

**Data COLLECTION FORM**

Enclosed are the questions for clinicians or researchers to complete for each patient participating in this study. You may modify this cover page to include your hospital logo and contact details. We have provided a Standard Operating Procedures (SOP) document to assist in the correct completion of this form. Please ensure that the answers are transferred to the online web-tool as soon as possible and store the booklet in the secure PQIP file at your hospital.

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| **If found please return to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **PATIENT DEMOGRAPHICS** | | |

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| 1.1 **HOSPITAL ID NUMBER** | 1.2 **SURNAME** | 1.3 **FIRST NAME** |
| 1.4 **DATE OF BIRTH** (DDMMYYYY) | 1.5 **GENDER**  MALE ⬜ FEMALE ⬜ | 1.6 **POST CODE** |
| 1.7 **USUAL RESIDENCE**  OWN HOME ⬜ CARE HOME ⬜ | 1.8 **DATE OF ADMISSION** (DDMMYYYY) | 1.9 **DATE OF SURGERY** (DDMMYYYY) |
| 1.11-1.12 **NHS / CHI NUMBER** | 1.13 **HEIGHT** (cm) | 1.14 **WEIGHT** (kg) |
| 1.20 **PATIENT’S PREFERRED METHOD OF CONTACT** (This should be indicated on the completed consent form. If no preference, provide both.)  ⬜ E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Would the patient like to receive annual e-mail updates from the PQIP study team? ⬜ YES ⬜ NO  ⬜ TELEPHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1.21 **IS PATIENT ENROLLED IN OTHER STUDIES?** ⬜ YES (Tick those that apply below) ⬜ NO ⬜ UNKNOWN  Scottish Head & Neck ⬜ PRISM ⬜ OPTIMISE II ⬜ BALANCED ⬜  GSK Oesophagectomy study (TFR116341) ⬜ Prevention-HARP2 ⬜ PREPARE-ABC ⬜  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **2. PRE-OPERATIVE DATA** |

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| 2.1-2.2a **SURGICAL SPECIALTY &** **PLANNED PROCEDURE** (Please check eligibility with procedure list in SOP) | | | | | | | | | |
| 2.2b **PLANNED MODE OF PROCEDURE**  ⬜ OPEN ⬜ LAPAROSCOPIC  ⬜ ROBOTIC ⬜ THORACOSCOPIC | | | | 2.3 **URGENCY OF SURGERY**  ⬜ ELECTIVE ⬜ EXPEDITED  ⬜ URGENT ⬜ IMMEDIATE | | | 2.4 **ENHANCED RECOVERY PATHWAY**  ⬜ YES ⬜ NO ⬜ UNKNOWN | | |
| 2.5 **PRE-OPERATIVE ASSESSMENT** (Before hospital admission)  ⬜ NONE ⬜ ELECTRONIC SELF-ASSESSMENT ⬜ TELEPHONE ASSESSMENT WITH NURSE  ⬜ TELEPHONE ASSESSMENT WITH DOCTOR ⬜ FACE TO FACE: NURSE-LED ⬜ FACE TO FACE: SURGEON-LED  ⬜ FACE TO FACE: ANAESTHETICS-LED  ⬜ OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| 2.6 **SODIUM** (mmol/L) | | 2.7 **POTASSIUM** (mmol/L) | | 2.8 **UREA** (mmol/L) | | | 2.9 **CREATININE** (μmol/L) | 2.10 **ALBUMIN** (g/L) | |
