistente, dolor residual, daño a los vasos
☐ Cuidado de Anestesia Monitoreado ☐ Con sedación	Resultados Esperados Técnica Riesgos	Dolor y ansiedad reducida, amnesia parcial o total. Droga inyectada dentro del fl ujo sanguíneo, inhalada a los pulmones, o por otras vías produciendo un estado semiconsciente. Un estado inconsciente, falta de aire, daño a los vasos sanguíneos.
☐ Cuidado de Anestesia Monitoreado ☐ Sin sedación	Resultados Esperados Técnica Riesgos	Medición de signos vitales, disponibilidad de un proveedor de anestesia para inmediata intervención. Ninguna. Aumento del estado de conciencia, ansiedad y/o incomodidad.

Yo doy mi consentimiento para el servicio de anestesia seleccionado en este formulario y autorizo para que sea administrado por o su asociado, quienes tienen credenciales para proveer servicios de anestesia . Yo también doy mi consentimiento para el uso de un tipo alternativo de anestesia, si fuera necesario, determinado por ellos. También doy mi consentimiento para que el personal entrenado adicional (es decir, RT, RN, EMS) realice las tareas que se consideren apropiadas (es decir, la intubación, el inicio IV, etc.) bajo la supervisión directa delcirujano/proveedor de anestesia.

Yo certifico y admito que he leído este formulario o que ha sido leído para mí, que entiendo los riesgos, alternativas y resultados espera- dos de los servicios de anestesia y que he tenido suficiente tiempo para efectuar preguntas y considerar mi decisión.

Firma (del Paciente o del Representante)	FECHA	HORA

Firma (del Testigo)	FECHA	HORA

ID	Firma (del Provider)	FECHA/HORA

ANESTHESIA PRE-OP

Age	Ht	Wt	BMI

Diagnosis

Procedure

SpO2	BP	HR	RR	Temp

Medications
☐ See MAR for list and doses

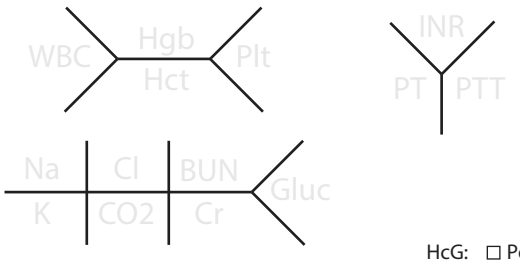
Allergies
☐ None ☐ Latex ☐ PCN ☐ Sulfa

Surgical History
☐ None

Prior anesthesia complications: ◯ Yes ◯ No

Family h/o anes complications: ◯ Yes ◯ No

Labs



HcG: ☐ Pos ☐ Neg

Anesthetic Plan

ASA ☐ E ☐

☐ General ☐ Regional ☐ Epidural

☐ MAC ☐ Spinal ☐ Labor Epidural

I have explained the anesthetic plan, options, and pertinent complications including when appropriate: death, severe neurologic impairment and blindness. The patient and/or legal guardian has communicated to me an understanding of both the anesthesic plan and inherent risks. Patient history reviewed by anesthesiologist.

Signature Date Time

AIRWAY
WNL: ◯ Yes ◯ No

MP: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Teeth: ☐ Multiple missing ☐ Dent Full / Partial ☐ Upper / Lower ☐ Loose/Chipped

