



The Gold Standard

700.2

Random Case Review Form

Period: _____ Year: _____ Operating Surgeon: _____

Surgery Facility: _____

Review Date: _____ Reviewing Physician: _____

Total Number of Cases for this Period: _____

Patients Initials: _____ Gender: _____ Height: _____ Weight: _____

Age: _____ Ethnicity: _____

Surgery Date: _____ Duration: _____ hours _____ minutes

Procedure #1: _____

Procedure #2: _____

Procedure #3: _____

Procedure #4: _____

Anesthesia Type: _____

Anesthesia Provider: _____

Duration: _____ hours _____ minutes

Chart Review:

- 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
- Pathology Report Adequate: YES NO N/A
- Discharge Instructions: YES NO N/A
- Operative Report: YES NO N/A
- Recorded in Log Book: YES NO N/A



The Gold Standard

700.3

Unanticipated Sequela Form

Period: _____ Year: _____

Operating Physician: _____

Surgery Facility: _____

Review Date: _____

Reviewing Physician: _____

Patient Initials: _____ Gender: _____ Height: _____ Weight: _____

Age: _____ Ethnicity: _____

Surgery Date: _____ Duration _____ hours _____ minutes

Sequela Type: _____

Location of Event (physical location, Example: recovery room, home, etc.):

Procedure #1: _____

Procedure #2: _____

Procedure #3: _____

Procedure #4: _____

Anesthesia Type: _____

Anesthesia Provider: _____

Duration: _____ hours _____ minutes

Sequela Outcome: _____

If any of the procedures reported for this unanticipated sequela included liposuction, infection or resulted in hospitalization, please fill out the Unanticipated Sequela Addendum sheet.



700.3a

Unanticipated Sequela Addendum Sheet

(Please Attach to Unanticipated Sequela Report)

LIPOSUCTION

Total Volume Removed: _____ cc

Intravenous Fluid Type: _____

Total Intravenous Fluid Replaced: _____ cc

Infusion Fluid Type: _____

Intravenous Fluid Volume: _____ cc

Epinephrine Amount: _____ per 1000 Infusion Fluid

Lidocaine Amount: _____ per 1000 Infusion Fluid

Lidocaine Percent: _____

Marcaine Percent: _____

Marcaine Amount: _____ per 1000 Infusion Fluid

HOSPITALIZATION INFORMATION

Hospital Name: _____

Date of Admission: _____

Date of Discharge: _____

Reason for Admission: _____

Explanation of Hospital Course:

INFECTION INFORMATION

Anatomic Location: _____

Culture Results: _____

Antibiotic Therapy: _____

Wound Management:

Other Therapy: _____