



The Society of Thoracic Surgeons General Thoracic Surgery Database Major Procedure Data Collection Form Version 2.2

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- A Major Procedure Data Collection Form (DCF) should be initiated every time the patient enters the Operating Room for Major Procedure(s). Major procedures are analyzed, may be risk adjusted and are included in Harvest Reports.
- Fields that appear underlined and in blue are required for Major procedure record inclusion. If any of these fields are missing data, the entire record will be excluded from the analysis.
- Procedures highlighted below, if performed as isolated procedures or with another highlighted procedure are not collected unless the Surgeon Participant chooses to track them. If collected, use the data set highlighted below or the Non-analyzed Procedure Data Set DCF. Sections and Fields that appear highlighted are suggested for these procedures.
- Highlighted procedures done in conjunction with major procedures should be included on the Major Procedure DCF.

Demographics			
Patient ID: _____		Medical Record #: _____	
First Name: _____		MI: _____	Last Name: _____
SSN#: _____			
STS Trial Link #: _____			
Date of Birth: ____/____/____		<u>Age</u> : _____	Patient Zip Code: _____
<u>Gender</u> : <input type="checkbox"/> Male <input type="checkbox"/> Female			
<u>Race</u> : <i>Select all that apply</i> →			
White/Caucasian		<input type="checkbox"/> Yes <input type="checkbox"/> No	Black/African American
Asian		<input type="checkbox"/> Yes <input type="checkbox"/> No	American Indian/Alaskan Native
Native Hawaiian/Pacific Islander		<input type="checkbox"/> Yes <input type="checkbox"/> No	Other
			Unknown
Hispanic or Latino Ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Admission			
<u>Admission Status</u> : <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient / Observation		<i>If Inpatient</i> → Admission Date: ____/____/____	
Payor: <i>Select all that apply</i> ↓			
Government Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If Yes: Select all that apply:</i> ↓			
Medicare		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes</i> → Fee For Service: <input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid		<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Health Insurance Claim (HIC)#: _____
State-Specific Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No	Military Health Care
Commercial Health Insurance		<input type="checkbox"/> Yes <input type="checkbox"/> No	Indian Health Service
Health Maintenance Organization		<input type="checkbox"/> Yes <input type="checkbox"/> No	Non-U.S. Insured
		<input type="checkbox"/> Yes <input type="checkbox"/> No	None / Self
Surgeon Name: _____		<u>Surgeon's National Provider ID</u> : _____	
Taxpayer ID#: _____		Hospital Name: _____	
Hospital Zip Code: _____		Hospital State: _____	Hospital's National Provider ID: _____

Pre-Operative Evaluation			
Height: _____ (cm)	Weight: _____ (kg)	Wt loss over past 3 months? (Enter "0" if none) _____ (kg)	
Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coronary Artery Disease (CAD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Congestive Heart Failure(CHF) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior Cardiothoracic Surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Peripheral Vascular Disease (PVD) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preoperative chemotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes → When: <input type="checkbox"/> ≤ 6 months <input type="checkbox"/> > 6 months	
Preop Thoracic Radiation Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes → <input type="checkbox"/> Same disease, ≤ 6 months <input type="checkbox"/> Same disease, > 6 months <input type="checkbox"/> Unrelated disease, ≤ 6 months <input type="checkbox"/> Unrelated disease, >6 months	
Cerebrovascular History: <input type="checkbox"/> No CVD history <input type="checkbox"/> Any reversible event <input type="checkbox"/> Any irreversible event			
Pulmonary Hypertension: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable/Not documented			
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes→ Type of control: <input type="checkbox"/> None <input type="checkbox"/> Diet <input type="checkbox"/> Oral or other non-insulin <input type="checkbox"/> Insulin	
On Dialysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Creatinine level measured	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hemoglobin level measured		If Yes → Last hemoglobin level _____	
COPD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interstitial Fibrosis <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cigarette smoking: <input type="checkbox"/> Never smoked <input type="checkbox"/> Past smoker (stopped >1 month prior to operation) <input type="checkbox"/> Current smoker			
If 'Past smoker' or 'Current Smoker' →		Pack Year Known or can be estimated	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If Yes → Pack-Years _____	
Pulmonary Function Tests performed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If No →	PFT Not Performed Reason		Pt. Unable to perform
		<input type="checkbox"/> Not a Major Lung Resection	<input type="checkbox"/> Never smoked, no Lung Dx
		<input type="checkbox"/> Tracheostomy or Ventilator	<input type="checkbox"/> Urgent or Emergent Status
If Yes →	FEV1 test performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		If Yes→ FEV1 % predicted: _____
		DLCO test performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	If Yes→ DLCO % predicted: _____
Zubrod Score: <input type="checkbox"/> Normal activity, no symptoms <input type="checkbox"/> Symptoms, fully ambulatory <input type="checkbox"/> Symptoms, in bed ≤ 50% of time <input type="checkbox"/> Symptoms, in bed >50% but <100% <input type="checkbox"/> Bedridden <input type="checkbox"/> Moribund			
Pre-treatment Lung cancer staging- to be completed if lung cancer documented <u>AND</u> lung resection performed.			
Lung Cancer: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes→	Clinical Staging Done <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes→	Clinical Staging Methods : Choose all that apply ↓		
	Bronchoscopy <input type="checkbox"/> Yes <input type="checkbox"/> No	EBUS	<input type="checkbox"/> Yes <input type="checkbox"/> No
	EUS <input type="checkbox"/> Yes <input type="checkbox"/> No	Mediastinoscopy/Chamberlain	<input type="checkbox"/> Yes <input type="checkbox"/> No
	PET or PET/CT <input type="checkbox"/> Yes <input type="checkbox"/> No	CT	<input type="checkbox"/> Yes <input type="checkbox"/> No
	VATS <input type="checkbox"/> Yes <input type="checkbox"/> No	Laparoscopy	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other <input type="checkbox"/> Yes <input type="checkbox"/> No		
Lung CA Tumor Size: <input type="checkbox"/> ≤ 2 cm <input type="checkbox"/> >2cm ≤ 3cm <input type="checkbox"/> >3cm ≤ 5cm <input type="checkbox"/> > 5cm ≤ 7cm <input type="checkbox"/> >7cm <input type="checkbox"/> Unknown			
Invasion of Adjacent Structures: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes→	Choose all Locations that apply: ↓		
	Visceral Pleura <input type="checkbox"/> Yes <input type="checkbox"/> No	Chest Wall or Parietal Pleura <input type="checkbox"/> Yes <input type="checkbox"/> No	Diaphragm <input type="checkbox"/> Yes <input type="checkbox"/> No
	Phrenic Nerve <input type="checkbox"/> Yes <input type="checkbox"/> No	Pericardium <input type="checkbox"/> Yes <input type="checkbox"/> No	Main Bronchus <input type="checkbox"/> Yes <input type="checkbox"/> No
	Obstructive Atelectasis or Pneumonitis <input type="checkbox"/> Yes <input type="checkbox"/> No	Separate Nodule(s), same lobe <input type="checkbox"/> Yes <input type="checkbox"/> No	Mediastinum <input type="checkbox"/> Yes <input type="checkbox"/> No
	Heart <input type="checkbox"/> Yes <input type="checkbox"/> No	Great Vessels <input type="checkbox"/> Yes <input type="checkbox"/> No	Trachea <input type="checkbox"/> Yes <input type="checkbox"/> No
	Recurrent Laryngeal Nerve <input type="checkbox"/> Yes <input type="checkbox"/> No	Esophagus <input type="checkbox"/> Yes <input type="checkbox"/> No	Vertebral Body <input type="checkbox"/> Yes <input type="checkbox"/> No
	Carina <input type="checkbox"/> Yes <input type="checkbox"/> No	Separate Nodule(s), different lobe <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lung CA Nodes:	<input type="checkbox"/> N0 No regional lymph node metastasis	<input type="checkbox"/> N1 Metastasis in ipsilateral peribronchial or hilar and intrapulmonary nodes. Includes direct extension	
	<input type="checkbox"/> N2 Metastasis in ipsilateral mediastinal and/or subcarinal lymph nodes	<input type="checkbox"/> N3 Metastasis in contralateral mediastinal or contralateral hilar nodes, ipsilateral or contralateral scalene or supraclavicular nodes	
Lung CA Metastases:	<input type="checkbox"/> M0 No distant metastasis	<input type="checkbox"/> M1 Distant Metastasis	