Neck ROM: ☐ Normal ☐ Limited

☐ History of difficult airway

ENT
WNL: ◯ Yes ◯ No

☐ Otitis Media ☐ Dental

☐ Chronic Tonsillitis ☐ Glaucoma

CARDIAC
WNL: ◯ Yes ◯ No

☐ RRR ☐ HTN ☐ Cath ☐ Stents

☐ Abnormal EKG ☐ Murmurs ☐ Stress test ☐ CAD

☐ Pacemaker ☐ AICD ☐ EKG

☐ Hyperlipidemia ☐ A Fib ☐ Echo

☐ MI ☐ CHF

PULMONARY
WNL: ◯ Yes ◯ No

☐ Clear bilateral ☐ Asthma ☐ Tobacco use

☐ Equal bilateral ☐ CPAP ☐ SOB

☐ COPD ☐ Sleep apnea ☐ CXR

HEPATIC / GI
WNL: ◯ Yes ◯ No

☐ Hepatitis A B C ☐ Recreational drug use ☐ PONV risk

☐ EtOH use ☐ GERD

NEURO
WNL: ◯ Yes ◯ No

☐ Seizures ☐ Migraines ☐ Chronic pain

☐ CVA/TIA ☐ Neuropathy ☐ MS / MG / ALS

RENAL/GU
WNL: ◯ Yes ◯ No

☐ ARF ☐ CKD

☐ Hemodialysis

☐ Peritoneal dialysis

ENDOCRINE
WNL: ◯ Yes ◯ No

☐ DM ☐ Thyroid disease

☐ Glucose:_____

HEME/ONCOLOGY
WNL: ◯ Yes ◯ No

☐ Anemia ☐ Sickle cell ☐ Cancer:_____

☐ Bleeding disorder ☐ DVT

MUSCULOSKELETAL
WNL: ◯ Yes ◯ No

☐ Obese ☐ Arthritis ☐ RA

☐ Hypotonia ☐ Fibromyalgia

PSYCHOSOCIAL
WNL: ◯ Yes ◯ No

☐ Bipolar ☐ Anxiety ☐ Depression ☐ Schizophrenia ☐ ADD/ADHD

☐ Panic Disorder ☐ PTSD

NPO: ☐ Solids 8hrs, Clears 2 hrs

If pregnant, PCA: _____ weeks

ANESTHESIA PRE-OP

ANESTHESIA RECORD

DATE OF PROCEDURE

Post Op Diagnosis #1 — Free Text

Post Op Diagnosis #2 — Free Text

PHYSICIAN

Procedure #1 — Free Text

Procedure #2 — Free Text

Ht

Wt

PRE-PROCEDURE

☐ TIME OUT

Current meds listed in record: ○ Y ○ N-RS ○ N-RU

Surgical Safety Checklist: ○ Y ○ N

PREMED #1 WST TIME

PREMED #2 WST TIME

MONITORS

EKG NIBP L R

Temp: Skin / Esoph / Nasal Pulse Ox L R

AIRWAY MANAGEMENT

☐ Oral ☐ LMA ☐ NC ☐ Mask ☐ None

☐ ETT: Oral / Nasal ☐ Stylet

SIZE BLADE DEPTH cm

LEAK cm H2O GRADE

☐ FO Laryngoscope

☐ FO Bronchoscope

NPO

Solids:

Clears:

WARMING

☐ Wrm Blnk ☐ Br Hggr

☐ Hot-Line ☐ Wrm Mtrs

ACCESS

IV _____ G Att _____

Location:

TYPE

○ Ambulatory

○ Inpatient

TIME													TOTAL	WST
EKG														
NC (O2 LPM)														
FiO2														
SPO2														
EtCO2														
Temp														
180														
160														
140														
120														
100														
80														
60														
40														
20														
BIS														
RESP. RATE														

SCHED START

☐ FIRST CASE

ASA E ☐

LOCATION

ANES START SURGERY START

ANES END SURGERY END

○ MAC ○ GEN ○ SAB ○ EPID

#1 SIGNATURE ID Start End

#2 SIGNATURE ID Start End

RECOVERY

○ PACU

○ ICU

Arrival Time

Transfer of care to:

Handoff Protocol Used: ○ Y ○ N-RS ○ N-RU

Extubated Awake / Deep

BP

SpO2

HR

RR

TEMP

DISCHARGE

PACU Pain Score:

Patient Participate: ○ Yes ○ No

Airway Patent: ○ Yes ○ No

Hydration Adeq: ○ Yes ○ No

Pain Control Adeq: ○ Yes ○ No

PONV Controlled: ○ Yes ○ No

Anes Comp: ○ Yes ○ No

It is my clinical judgment that the patient is able to be discharged from the PACU.