| 2.11 **WCC** (x109/L) | | 2.12 **HAEMOGLOBIN** (g/dL) | | 2.13 **HEART RATE** (bpm) | | | 2.14 **SYSTOLIC BP** (mmHg) | 2.15 **GCS** (3-15) | |
| 2.16 **SpO2** (%) | 2.17 **ECG**  ⬜ No abnormalities  ⬜ AF rate 60-90  ⬜ AF rate >90/any other abnormal rhythm/paced rhythm/ >5VE/min/ Q, ST or T wave abnormalities  ⬜ Not done | | | | 2.18 **CARDIAC FAILURE – WHICH BEST DESCRIBES THE CARDIAC HISTORY/FINDINGS**  ⬜ No failure  ⬜ Diuretic, digoxin, antianginal or antihypertensive therapy  ⬜ Peripheral oedema, warfarin therapy or borderline cardiomegaly  ⬜ Raised jugular venous pressure or cardiomegaly | | | | |
| 2.19 **NYHA SCORE (1-4)**  (See SOP for definitions) | | | 2.20 **DYSPNOEA**  ⬜ NO ⬜ Dyspnoea on exertion or CXR: mild COPD  ⬜ Dyspnoea limiting exertion to <1 flight or CXR: moderate COPD  ⬜ Dyspnoea at rest/rate > 30 at rest or CXR: fibrosis or consolidation | | | | | | 2.21 **RESPIRATORY INFECTION IN LAST 1 MONTH**  ⬜ YES ⬜ NO |
| 2.22 **CEREBROVASCULAR DISEASE**  ⬜ NO  ⬜ Yes, without hemiplegia  ⬜ Yes, with hemiplegia | | | | 2.23 **CURRENT OR RECENT (LAST 5 YR) CANCER DIAGNOSIS**  ⬜ NO ⬜ Solid tumour, metastatic disease (including lymph node)  ⬜ Solid tumour, local only  ⬜ Lymphoma  ⬜ Leukaemia | | | | | |
| 2.24 **DEMENTIA**  ⬜ YES ⬜ NO | | | 2.25 **DIABETES MELLITUS**  ⬜ NO ⬜ Type 1 ⬜ Type 2 (on insulin) ⬜ Type 2 (diet-controlled only)  ⬜ Type 2 (non-insulin glucose-lowering medication) | | | | | | |
| 2.26 **HBA1C** (%) (Conversion calculator from MMOL/MOL or MMOL/L on webtool) | | | | 2.27 **LIVER DISEASE**  ⬜ NO ⬜ Cirrhosis or Hep B/C without portal hypertension  ⬜ Cirrhosis or Hep B/C with portal hypertension | | | | | |
| 2.28 **ASA SCORE (1-5)** (See SOP for definitions) | | | 2.30 **SMOKING STATUS**  ⬜ Never smoked ⬜ Ex-smoker > 6 months ⬜ Ex-smoker <6 months  ⬜ Current smoker ⬜ Unknown | | | | | | |
| 2.31 **SMOKING CESSATION REFERRAL**  ⬜ YES – intensive ⬜ YES – one off ⬜ NO ⬜ UNKNOWN | | | | 2.32 **DAILY ALCOHOL CONSUMPTION**  ⬜ NONE ⬜ 0-2 units ⬜ 3-4 units ⬜ >5 units ⬜ UNKNOWN | | | | | |
| 2.33 **DOCUMENTED ASSESSMENT OF PERIOPERATIVE RISK**  ⬜ NO ⬜ QUALITATIVE (e.g. low / medium / high)  ⬜ QUANTITATIVE (e.g. percentage risk of death or complications)  ⬜ BOTH QUALITATIVE & QUANTITATIVE | | | | | | 2.34 **PLANNED POST-OPERATIVE CARE**  ⬜ WARD ⬜ LEVEL 1 ⬜ LEVEL 2 ⬜ LEVEL 3 | | | |
| 2.35 **BOWEL PREP**  ⬜ YES ⬜ NO ⬜ N/A | | | | 2.36 **WERE PRE-OP CARBOHYDRATES GIVEN ON DAY OF SURGERY** (Within approx. 2hr prior to surgery)  ⬜ YES ⬜ NO ⬜ UNKNOWN | | | | | |