Pre-treatment esophageal cancer staging- to be completed if esophageal cancer documented AND esophageal resection performed.

Esophageal Cancer: Yes No

If Yes→ Clinical Staging Done <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes→ Clinical Staging Method(s) and Results: <i>Choose all that apply</i> ↓	
Bronchoscopy <input type="checkbox"/> Yes <input type="checkbox"/> No	EBUS <input type="checkbox"/> Yes <input type="checkbox"/> No
Mediastinoscopy / Chamberlain <input type="checkbox"/> Yes <input type="checkbox"/> No	PET or PET/CT <input type="checkbox"/> Yes <input type="checkbox"/> No
VATS <input type="checkbox"/> Yes <input type="checkbox"/> No	EGD <input type="checkbox"/> Yes <input type="checkbox"/> No
Other <input type="checkbox"/> Yes <input type="checkbox"/> No	Laparoscopy <input type="checkbox"/> Yes <input type="checkbox"/> No
Esophageal Tumor:	<input type="checkbox"/> T0 No evidence of primary tumor <input type="checkbox"/> T1 Tumor invades lamina propria, mucosa or submucosa <input type="checkbox"/> T2 Tumor invades muscularis propria <input type="checkbox"/> T3 Tumor invades adventitia <input type="checkbox"/> T4 Tumor invades adjacent structures
Esophageal CA Nodes:	<input type="checkbox"/> N0 No regional lymph node metastasis <input type="checkbox"/> N1 One or more lymph nodes involved <input type="checkbox"/> NX Regional lymph nodes cannot be assessed
Esophageal CA Metastases:	<input type="checkbox"/> M0 No Distant Metastasis <input type="checkbox"/> M1 Distant Metastasis

Diagnosis (Category of Disease) and Procedures

Category of Disease: Check both Primary and Secondary Diagnosis (Category of Disease). Indicate (circle) the Primary Diagnosis.