☐ VS Reviewed and Stable

ID Signature

Date Time

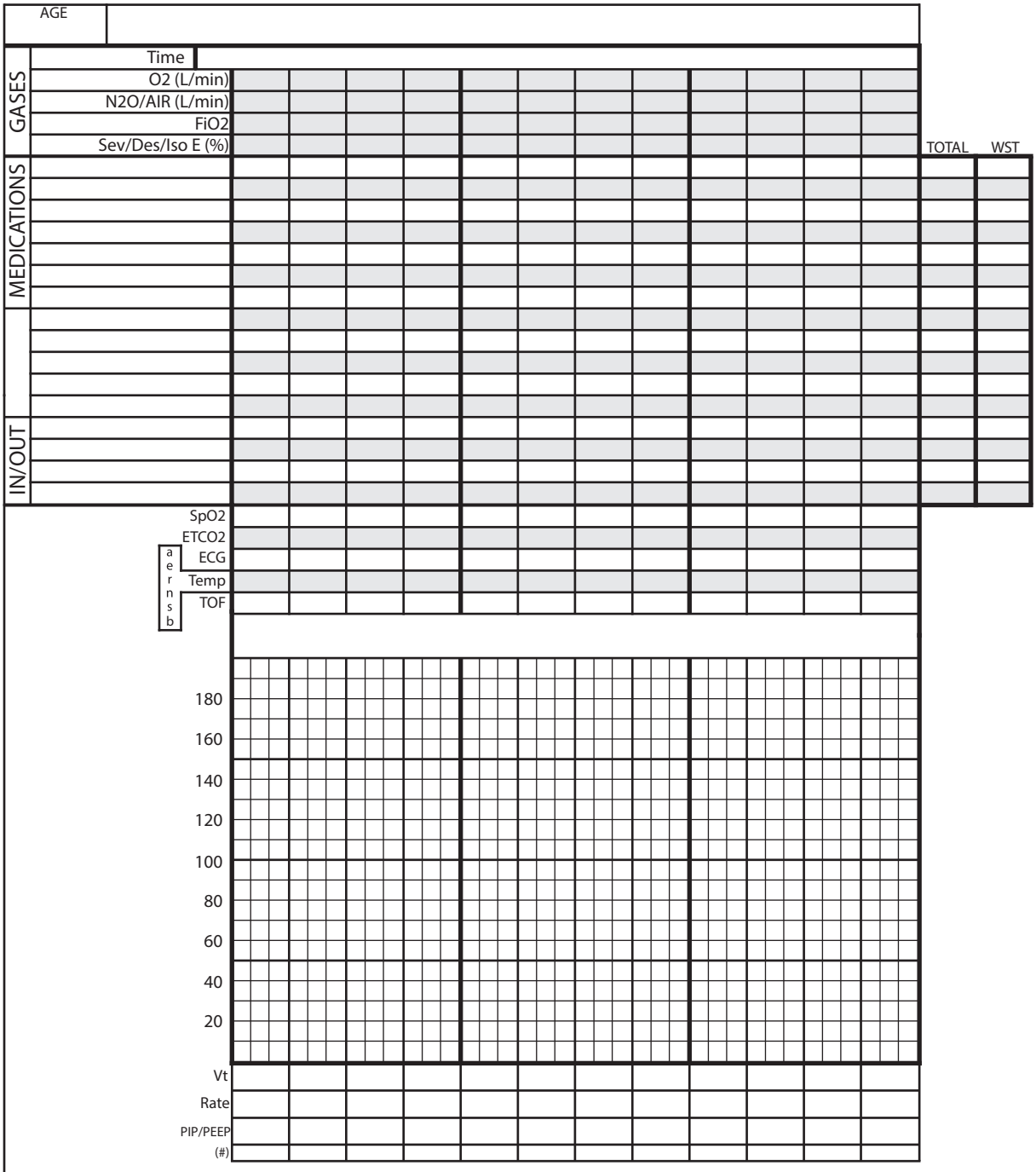
Comments:

