

Enhancing Quality Hip and Knee: Data Collection Form

Site ☐ Southlands ☐ St Richard's Hospital ☐ Worthing Hospital

Hospital number

Date of birth

 / /

or Age

Date admission

 / /

Admission source

Discharge date

 / /

Discharge status

Discharge method

Discharge time(24 hr clock)

 .

1. Please select Hip or knee operation ☐ Hip ☐ Knee

2. Was the procedure performed entirely by laparoscope or other fiber optic scope?

☐ UTD ☐ Yes ☐ No

3. Relevant Clinical Trial (PN). (If Yes, stop completing). ☐ Yes ☐ No

4. Infection prior to anaesthesia. ☐ Yes ☐ No

If 'Yes', go to VTE prophylaxis section

5. Surgery start date

 / /

6. Surgical Incision Time (24 hr clock)

 .

7. Surgery End date

 / /

8. Surgery End Time (24 hr clock)

 .

9. Did the patient receive neuraxial anaesthesia ☐ Yes ☐ No

Other Surgeries

10. The patient require another procedure during this stay ☐ Yes ☐ No

NB A procedure requiring general or spinal anaesthetic within 3 day prior to or after the primary procedure.

11. Received antibiotics (please tick)

Within 24 hours prior to arrival but not during admission ☐Within 24 hours prior to admission and during admission through to 48hrs post op ☐During the hospital admission but not before (arrival through to 48hrs post op) ☐No antibiotics received ☐

12. Antibiotics Received from admission through to 48 hours post op.

Antibiotic 1 Name	First Dose Date	Time (24 hr clock)
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> . <input type="text"/>
Route	Last Dose Date	Time (24 hr clock)
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> . <input type="text"/>
Dose given prior and closest to incision time		Time (24 hr clock)
<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> . <input type="text"/>

Antibiotic 2 Name	First Dose Date	Time (24 hr clock)
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> . <input type="text"/>
Route	Last Dose Date	Time (24 hr clock)
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> . <input type="text"/>
Dose given prior and closest to incision time		Time (24 hr clock)
<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> . <input type="text"/>

Antibiotic 3 Name	First Dose Date	Time (24 hr clock)
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> . <input type="text"/>
Route	Last Dose Date	Time (24 hr clock)
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> . <input type="text"/>
Dose given prior and closest to incision time		Time (24 hr clock)
<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> . <input type="text"/>

13. Antibiotics as per hospital guidelines ☐ Yes ☐ No

14. Oral Antibiotics

Were the only antibiotic combinations administered prior to hospital arrival or prior to incision either oral Neomycin Sulfate + Erythromycin base or oral Neomycin Sulphate + Metronidazole ☐ Yes ☐ No

15. Were any infections documented post operatively within 2 days (Surgery end date being day 0) ☐ Yes ☐ No

Date of first postoperative infection

/ /

VTE

16. Is there documentation that the patient was on continuous Warfarin prior to admission

☐ Yes ☐ No

17. Is there documentation in the medical record of contraindications to both pharmacological and mechanical VTE prophylaxis

☐ Yes ☐ No

18. Is there documentation in the medical record of a risk of bleeding or active bleeding

☐ Yes ☐ No

19. What Venous Prophylaxis was ordered and received anytime from hospital arrival to 48 hours after surgery time end.

Low Dose Unfractionated Heparin (LDUH)

☐ Ordered
☐ Received

Low Molecular Weight Heparin (LMWH)

☐ Ordered
☐ Received

Intermittant Pneumatic Compression

☐ Ordered
☐ Received

Graduated Compression Stockings

☐ Ordered
☐ Received

Factor Xa Inhibitor

☐ Ordered
☐ Received

Warfarin

☐ Ordered
☐ Received

None of the Above or Unable to Determine

☐

Initial Consultant (if seen in A&E)

Admitting Consultant

Discharging Consultant

Any comments

Validations

Form Completed by

17b. Date

 / /

QMR data entered by

17d. Date

 / /

QMR data/edit check

17f. Date

 / /