Category of Disease (ICD-9, ICD-10)		Trachea & Larynx	
<input type="checkbox"/> Tracheomalacia-congenital (748.3, Q32.0)	<input type="checkbox"/> Tracheomalacia-acquired (519.1, J39.8)	<input type="checkbox"/> Tracheal tumor, benign (212.2, D14.2)	<input type="checkbox"/> Tracheal tumor, metastatic (197.3, C78.30)
<input type="checkbox"/> Tracheostenosis-congenital (748.3, Q32.1)	<input type="checkbox"/> Tracheostenosis-acquired (post intubation) (519.1, J39.8)	<input type="checkbox"/> Subglottic stenosis-congenital (748.3, Q31.1)	<input type="checkbox"/> Subglottic stenosis-acquired (post intubation) (478.74, J38.6)
<input type="checkbox"/> Tracheostomy-hemorrhage (519.09, J95.01)	<input type="checkbox"/> Tracheostomy related stenosis (519.02, J95.03)	<input type="checkbox"/> Vocal cord paralysis unspecified (478.3, J38.00)	<input type="checkbox"/> Vocal cord paralysis, unilateral (478.31, J38.01)
<input type="checkbox"/> Tracheal tumor, malignant (162.0, C33)		<input type="checkbox"/> Vocal cord paralysis, bilateral (478.33, J38.02)	
Lung			
<input type="checkbox"/> Lung tumor, metastatic (197.0, C78.00)	<input type="checkbox"/> Lung tumor, benign (212.3, D14.30)	<input type="checkbox"/> Lung abscess (513.0, J85.2)	<input type="checkbox"/> Gangrene and necrosis of lung (513.0, J85.0)
<input type="checkbox"/> Lung cancer, main bronchus, carina (162.2, C34.00)	<input type="checkbox"/> Lung cancer, upper lobe (162.3, C34.10)	<input type="checkbox"/> Pneumothorax (512.8, J93.1)	<input type="checkbox"/> Bronchiectasis (494.0, J47.9)
<input type="checkbox"/> Lung cancer, middle lobe (162.4, C34.2)	<input type="checkbox"/> Lung cancer, lower lobe (162.5, C34.30)	<input type="checkbox"/> Empyema with fistula (510.0, J86.0)	<input type="checkbox"/> Empyema without fistula (510.9, J86.9)
<input type="checkbox"/> Lung cancer, location unspecified (162.9, C34.90)	<input type="checkbox"/> Acute respiratory failure (518.81, J96.00)	<input type="checkbox"/> Emphysema (492.8, J43.8)	<input type="checkbox"/> Emphysematous bleb (492.0, J43.9)
<input type="checkbox"/> Hemothorax (511.8, J94.2)	<input type="checkbox"/> Pulmonary sequestration (748.5, Q33.2)	<input type="checkbox"/> Interstitial lung disease/fibrosis (516.3, J84.1)	<input type="checkbox"/> Pneumonia (486.0, J18.9)
<input type="checkbox"/> Pulmonary insufficiency following surgery/trauma (ARDS) (518.5, J95.82)	<input type="checkbox"/> Lung nodule, benign (not a tumor, e.g., granuloma, subpleural lymph node, pulmonary infarct) (518.89, J98.4)		
Mediastinum			
<input type="checkbox"/> Mediastinitis (519.2, J98.5)	<input type="checkbox"/> Mediastinal abscess (513.1, J85.3)	<input type="checkbox"/> Mediastinal cyst, Pericardial (519.3, J98.5)	<input type="checkbox"/> Mediastinal cyst, Thymic (519.3, J98.5)
<input type="checkbox"/> Mediastinal cyst, Bronchogenic (519.3, J98.5)	<input type="checkbox"/> Mediastinal cyst, Foregut duplication (519.3, J98.5)	<input type="checkbox"/> Mediastinal nodes, benign (229.0, D36.0)	<input type="checkbox"/> Lymphoma, intrathoracic (202.82, C85.92)
<input type="checkbox"/> Mediastinal nodes, metastatic (196.1, C77.1)	<input type="checkbox"/> Myasthenia gravis (358.0, G70.00)	<input type="checkbox"/> Posterior mediastinal malignant tumor- primary (164.3, C38.2)	<input type="checkbox"/> Posterior mediastinal tumor-metastatic (197.1, C78.1)
<input type="checkbox"/> Anterior mediastinal tumor-metastatic (197.1, C78.1)	<input type="checkbox"/> Anterior mediastinal tumor-benign-(e.g., teratoma) (212.5, D15.2)	<input type="checkbox"/> Posterior mediastinal tumor-benign(neurogenic)(212.5,D15.2)	
<input type="checkbox"/> Anterior mediastinal tumor-thymus tumor (thymoma, thymic carcinoma) (164.0, C37)	<input type="checkbox"/> Anterior mediastinal tumor primary(germ cell cancer, seminoma) (164.2, C38.1)		
Thyroid			
<input type="checkbox"/> Goiter, nodular (241.9, E04.9)	<input type="checkbox"/> Thyroid neoplasm, malignant (193.0, C73)	<input type="checkbox"/> Thyroid neoplasm, benign (226.0, D34)	
Pleura			
<input type="checkbox"/> Pleural effusion sterile (511.9, J90)	<input type="checkbox"/> Pleural effusion, infected- (empyema) (511.1, J86.9)	<input type="checkbox"/> Pleural tumor, metastatic (197.2, C78.2)	<input type="checkbox"/> Pleural tumor, benign (212.4, D19.0)
<input type="checkbox"/> Pleural effusion, malignant (197.2, C78.2)	<input type="checkbox"/> Pleural tumor, malignant (e.g., mesothelioma)(163.9, C45.0)	<input type="checkbox"/> Pleural thickening (511.0, J94.9)	