CoMorb #1

CoMorb #2

Care Model

Anes Total Time (min)



COMMENTS

COMMENTS

ANESTHESIA RECORD -- EXTRA TIME

EXTRA LOCATIONS

#1		Start	Time Out
#2			☐

EXTRA SURGEONS		Start	Stop
#1			
#2			

ADDITIONAL PROCEDURES

#1		Code:
#2		Code:
#3		Code:

ADDITIONAL ANESTHESIA PROVIDERS			Start	Stop
#3				
#4				
#5				
#6				

☐ Field Avoidance Indicator (-22) ☐ Unusual Position Indicator (-22)

☐ Deliberate Hypotension per surgeon's request (99135)

COMMENTS

ARTERIAL LINE ○ Yes ○ No Code:

ULTRASOUND ○ Yes ○ No Code:

Location: ☐ L Radial ☐ R Radial ☐ Other:_____

Indication: ☐Hemodynamic instability anticipated ☐Sample Analysis

☐ 20g Arrow Cath cannulated the artery, then secured with tegaderm and tape. Sterile technique used.

CENTRAL LINE ○ Yes ○ No Defined Tech: Code:

ULTRASOUND ○ Yes ○ No Code:

☐ L IJ ☐ R IJ ☐ L Sub ☐ R Sub ☐Other: _____

☐ Line placed in OR ☐Other: _____

☐ Catheter 7F 15 cm ☐ 9F 10cm MAC ☐_____

☐ Time out performed. Trendelenburg position, maximal sterile precautions (hands washed, sterile prep, hat, gown, gloves, full body drape), 18g needle canulate vein. US guidance (images on file). Venous cannulation confirmed, dark non-pulsatile blood flow. J wire threaded through the needle then removed. Skin nick, dilator over wire and removed. Catheter threaded over the wire. Wire removed. Ports aspirated and flushed. Sutured in at _____cm. Covered with sterile tegaderm.

NEURAXIAL Start: End: ☐ Time Out

○ PostOp pain control per surgeon request ○ Surgical anesthesia

REQUESTED BY: U/S Used ○ Yes ○ No

BLOCK: POSITION: Sit / LLD / RLD

APPROACH: Central / Right / Left / Paramedian

INTERSPACE: T10 - T11 - T12 - L1 - L2 - L3 - L4 - L5 Other:_____

PREP: Beta / Alc / HIB / CHP Draped: Y / N

LOCAL WHEAL: Y / N 1% Lidocaine Vol:_____mL

NEEDLE TYPE: Epidural: Tuohy Size: 17G / 18G

Spinal: Pencil Point / Cutting Size: 22G / 25G / 27G

Blood: Y / N Paresth: Y / N Resolved: Y / N CSF: Y / N

LOR: Air / NS at _____ cm Aspiration: Neg / Pos

Test dose w/ 1.5% Lido w/epi: Neg / Pos Code:

MEDICATIONS Code:

1.	3.
2.	4.

