ANESTHESIA CHARGE CAPTURE

GRAPHIUM HEALTH
ANESTHESIA PRACTICE SOLUTIONS

Facility | Loc

Case Type: ○ Standard ○ OB Case

OB Type: ○ Labor Only ○ OR Only ○ Labor to OR

○ 1	○ 3	○ 5	E: ☐
○ 2	○ 4	○ 6	

Pt Type: Primary Anes:

☐ Eval Prior to Day of Surg ☐ Same Day Add On

☐ First Case | Sched Start

Anes Start		LE Place Start	
Anes Ready		LE Place End	
Surg Start		Delivery	
Surg End			
PACU /ICU		Anes End	

PROCEDURE DATA

Post Op Diagnosis #1 — Free Text Entry
Post Op Diagnosis #2 — Free Text Entry
Post Op Diagnosis #3 — Free Text Entry

Procedure #1 — Free Text Entry
Procedure #2 — Free Text Entry
Procedure #3 — Free Text Entry

Labor Epidural to C-Section ○ Yes ○ No

Comorbidity — Free Text Entry
Comorbidity — Free Text Entry
Comorbidity — Free Text Entry

REGIONS/ENTRY/MODIFIERS

☐ Head	☐ Pelvis	☐ Left	☐ Open
☐ Thorax	☐ Upper Ext	☐ Right	☐ Scope
☐ Abdomen	☐ Lower Ext	☐ Bilateral	☐ Robotic

☐ Deliberate Hypothermia ☐ Field Avoidance

☐ Deliberate Hypotension

CASE CANCELLED AND REASON

○ Yes | #1:

○ No | ○ Before Induction ○ After Induction

PROVIDER INFORMATION

Surgeon | Care Model

Anes #1

Match case times | Start | End

Anes #2

Match case times | Start | End

Anes #3

Start | End

Anes #4

Start | End

ADDITIONAL PROCEDURES

Access: Vascular Access — Procedure Start; Set Prov #1 — Provider — Procedure End

Access: Vascular Access — Procedure Start; Set Prov #1 — Provider — Procedure End

Regional Block: Regional Block — Procedure Start; Set Prov #1 — Provider — Procedure End

☐ For post-op pain control requested by Surgeon

Regional Block: Regional Block — Procedure Start; Set Prov #1 — Provider — Procedure End

☐ For post-op pain control requested by Surgeon

Neuraxial Block: Neuraxial Block — Procedure Start; Set Prov #1 — Provider — Procedure End

☐ For post-op pain control requested by Surgeon

Other: Other — Free Text Entry
Other — Free Text Entry

U/S IMAGE

MACRA MEASURES

Patient is a smoker	○ Yes	○ No	
Cessation guidance	○ Yes	○ No	
Smoked on DoS	○ Yes	○ No	
Pre-existing OSA dx'd	○ Yes	○ No	
Patient incapacitated	○ Yes	○ No	
OSA screen positive	○ Yes	○ No	
OSA education doc	○ Yes	○ No	
≥ 2 Mitigations used	○ Yes	○ No	
Difficult airway	○ Yes	○ No	
Planned equip used	○ Yes	○ No	
2nd Provider present	○ Yes	○ No	
≥ 3 Risk factors for PONV	○ Yes	○ No	
Inhal agent used	○ Yes	○ No	
Combo therapy used	○ Yes	○ N-RS	○ N-RU
Multimodal pain mngmnt	○ Yes	○ N-RS	○ N-RU
Outpatient Hospital or ASC	○ Yes	○ No	

Send Graphium survey ○ Yes ○ Pt Declines ○ No

Mobile Number

Email

Post-discharge assessed ○ Yes ○ Not reachable ○ No

QUALITY

Post Op Diposition: ○ PACU/Stepdown ○ ICU

Pain: 0 1 2 3 4 5 6 7 8 9 10 Unk

Current meds in record ○ Yes ○ No

Safety checklist used ○ Yes ○ No

Handoff protocol used ○ Yes ○ No

ADVERSE EVENTS

○ Yes | #1:

○ No | #2:

ASA CPT CODE

Dropdown Menu — Free Text Entry

ASA CPT Code:

(If available at point of care or to be submitted later.)

(Patient Name)

(Date of Birth) (Gnd)

(Medical Record Number)

(Encounter Number)

ADDITIONAL ANESTHESIA PROVIDERS			
Anes #5			
Start		End	
Anes #6			
Start		End	
Anes #7			
Start		End	
Anes #8			
Start		End	
EXTRA SURGEONS			
#1			
Start		End	
#2			
Start		End	
EXTRA LOCATIONS			
#1			
Start		End	
#2			
Start		End	
COMMENTS			

CHARGE CAPTURE -- EXTRA INFO

TAKE PHOTO

PHOTO

TAKE PHOTO

ANESTHESIA RECORD

TAKE PHOTO

PROCEDURE NOTE