Chest Wall	
<input type="checkbox"/> Pectus excavatum (754.81, Q67.6)	<input type="checkbox"/> Rib tumor, metastatic (198.5, C79.51)
<input type="checkbox"/> Pectus carinatum (754.82, Q67.7)	<input type="checkbox"/> Rib tumor, benign-(e.g., fibrous dysplasia) (213.3, D16.7)
<input type="checkbox"/> Sternal tumor, malignant (170.3, C41.3)	<input type="checkbox"/> Thoracic outlet syndrome (353.0, G54.0)
<input type="checkbox"/> Sternal tumor, metastatic (198.5, C79.51)	<input type="checkbox"/> Sternal tumor, benign (213.3, D16.7)
<input type="checkbox"/> Rib tumor, malignant-(e.g., osteosarcoma, chondrosarcoma) (170.3, C41.3)	
Diaphragm	
<input type="checkbox"/> Diaphragmatic hernia without obstruction or gangrene (553.3, K44.9)	<input type="checkbox"/> Diaphragm tumor, malignant (171.4, C49.3)
<input type="checkbox"/> Diaphragmatic hernia with gangrene (551.3, K44.1)	<input type="checkbox"/> Diaphragm tumor, metastatic (198.89, C79.89)
<input type="checkbox"/> Diaphragmatic hernia with obstruction, without gangrene (552.3, K44.0)	<input type="checkbox"/> Diaphragm tumor, benign (215.4, D21.3)
<input type="checkbox"/> Diaphragmatic paralysis (519.4, J98.6)	
Esophagus	
<input type="checkbox"/> Esophageal cancer-lower third (150.5, C15.5)	<input type="checkbox"/> Esophagitis (530.1, K20.9)
<input type="checkbox"/> Esophageal cancer, middle third (150.4, C15.4)	<input type="checkbox"/> Reflux esophagitis (530.11, K21.0)
<input type="checkbox"/> Esophageal cancer, upper third (150.3, C15.3)	<input type="checkbox"/> Stricture and stenosis of esophagus (530.3, K22.2)
<input type="checkbox"/> Esophageal cancer, esophagogastric junction (cardia) (151.0, C16.0)	<input type="checkbox"/> Dyskinesia/spasm of esophagus (530.5, K22.4)
<input type="checkbox"/> Malignant other part esophagus (150.8, C15.8)	<input type="checkbox"/> Mallory Weiss tear (530.7, K22.6)
<input type="checkbox"/> Malignant neo stomach unspecified (151.9, C16.9)	<input type="checkbox"/> Foreign body esophagus (935.1, T18.108a)
<input type="checkbox"/> Esophageal tumor-benign (i.e., leiomyoma) (211.0, D13.0)	<input type="checkbox"/> Ulcer esophagus without bleeding (530.2, K22.10)
<input type="checkbox"/> Esophageal stricture (530.3, K22.2)	<input type="checkbox"/> Ulcer esophagus with bleeding (530.21, K22.11)
<input type="checkbox"/> Barrett's esophagus (530.85, K22.70)	<input type="checkbox"/> Esophageal perforation (530.4, K22.3)
<input type="checkbox"/> Barrett's esophagus with High Grade Dysplasia (530.85, K22.711)	<input type="checkbox"/> Zenkers diverticulum (530.6, K22.5)
<input type="checkbox"/> Achalasia of esophagus (530.0, K22.0)	<input type="checkbox"/> Epiphrenic diverticulum (530.6, K22.5)
<input type="checkbox"/> Tracheoesophageal fistula (530.84, J86.)	<input type="checkbox"/> Esophageal reflux (GERD) (530.81, K21.9)
<input type="checkbox"/> Gastric outlet obstruction, pyloric stenosis, acquired (537.0, K31.1)	<input type="checkbox"/> Acquired absence of esophagus (post esophagectomy) (V45.79, Z90.89)
Trauma	
<input type="checkbox"/> Rib fracture (807.0, S22.39xa)	<input type="checkbox"/> Flail chest (807.4, S22.5xxa)
<input type="checkbox"/> Multiple rib fractures (807.0, S22.49xa)	<input type="checkbox"/> Tracheal injury (807.5, S12.8xxa)
<input type="checkbox"/> Sternal fracture (807.2, S22.20xa)	<input type="checkbox"/> Traumatic pneumothorax (860.0, S27.0xxa)
Cardiovascular	
<input type="checkbox"/> Pericarditis with effusion (420.9, I30.9)	<input type="checkbox"/> Pericardial effusion, malignant (198.89, C79.89)
	<input type="checkbox"/> SVC Syndrome (459.2, I87.1)
Miscellaneous	
<input type="checkbox"/> Hyperhidrosis, focal axilla (705.21, L74.510)	<input type="checkbox"/> Chylothorax (457.8, I89.8)
<input type="checkbox"/> Hyperhidrosis, focal, face (705.21, L74.511)	<input type="checkbox"/> Lymphadenopathy (785.6, R59.9)
<input type="checkbox"/> Hyperhidrosis, focal, palms (705.21, L74.512)	<input type="checkbox"/> Abnormal radiologic finding (793.1, R91)
<input type="checkbox"/> Other unlisted category of disease	
Other Primary Specify:	If diagnosis not listed, free text here: _____
Other Primary ICD:	Enter ICD-9 or ICD-10 of unlisted primary diagnosis, if known: _____
Secondary, Other Secondary Specify:	If secondary diagnosis not listed, free text here: _____
Secondary, Other Secondary ICD:	Enter ICD-9 or ICD-10 of unlisted secondary diagnosis, if known : _____
Date of Surgery: ____/____/____	
OR Entry Time: ____:____:____	Anesthesia Start Time: ____:____:____
	Procedure Start Time: ____:____:____
OR Exit Time: ____:____:____	Anesthesia End Time: ____:____:____
	Procedure End Time: ____:____:____
Multi-Day Operation (operation continued through midnight) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Status of Operation: <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Elective <input type="checkbox"/> Palliative	
Reoperation (any prior cardiothoracic surgery that affects operative field) <input type="checkbox"/> Yes <input type="checkbox"/> No	Assisted by Robotic Technology <input type="checkbox"/> Yes <input type="checkbox"/> No
Blood transfusion intraoperatively (packed red blood cells) <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes→ #Red Blood Cell Units: _____
ASA Classification:	<input type="checkbox"/> I Normal, healthy <input type="checkbox"/> II Mild systemic Disease <input type="checkbox"/> III Severe Systemic Disease <input type="checkbox"/> IV Life threatening severe systemic disease <input type="checkbox"/> V Moribund, not expected to survive without operation <input type="checkbox"/> VI Declared brain dead, organ donor