Catheter secured at: _____cm Dressing: Tegaderm / Op-Site

Sensory level adequate: Y / N Infusion Rate: _____

Block complete at: _____

Epidural D/C'd: Y / N
(See RN notes for removal time)
Tip intact: Y / N

ID#	SIGNATURE	DATE	TIME

ANESTHESIA RECORD -- EXTRA INFO

REGIONAL	Start:	End:	☐ Time Out

○ Block for Post op pain control / surgeon request Code:

○ Block for surgical anesthesia Code:

ASSISTED BY: _____

BLOCK: U/S ○ Yes ○ No

OTHER: ○ Left ○ Right ○ Bilat

POSITION: Sit / LLD / RLD / Sup / Prone U/S: Y / N Attempts: _____

PREP: Beta / Alc / HIB / CHP Draped: Y / N ☐ Full monitors used

LOCAL WHEAL: Y / N Needle Size: _____G

NEEDLE MANUFACTURER: _____

Size: 17 G / 20 G / 21 G / 22 G / Other: _____

Length: 80mm / 100mm / Other: _____

N Stim to _____mA (*if applicable*)

Blood Asp: Y / N Easy Inject: Y / N Parasth: Y / N Inc Injection: Y / N

☐ Catheter tunneled at: _____ Dressing: Tegaderm / Op-Site / None

SUCCESS: On/Q Infusion Pump

☐ Complete ☐ Partial ☐ Failed ☐ Eval Pending

MEDICATIONS

1.	3.
2.	4.

Other:

COMMENTS

ID#	SIGNATURE	DATE	TIME

REGIONAL	Start:	End:	☐ Time Out

○ Block for Post op pain control / surgeon request Code:

○ Block for surgical anesthesia Code:

ASSISTED BY: _____

BLOCK: U/S ○ Yes ○ No

OTHER: ○ Left ○ Right ○ Bilat

POSITION: Sit / LLD / RLD / Sup / Prone U/S: Y / N Attempts: _____

PREP: Beta / Alc / HIB / CHP Draped: Y / N ☐ Full monitors used

LOCAL WHEAL: Y / N Needle Size: _____G

NEEDLE MANUFACTURER: _____

Size: 17 G / 20 G / 21 G / 22 G / Other: _____

Length: 80mm / 100mm / Other: _____

N Stim to _____mA (*if applicable*)

Blood Asp: Y / N Easy Inject: Y / N Parasth: Y / N Inc Injection: Y / N

☐ Catheter tunneled at: _____ Dressing: Tegaderm / Op-Site / None

SUCCESS: On/Q Infusion Pump

☐ Complete ☐ Partial ☐ Failed ☐ Eval Pending

MEDICATIONS

1.	3.
2.	4.

Other:

COMMENTS

ID#	SIGNATURE	DATE	TIME

ANESTHESIA RECORD -- REGIONAL

	COMMENTS
	COMMENTS
	COMMENTS

PHOTOS AND COMMENTS FORM

MACRA MEASURES

MIPS 404

Patient is a smoker ○ Yes ○ No
- *if yes* – Rec'd cessation guidance ○ Yes ○ No
- *if yes* – Smoked on DoS ○ Yes ○ No

AQI 62/68

Pre-existing OSA diagnosed ○ Yes ○ No
- *if no* – Patient incapacitated ○ Yes ○ No
- *if no* – OSA screen positive ○ Yes ○ No

STOPBANG screen for OSA: Plus 1 for each, and OSA screen positive if score ≥ 5.

(S)nores	(T)ired	(O)bserved apnea	(P)ressure: HTN
(B)MI > 35	(A)ge > 50yo	(N)eck size > 17"M or 16"F	(G)ender = Male

- *if yes* – OSA education doc ○ Yes ○ No

≥ 2 Mitigations used ○ Yes ○ No

Mitigation strategies that may apply:

Pre-op CPAP or NIPPV	Multimodal analgesia
Pre-op mandibular advncmt device	SAB, Epid, or PNB used
Intra-op CPAP or nasal/oral airway	Extubation while awake
Post-op CPAP or nasal/oral airway	Verification of full reversal
	Recovery in nonsupine position

ABG 16/38

Difficult airway ○ Yes ○ No
- *if yes* – Planned equip use ○ Yes ○ No
- *if yes* – 2nd Provider present ○ Yes ○ No

MIPS 430

≥ 3 Risk factors for PONV ○ Yes ○ No
- *if yes* – Inhal agent used ○ Yes ○ No
- *if yes* – Combo therapy used ○ Yes ○ No - RS ○ No - RU

PONV risk factors that may apply:

Female	Non-smoker	Hx of PONV
Hx of motion sickness	Receiving opioids	

MIPS 424

(MIPS 424 will be calculated based on other fields - Anes Start/End time, Primary Anesthetic Type, and Patient Temperature or Temperature < 35.5˚C outcome.)