Procedures	
Check ALL of the procedures performed. Indicate (circle) the Primary Procedure.	
Trachea and Bronchi	
<input type="checkbox"/> Tracheostomy (31600) <input type="checkbox"/> Unlisted procedure, trachea, bronchi (31899) <input type="checkbox"/> Tracheoplasty; cervical (31750) <input type="checkbox"/> Tracheoplasty; intrathoracic (31760) <input type="checkbox"/> Carinal reconstruction (31766) <input type="checkbox"/> Bronchoplasty; excision stenosis and anastomosis (31775) <input type="checkbox"/> Excision tracheal stenosis and anastomosis; cervical (31780)	<input type="checkbox"/> Excision tracheal stenosis and anastomosis; cervicothoracic (31781) <input type="checkbox"/> Excision of tracheal tumor or carcinoma; cervical (31785) <input type="checkbox"/> Excision of tracheal tumor or carcinoma; thoracic (31786) <input type="checkbox"/> Suture of tracheal wound or injury; cervical (31800) <input type="checkbox"/> Suture of tracheal wound or injury; intrathoracic (31805) <input type="checkbox"/> Partial laryngectomy (31370)
Bronchoscopy	
<input type="checkbox"/> Tracheobronchoscopy through established tracheostomy incision (31615) <input type="checkbox"/> Endobronchial ultrasound (EBUS) during bronchoscopy diagnostic or therapeutic intervention(s) (31620) <input type="checkbox"/> Bronchoscopy, diagnostic, with or without cell washing (31622) <input type="checkbox"/> Bronchoscopy, with brushing or protected brushings (31623) <input type="checkbox"/> Bronchoscopy, with bronchial alveolar lavage (BAL) (31624) <input type="checkbox"/> Bronchoscopy, with bronchial or endobronchial biopsy(s), single or multiple sites (31625) <input type="checkbox"/> Bronchoscopy, with placement of Fiducial markers (31626) <input type="checkbox"/> Bronchoscopy, navigational (31627) <input type="checkbox"/> Bronchoscopy, with transbronchial lung biopsy(s), single lobe (31628) <input type="checkbox"/> Bronchoscopy, with transbronchial needle aspiration biopsy(s) (31629) <input type="checkbox"/> Bronchoscopy, with tracheal/bronchial dilation or closed reduction of fracture (31630) <input type="checkbox"/> Bronchoscopy, with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required) (31631) <input type="checkbox"/> Bronchoscopy, with transbronchial lung biopsy(s), each additional lobe (31632) <input type="checkbox"/> Bronchoscopy, with transbronchial needle aspiration biopsy(s), each additional lobe (31633) <input type="checkbox"/> Bronchoscopy, with removal of foreign body (31635) <input type="checkbox"/> Bronchoscopy, with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus (31636) <input type="checkbox"/> Bronchoscopy, each additional major bronchus stented (31637) <input type="checkbox"/> Bronchoscopy, with revision of tracheal or bronchial stent inserted at previous session (31638) <input type="checkbox"/> Bronchoscopy, with excision of tumor (31640) <input type="checkbox"/> Bronchoscopy, with destruction of tumor or relief of stenosis by any method other than excision (e.g., laser therapy) (31641) <input type="checkbox"/> Bronchoscopy, with placement of catheter(s) for intracavitary radioelement application (31643) <input type="checkbox"/> Bronchoscopy, with therapeutic aspiration of tracheobronchial tree, initial (drainage of lung abscess) (31645) <input type="checkbox"/> Bronchoscopy, with therapeutic aspiration of tracheobronchial tree, subsequent (31646)	
Pleural Space and Lung	
<input type="checkbox"/> Thoracoscopy, diagnostic lungs and pleural space, without biopsy (32601) <input type="checkbox"/> Thoracoscopy, surgical; with pleurodesis (e.g., mechanical or chemical) (32650) <input type="checkbox"/> Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit (32653) <input type="checkbox"/> Thoracoscopy, diagnostic; with biopsy(ies) of lung infiltrate(s) (eg wedge), unilateral (32607) <input type="checkbox"/> Thoracoscopy, diagnostic; with biopsy(ies) of lung nodule(s) or mass(es) (eg incisional), unilateral (32608) <input type="checkbox"/> Thoracoscopy, diagnostic; with biopsy(ies) of pleura (32609) <input type="checkbox"/> Thoracostomy; with rib resection for empyema (32035) <input type="checkbox"/> Thoracostomy; with open flap drainage for empyema (32036) <input type="checkbox"/> Thoracotomy with biopsy(ies) lung infiltrate(s) (eg wedge), unilateral (32096) <input type="checkbox"/> Thoracotomy with biopsy(ies) lung nodule(s) or masses (eg incisional), unilateral (32097) <input type="checkbox"/> Thoracotomy with biopsy(ies) of pleura (32098) <input type="checkbox"/> Thoracotomy with cardiac massage (32160) <input type="checkbox"/> Pleural scarification for repeat pneumothorax (32215) <input type="checkbox"/> Insertion indwelling tunneled pleural catheter (32550) <input type="checkbox"/> Thoracoscopy, surgical; with partial pulmonary decortication (32651) <input type="checkbox"/> Thoracoscopy, surgical; with total pulmonary decortication (32652) <input type="checkbox"/> Thoracoscopy, surgical; with control of traumatic hemorrhage (32654) <input type="checkbox"/> Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure (32655) <input type="checkbox"/> Thoracoscopy, surgical; with parietal pleurectomy (32656) <input type="checkbox"/> Thoracoscopy, surgical; with lobectomy (32663) <input type="checkbox"/> Thoracoscopy with therapeutic wedge resection (eg mass or nodule, initial, unilateral) (32666) <input type="checkbox"/> Thoracoscopy with therapeutic wedge resection (eg mass or nodule) each additional resection, ipsilateral (32667) List separately in addition to primary proc code <input type="checkbox"/> Thoracoscopy with diagnostic wedge resection followed by anatomic lung resection (32668), List separately in addition to primary proc code <input type="checkbox"/> Thoracoscopy with removal of a single lung segment (segmentectomy) (32669) <input type="checkbox"/> Thoracoscopy with removal of two lobes (bilobectomy) (32670) <input type="checkbox"/> Thoracoscopy with removal of lung, pneumonectomy (32671) <input type="checkbox"/> Thoracoscopy with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction-LVRS, unilateral including any pleural procedure (32672) <input type="checkbox"/> Thoracotomy with therapeutic wedge resection (eg mass nodule) initial (32505) <input type="checkbox"/> Thoracotomy with therapeutic wedge resection (eg mass nodule) each additional resection, ipsilateral (+32506) List separately in addition to primary proc code <input type="checkbox"/> Thoracotomy with diagnostic wedge resection followed by anatomic lung resection (+32507), List separately in addition to primary proc code <input type="checkbox"/> Thoracotomy, with exploration (32100) <input type="checkbox"/> Thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear (32110) <input type="checkbox"/> Thoracotomy, major; for postoperative complications (32120) <input type="checkbox"/> Thoracotomy, major; with cyst(s) removal, with or without a pleural procedure (32140) <input type="checkbox"/> Thoracotomy, major; with excision-plication of bullae, with or without any pleural procedure (32141) <input type="checkbox"/> Thoracotomy, major; with removal of intrapleural foreign body or hematoma (32150)	

Pleural Space and Lung (continued)

- Decortication, pulmonary, total (32220)
- Decortication, pulmonary, partial (32225)
- Pleurectomy, parietal (32310)
- Decortication and parietal pleurectomy (32320)
- Thoracotomy, with biopsy of pleura (32098)
- Removal of lung, total pneumonectomy; (32440)
- Removal of lung, sleeve (carinal) pneumonectomy (32442)
- Removal of lung, total pneumonectomy; extrapleural (32445)
- Removal of lung, single lobe (lobectomy) (32480)
- Removal of lung, two lobes (bilobectomy) (32482)
- Removal of lung, single segment (segmentectomy) (32484)
- Removal of lung, sleeve lobectomy (32486)
- Removal of lung, completion pneumonectomy (32488)
- Removal of lung, excision-plication of emphysematous lung(s) for lung volume reduction (LVRS) (32491)
- Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (32501)
- Resection of apical lung tumor (e.g., Pancoast tumor), including chest wall resection, without chest wall reconstruction(s) (32503)
- Resection of apical lung tumor (e.g., Pancoast tumor), including chest wall resection, with chest wall reconstruction (32504)

Lung Other

- Repair lung hernia through chest wall (32800)
- Closure of chest wall following open flap drainage for empyema (Clagett type procedure) (32810)
- Total lung lavage (for alveolar proteinosis) (32997)
- Radio-frequency ablation (RFA) lung tumor (32998)
- Unlisted procedure, lung (32999)
- Open closure of major bronchial fistula (32815)
- Major reconstruction, chest wall (posttraumatic) (32820)
- Thoracoplasty with closure of bronchopleural fistula (32906)
- Single lung transplant (32851)
- Single lung transplant with CPB (32852)
- Double lung transplant (32853)
- Double lung transplant with CPB (32854)

Mediastinum and Diaphragm

- Thoracoscopy, diagnostic; mediastinal space, with biopsy (32606)
- Mediastinotomy with exploration or biopsy; cervical approach (39000)
- Mediastinotomy with exploration or biopsy; transthoracic approach (39010)
- Mediastinoscopy, with or without biopsy (39400)
- Unlisted procedure, mediastinum (39499)
- Unlisted procedure, diaphragm (39599)
- Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass (32662)
- Thoracoscopy with mediastinal and regional lymphadenectomy (+32674) List separately in addition to primary proc code
- Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes (38746)
- Excision of mediastinal cyst, open, Transthoracic approach (39200)
- Excision of mediastinal tumor(open, Transthoracic approach) (39220)
- Thoracoscopy with resection of thymus, unilateral or bilateral (32673)
- Thymectomy, transcervical approach (60520)
- Thymectomy, transthoracic approach (60521)
- Thymectomy, transthoracic approach, with radical mediastinal dissection (60522)
- Repair, laceration of diaphragm, any approach (39501)
- Repair, diaphragmatic hernia (other than neonatal), traumatic; acute (39540)
- Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic (39541)
- Imbrication (i.e., plication) of diaphragm (39545)
- Resection, diaphragm; with simple repair (e.g., primary suture) (39560)
- Resection, diaphragm; with complex repair (e.g., prosthetic material, local muscle flap) (39561)

Esophagoscopy

- Esophagoscopy (43200)
- Esophagoscopy with biopsy (43202)
- Esophagoscopy with removal of foreign body (43215)
- Esophagoscopy with insertion of stent (43219)
- Esophagoscopy with balloon dilation (43220)
- Esophagoscopy with insertion of guide wire followed by dilation over guide wire (43226)
- Esophagoscopy with ablation of tumor (43228)
- Esophagoscopy with endoscopic ultrasound examination (EUS) (43231)
- Esophagoscopy with transendoscopic ultrasound-guided fine needle aspiration (43232)
- Upper gastrointestinal endoscopy, diagnostic (43235)
- Upper gastrointestinal endoscopy with endoscopic ultrasound examination limited to the esophagus (43237)
- Upper gastrointestinal endoscopy with transendoscopic ultrasound-guided FNA (43238)
- Upper gastrointestinal endoscopy with biopsy (43239)
- Upper gastrointestinal endoscopy with dilation of gastric outlet for obstruction (43245)
- Upper gastrointestinal endoscopy with directed placement of percutaneous gastrostomy tube (43246)
- Upper gastrointestinal endoscopy with removal of foreign body (43247)
- Upper gastrointestinal endoscopy with insertion of guide wire followed by dilation of esophagus (43248)
- Upper gastrointestinal endoscopy with balloon dilation of esophagus (43249)
- Upper gastrointestinal endoscopy with transendoscopic stent placement (43256)
- Upper gastrointestinal endoscopy with ablation of tumor (43258)

Esophagus Resection

- Transhiatal-Total esophagectomy, without thoracotomy, with cervical esophagogastrostomy (43107)
- Three hole-Total esophagectomy with thoracotomy; with cervical esophagogastrostomy (43112)
- Ivor Lewis-Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision (43117)
- Thoracoabdominal-Partial esophagectomy, thoracoabdominal approach (43122)
- Minimally invasive three hole esophagectomy (43XXX)
- Minimally invasive esophagectomy, Ivor Lewis approach (43XXX)
- Minimally invasive esophagectomy, Abdominal and neck approach (43XXX)
- Total esophagectomy without thoracotomy; with colon interposition or small intestine reconstruction (43108)
- Total esophagectomy with thoracotomy; with colon interposition or small intestine reconstruction (43113)
- Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis (43116)
- Partial esophagectomy, with thoracotomy and separate abdominal incision with colon interposition or small intestine (43118)
- Partial esophagectomy, distal two-thirds, with thoracotomy only (43121)
- Partial esophagectomy, thoracoabdominal with colon interposition or small intestine (43123)
- Total or partial esophagectomy, without reconstruction with cervical esophagostomy (43124)

Esophagus Other Procedures

- Cricopharyngeal myotomy (43030)
- Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach (43130)
- Esophagostomy, fistulization of esophagus, external; cervical approach (43352)
- Closure of esophagostomy or fistula; cervical approach (43420)
- Excision esophageal lesion with primary repair, cervical approach (43100)
- Unlisted laparoscopy, esophagus (43289)
- Unlisted procedure, esophagus (43499)
- Laparoscopy, surgical with repair of paraesophageal hernia (fundoplasty) without mesh (43281)
- Laparoscopy, surgical with repair of paraesophageal hernia (fundoplasty) with mesh (43282)
- Laparoscopy, surgical, esophageal lengthening procedure (Collis) (43283) Secondary Procedure code
- Laparoscopy, surgical, esophagogastric fundoplasty (e.g., Nissen, Toupet procedures) (43280)
- Laparoscopic esophageal myotomy (Heller Myotomy, with or without fundoplication) (43279)
- Thoracoscopy, surgical; with esophagomyotomy (Heller type) (32665)
- Nissen fundoplasty- laparotomy (includes partial fundoplication/wrap) (43327)
- Transthoracic Fundoplication- open thoracotomy (includes Belsey/Nissen) (43328)
- Repair, paraesophageal hiatal hernia via laparotomy without mesh (43332)
- Repair, paraesophageal hiatal hernia via laparotomy with mesh (43333)
- Repair, paraesophageal hiatal hernia via thoracotomy without mesh (43334)
- Repair, paraesophageal hiatal hernia via thoracotomy with mesh (43335)
- Repair, paraesophageal hiatal hernia via thoracoabdominal approach without mesh (43336)
- Repair, paraesophageal hiatal hernia via thoracoabdominal approach with mesh (43337)
- Esophageal lengthening procedure - open (Collis) Secondary Procedure code (43338)
- Diverticulectomy of esophagus, with or without myotomy; thoracic approach (43135)
- Excision Esophageal lesion with primary repair, thoracic approach (eg: leiomyoma) (43101)
- Esophagoplasty with repair of TEF, cervical approach (43305)
- Esophagoplasty with repair TEF, thoracic approach (43312)
- Esophagomyotomy (Heller type); thoracic approach (43331)
- Gastrointestinal reconstruction for previous esophagectomy with stomach (43360)
- Gastrointestinal reconstruction for previous esophagectomy with colon interposition or small intestine (43361)
- Ligation or stapling at gastroesophageal junction for esophageal perforation (43405)
- Suture of esophageal wound or injury; cervical approach (43410)
- Suture of esophageal wound or injury; transthoracic or transabdominal approach (43415)
- Free jejunum transfer with microvascular anastomosis (43496)
- Total gastrectomy with esophagoenterostomy (43620)
- Total gastrectomy with Roux-en-Y reconstruction (43621)