MIPS 477

Multimodal pain management ○ Yes ○ No - RS ○ No - RU

QUALITY

Post-op disposition ○ PACU/Stepdown ○ ICU

Post-op pain (*circle one*) 0 1 2 3 4 5 6 7 8 9 10 Unk

Current meds in record ○ Yes ○ No - RS ○ No - RU

Safety checklist used ○ Yes ○ No

Handoff protocol used ○ Yes ○ No - RS ○ No - RU

AQI 48/61

Outpatient Hospital or ASC ○ Yes ○ No

Send Graphium assessment/satisfaction survey ○ Yes ○ Pt Declines ○ No
- *if yes* – Mobile Number _____
- *if yes* – Email _____
- *if not* – Pt post-discharge status assessed ○ Yes ○ Not reachable ○ No

OUTCOMES ○ No ○ Yes

☐ Cardiac arrest (unplanned)	☐ Unexpected death
☐ Myocardial ischemia	☐ Uncontrolled HTN
☐ Myocardial infarction	☐ Stroke, CVA, or coma
☐ Dysrythmia requiring intervention	☐ Vasc injury (arterial/ptx)
☐ Pneumo (related to anesthesia)	☐ Aspiration
☐ Failed regional anesthetic	☐ Wet tap
☐ Peripheral nerve injury following regional	☐ Systemic local anes toxicity
☐ Temperature <95.9˚F or <35.5˚C	☐ Inadequate reversal
☐ Reintubation (planned trial extub)	☐ Intractable N/V
☐ Reintubation (no trial extub)	☐ Unexpctd post-op vent
	☐ Prolonged PACU stay
☐ Medication administration error	☐ Anaphylaxis
☐ Adverse transfusion reaction	☐ Opioid reversal required
☐ Wrong site surgery	☐ Unplanned hospital admission
☐ Wrong patient	☐ Unplanned ICU admission
☐ Wrong surgical procedure	

☐ Dental trauma	☐ Unable to intubate	☐ Fall in OR
☐ Visual loss	☐ Airway fire in OR	☐ Other
☐ MH	☐ Corneal abrasion	
☐ Awareness under GA	☐ Equipment malfunction	

FIRST CASE DELAY: ○ No ○ Yes

REASON

- ☐ Patient Late
- ☐ NPO Violation
- ☐ Equipment Not Available
- ☐ Interpreter Not Available
- ☐ RN Not Available
- ☐ Anesthesia Not Available
- ☐ Surgeon Not Available
- ☐ Abnormal Lab Values
- ☐ Delay for Emergency
- ☐ Other

CASE CANCELLED: ○ No ○ Yes

REASON

○ After Ind
- ☐ No OR Time
- ☐ Equipment Failure
- ☐ ICU Bed Not Available
- ☐ Inpt Bed Not Available
- ☐ Abnormal Labs
- ☐ Patient Decision
- ☐ Patient No Show
- ☐ NPO Violation
- ☐ Change in Surgical Plan
- ☐ Other

○ Before Ind

COMMENTS

REFERENCES

DEFINITIONS

"No - RS" (No - Reason Specified):
Documented reason (e.g. patient, medical, or process) explaining why action was not performed.

"No - RU" (No - Reason Unspecified):
No documented reason explaining why action was not performed.

ID# SIGNATURE DATE TIME

MACRA QUALITY COMPLIANCE