Chest Wall and Neck

- Excision tumor, soft tissue of neck or thorax; subcutaneous (21555)
- Excision tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular (21556)
- Excision of rib, partial (21600)
- Excision first and/or cervical rib (21615)
- Excision first and/or cervical rib; with sympathectomy (21616)
- Division of scalenus anticus; without resection of cervical rib (21700)
- Division of scalenus anticus; with resection of cervical rib (21705)
- Open treatment of sternum fracture with or without skeletal fixation (21825)
- Hyoid myotomy and suspension (21685) secondary procedure code
- Unlisted procedure, neck or thorax (21899)
- Muscle flap, neck (15732)
- Muscle flap; trunk (i.e., intercostal, pectoralis or serratus muscle) (15734)
- Excision of chest wall tumor including ribs (19260)
- Excision of chest wall tumor involving ribs, with reconstruction (19271)
- Radical resection of tumor (e.g., malignant neoplasm), soft tissue of neck or thorax (21557)
- Radical resection of sternum (21630)
- Radical resection of sternum; with mediastinal lymphadenectomy (21632)
- Reconstructive repair of pectus excavatum or carinatum; open (21740)
- Reconstructive repair of pectus, minimally invasive approach (Nuss procedure), without thoracoscopy (21742)
- Reconstructive repair of pectus, minimally invasive approach (Nuss procedure), with thoracoscopy (21743)

Miscellaneous

- Thoracoscopy, diagnostic pericardial sac, with biopsy (32604)
- Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac (32658)
- Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage (32659)
- Thoracoscopy, surgical; with thoracic sympathectomy (32664)
- Tube pericardiostomy (33015)
- Pericardial window (33025)
- Removal substernal thyroid, cervical approach (60271)
- Application of wound vac (XXXX)
- Stereotactic radiosurgery (SRS) and stereotactic body radiotherapy (SBRT), surgeon participation (XXXX)
- Other Minor Procedure (XXXX)
- Thoracoscopy, surgical; with total pericardiectomy (32660)
- Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass (32661)
- Ligation thoracic duct (38381)
- Intraoperative jejunostomy (44015)
- Omental flap (49904)
- Transthoracic thyroidectomy (60270)
- SVC resection and reconstruction (34502)
- Other (XXXX)

Procedure Unlisted – Specify:

Enter Name of unlisted Procedure(s): _____

Procedure Unlisted – CPT:

Enter 5 digit CPT code(s) of unlisted procedure, if known: _____

Lung Resection Performed: Yes No If Yes → Laterality: Right Left Bilateral

Patient Disposition: ICU Intermediate Care Unit Regular Floor Bed
 Not Applicable (Expired in OR) Outpatient or Observation Status

ICU Admit this admission: Yes No

If Yes → Initial ICU Days: _____ ICU Readmit: Yes No If Yes → Additional ICU Days: _____

Pathological Staging of the Lung - to be completed if lung cancer documented AND lung resection performed (Pre-Operative Evaluation – Lung Cancer = Yes)

If Yes →	Lung Tumor:	<input type="checkbox"/> TX <i>Tumor cannot be assessed</i>	<input type="checkbox"/> T0 <i>No evidence of primary tumor</i>	<input type="checkbox"/> Tis <i>Carcinoma in situ</i>	<input type="checkbox"/> T1a <i>Tumor ≤ 2cm</i>
		<input type="checkbox"/> T1b <i>Tumor >2 cm but ≤ 3 cm</i>	<input type="checkbox"/> T2a <i>Tumor >3cm but ≤5 cm or tumor of lesser size which invades main bronchus ≥ 2 cm distal to carina, invades visceral pleura or associated with atelectasis or pneumonitis which extends to the hilar region but does not involve the entire lung</i>		<input type="checkbox"/> T2b <i>Tumor >5 cm but ≤ 7cm</i>
		<input type="checkbox"/> T3 <i>Tumor > 7 cm or one of any size that invades parietal pleura, chest wall, diaphragm, phrenic nerve, pericardium, main bronchus (not involving carina), causes obstructive atelectasis or pneumonitis of the entire lung or a separate tumor in the same lobe</i>		<input type="checkbox"/> T4 <i>Tumor of any size that invades mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, carina or separate tumor in a different ipsilateral lobe</i>	
Lung CA Nodes:	<input type="checkbox"/> NX <i>Regional lymph nodes cannot be assessed</i>	<input type="checkbox"/> N0 <i>No regional lymph node metastasis</i>	<input type="checkbox"/> N1 <i>Metastasis in ipsilateral peribronchial and/or ipsilateral hilar nodes, intrapulmonary nodes, includes direct extension</i>		
	<input type="checkbox"/> N2 <i>Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s)</i>		<input type="checkbox"/> N3 <i>Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene or supraclavicular lymph node(s)</i>		
Lung CA Metastases:	<input type="checkbox"/> M0 <i>No distant metastasis</i>	<input type="checkbox"/> M1 <i>Distant metastasis</i>			
Total # of Lymph Nodes sampled/harvested: _____			Lung CA Resection Margins Positive: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Pathological Staging of the Esophagus to be completed if esophageal cancer documented AND esophageal resection performed (Pre-Operative Evaluation – Esophageal Cancer = Yes)

If Yes →	Esophageal Tumor:	<input type="checkbox"/> TX Tumor cannot be assessed	<input type="checkbox"/> T0 No evidence of primary tumor	<input type="checkbox"/> Tis High Grade Dysplasia	<input type="checkbox"/> T1a Tumor invades lamina propria or muscularis mucosa	<input type="checkbox"/> T1b Tumor invades submucosa
		<input type="checkbox"/> T2 Tumor invades muscularis propria	<input type="checkbox"/> T3 Tumor invades adventitia	<input type="checkbox"/> T4a Resectable tumor invades pleura, pericardium or diaphragm	<input type="checkbox"/> T4b Unresectable tumor invading other adjacent structures such as aorta, vertebral body, trachea, etc.	
Esophageal CA Nodes:	<input type="checkbox"/> NX Regional lymph nodes cannot be assessed		<input type="checkbox"/> N0 No regional lymph node metastasis		<input type="checkbox"/> N1 Metastasis in 1-2 regional nodes	
	<input type="checkbox"/> N2 Metastasis in 3-6 regional lymph nodes		<input type="checkbox"/> N3 Metastasis in 7 or more regional lymph nodes			
Esophageal CA Metastases:	<input type="checkbox"/> M0 No distant metastasis	<input type="checkbox"/> M1 Distant metastasis	Esoph Histopathologic Type:		<input type="checkbox"/> H1 Squamous Carcinoma	<input type="checkbox"/> H2 Adenocarcinoma
Esophageal CA Histologic Grade:	<input type="checkbox"/> GX Grade cannot be assessed		<input type="checkbox"/> G1 Well differentiated	<input type="checkbox"/> G2 Moderately differentiated		
	<input type="checkbox"/> G3 Poorly differentiated		<input type="checkbox"/> G4 Undifferentiated			
Total # of Lymph Nodes sampled/harvested: _____			Esophageal CA Resection Margins Positive: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Post-Operative Events

Indicate all adverse events that occurred within 1 month of surgery if discharged from the hospital or those that occur during the same admission, regardless of the length of stay.

Postoperative Events? Yes No

If Yes, select all that occurred: ↓

Unexpected Return to the OR: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes → Primary Reason for Return to OR: <input type="checkbox"/> Bleeding <input type="checkbox"/> Anast. leak following esoph. surgery <input type="checkbox"/> Bronchopleural Fistula <input type="checkbox"/> Empyema <input type="checkbox"/> Chylothorax req. surgical ligation of thoracic duct <input type="checkbox"/> Other	
Pulmonary		
Air leak > 5 days duration <input type="checkbox"/> Yes <input type="checkbox"/> No	Atelectasis req. bronchoscopy <input type="checkbox"/> Yes <input type="checkbox"/> No	Pleural Effusion req. drainage <input type="checkbox"/> Yes <input type="checkbox"/> No
Pneumonia <input type="checkbox"/> Yes <input type="checkbox"/> No	Adult Respiratory Distress Syndrome (ARDS) <input type="checkbox"/> Yes <input type="checkbox"/> No	Respiratory Failure <input type="checkbox"/> Yes <input type="checkbox"/> No
Bronchopleural Fistula <input type="checkbox"/> Yes <input type="checkbox"/> No	Pulmonary Embolus <input type="checkbox"/> Yes <input type="checkbox"/> No	Pneumothorax req. CT reinsertion <input type="checkbox"/> Yes <input type="checkbox"/> No
Initial Vent Support > 48 Hr <input type="checkbox"/> Yes <input type="checkbox"/> No	Reintubation <input type="checkbox"/> Yes <input type="checkbox"/> No	Tracheostomy <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Pulmonary Event <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cardiovascular		
Atrial arrhythmia req. treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	Ventricular arrhythmia req. treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	Myocardial infarct <input type="checkbox"/> Yes <input type="checkbox"/> No
Deep venous thrombosis (DVT) req. treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	Other CV event <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gastrointestinal		
Gastric outlet obstruction <input type="checkbox"/> Yes <input type="checkbox"/> No	Ileus <input type="checkbox"/> Yes <input type="checkbox"/> No	Anastomotic leak req. only medical mgmt. <input type="checkbox"/> Yes <input type="checkbox"/> No
Dilation esophagus prior to discharge <input type="checkbox"/> Yes <input type="checkbox"/> No	Other GI event <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hematology		
Packed red blood cells <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes → # Units _____	
Urologic		
Urinary tract infection <input type="checkbox"/> Yes <input type="checkbox"/> No	Urinary retention req. Catheterization <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharged with Foley catheter <input type="checkbox"/> Yes <input type="checkbox"/> No

Infection		
Empyema req. treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	Surgical Site Infection <input type="checkbox"/> None <input type="checkbox"/> Superficial <input type="checkbox"/> Deep <input type="checkbox"/> Organ space (empyema, mediastinitis)	
Sepsis <input type="checkbox"/> Yes <input type="checkbox"/> No	Another infection req. IV antibiotics <input type="checkbox"/> Yes <input type="checkbox"/> No	
Neurology		
New central neurological event (TIA, CVA, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Recurrent laryngeal nerve paresis <input type="checkbox"/> Yes <input type="checkbox"/> No	Delirium <input type="checkbox"/> Yes <input type="checkbox"/> No
Other neurological event <input type="checkbox"/> Yes <input type="checkbox"/> No		
Miscellaneous		
New renal failure per RIFLE criteria <input type="checkbox"/> Yes <input type="checkbox"/> No	Chylothorax req. medical intervention <input type="checkbox"/> Yes <input type="checkbox"/> No	Other events req. OR with gen. anesthesia <input type="checkbox"/> Yes <input type="checkbox"/> No
Unexpected Admission to ICU <input type="checkbox"/> Yes <input type="checkbox"/> No		
Discharge		
Date of Discharge: ____/____/____		Discharge Status: <input type="checkbox"/> Alive <input type="checkbox"/> Dead
<i>If Alive →</i>	Discharge location: <input type="checkbox"/> Home <input type="checkbox"/> Extended Care/Transitional Care Unit /Rehab <input type="checkbox"/> Other Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other	
	Readmit within 30 days of discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Status at 30 days after surgery: <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown		
Date of Death: ____/____/____		Discharged with chest tube: <input type="checkbox"/> Yes <input type="checkbox"/> No
Quality Measures		
IV antibiotics ordered to be given within 1 hour before incision:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not indicated for procedure	
IV antibiotics given within 1 hour before incision:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not indicated for procedure	
Cephalosporin Antibiotic Ordered	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not indicated for procedure <input type="checkbox"/> Documented allergy or indication for therapeutic substitution	
Prophylactic Antibiotic Discontinuation Ordered within 24 hr	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, due to documented infection <input type="checkbox"/> Not indicated for procedure	
DVT Prophylaxis Measures employed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Smoking Cessation Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient refused <input type="checkbox"/> Nonsmoker	