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| **2.29 CARDIOPULMONARY EXERCISE TEST** |

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| 2.29a **VO2 Peak absolute** (ml/min) | 2.29b **VO2 Peak indexed** (ml/kg/min) | 2.29c **Anaerobic Threshold absolute** (ml/min) |
| 2.29d **Anaerobic Threshold indexed** (ml/kg/min) | 2.29e **VE/VCO2 at Anaerobic Threshold** | 2.29f **Max work rate** (Watt) |
| 2.29g **Max heart rate** (bpm) | 2.29h **VE/VCO2 gradient** | 2.29i **VO2/WORK RATE gradient of linear portion of response** (ml/min/Watt) |
| 2.29j **Max oxygen pulse** (ml/beat) | 2.29k **Oxygen saturations at VO2 peak** (%) | 2.29l **Peak ventilation** (L/min) |
| 2.29m **Max voluntary ventilation** (L/min) | 2.29n **FEV1** (L) | 2.29o **FEV1/FVC** (%) |

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| **3. OPERATIVE DATA** |

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| 3.1 **SURGEON GRADE** **- MOST SENIOR PRESENT**  ⬜ CONSULTANT (post-CCT or CESR)  ⬜ FOUNDATION YEAR DOCTOR  ⬜ NURSE SPECIALIST  ⬜ PHYSICIAN’S ASSISTANT / ASSOCIATE  ⬜ SAS DOCTOR  ⬜ TRAINEE OR TRUST GRADE CT1-2 OR EQUIVALENT  ⬜ TRAINEE OR TRUST GRADE ST3-7 OR EQUIVALENT  ⬜ OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 3.2 **ANAESTHETIST GRADE** **- MOST SENIOR PRESENT**  ⬜ CONSULTANT (post-CCT or CESR)  ⬜ FOUNDATION YEAR DOCTOR  ⬜ PHYSICIAN’S ASSISTANT / ASSOCIATE  ⬜ SAS DOCTOR  ⬜ TRAINEE OR TRUST GRADE CT1-2 OR EQUIVALENT  ⬜ TRAINEE OR TRUST GRADE ST3-7 OR EQUIVALENT  ⬜ OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 3.3 **COMPLIANCE WITH INDUCTION ANTIBIOTIC PROTOCOL (WITHIN 60 MINUTES OF SKIN INCISION)**  ⬜ YES ⬜ NO | 3.4 **ANAESTHESIA / ANALGESIA**  ⬜ GENERAL  ⬜ SPINAL  ⬜ EPIDURAL  ⬜ CSE  ⬜ IV ANALGESIA  ⬜ LA INFILTRATION ONLY  ⬜ REGIONAL BLOCK | 3.5 **INTRA-OP MONITORING**  ⬜ CENTRAL VENOUS CATHETER  ⬜ ARTERIAL LINE  ⬜ CARDIAC OUTPUT / FLOW MONITOR  ⬜ DEPTH OF ANAESTHESIA  ⬜ TEMPERATURE PROBE  ⬜ PERIPHERAL NERVE STIMULATOR  ⬜ URINARY CATHETER  ⬜ NONE | |
| 3.6 **WARMING DEVICES**  ⬜ NONE ⬜ IV FLUID WARMER ⬜ FORCED AIR WARMING DEVICE  ⬜ UNDERBODY RESISTIVE HEATING ⬜ MISSING DATA  ⬜ OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 3.7 **PROCEDURES IN PAST 30 DAYS** **(INCLUDING CURRENT)**  ⬜ 1 ⬜ 2 ⬜ >2 |
| 3.8-3.10 **ACTUAL PROCEDURE IF DIFFERENT TO PLANNED** (See 2.1-2.3; including any secondary procedure) | | 3.8-3.10 **MODE OF SURGERY** (Select all that apply, particularly if changed intra-operatively e.g. from lap to open)  ⬜ OPEN ⬜ LAPAROSCOPIC / LAPAROSCOPIC-ASSISTED  ⬜ ROBOTIC-ASSISTED ⬜ THORACOSCOPIC | | |

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| 3.11 **SURGICAL INCISION**  ⬜ INTRA-THORACIC  ⬜ UPPER ABDOMINAL (OPEN)  ⬜ LOWER ABDOMINAL (OPEN)  ⬜ OTHER / LAPAROSCOPIC / THORACOSCOPIC | 3.12 **INTRA-OP BLOOD LOSS**  ⬜ ≤100ml  ⬜ 101-500ml  ⬜ 501-1000ml  ⬜ ≥1001ml  ⬜ MISSING DATA | | 3.13 **PERITONEAL SOILING**  ⬜ NOT APPLICABLE ⬜ NONE  ⬜ SEROUS FLUID  ⬜ LOCALISED PUS  ⬜ FREE BOWEL CONTENT / PUS / BLOOD  ⬜ MISSING DATA |
| 3.14 **DURATION** **UNDER GENERAL ANAESTHESIA**  ⬜ <2 HOURS ⬜ 2-3 HOURS ⬜ >3 HOURS | | 3.15 **ACTUAL POST-OP DESTINATION**  ⬜ WARD ⬜ LEVEL 1 ⬜ LEVEL 2 ⬜ LEVEL 3 | |
| 3.16 **REASON FOR CHANGE IN POST-OP DESTINATION**  ⬜ NOT APPLICABLE - planned care destination ⬜ NO HIGHER LEVEL CARE BED AVAILABLE  ⬜ NO LOWER LEVEL CARE BED AVAILABLE ⬜ OPERATION LOWER RISK THAN EXPECTED  ⬜ OPERATION HIGHER RISK THAN EXPECTED ⬜ OPERATION PALLIATIVE (UNEXPECTED)  ⬜ OTHER/FURTHER INFORMATION | | | |

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| **4. RECOVERY DATA** |

If the patient is transferred directly to a higher-level care facility postoperatively then the “recovery period” should be regarded as the immediate three hours postoperatively.

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| 4.1 **FIRST CORE TEMPERATURE TAKEN IN RECOVERY ≥36˚C**  ⬜ YES ⬜ NO | 4.2 **ABDOMINAL DRAIN PRESENT ON ARRIVAL FROM THEATRE**  ⬜ YES ⬜ NO | 4.3 **NG TUBE PRESENT ON ARRIVAL FROM THEATRE**  ⬜ YES ⬜ NO |
| 4.4 **HIGHEST PAIN SCORE DURING RECOVERY STAY** (SEE SOP FOR ADVICE ON CONVERTING FROM NUMERICAL SCORE)  ⬜ NONE ⬜ MILD ⬜ MODERATE ⬜ SEVERE ⬜ UNABLE TO ASCERTAIN – SEDATED  ⬜ UNABLE TO ASCERTAIN – OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| **5. POSTOPERATIVE VISIT ON DAY 2 OR DAY 3** |

Answer these questions with regard to the patient’s status on post-operative day 1 (**within 24 hours from completion of surgery**). These assess achievement of the enhanced recovery objectives of the CHEERS-DREAM campaign.

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| 5.1 **IV FLUIDS DISCONTINUED**  ⬜ YES ⬜ NO | 5.2 **STARTED DRINKING (FREE FLUIDS) WITHIN 24HR OF SURGERY** (No minimum volume currently specified)  ⬜ YES ⬜ NO | 5.3 **RESTARTED AND TOLERATING ORAL DIET (AT LEAST SOFT DIET)**  ⬜ YES ⬜ NO | 5.4 **MOBILISING WITH MAX ASSISSTANCE OF ONE PERSON (BED TO CHAIR)**  ⬜ YES ⬜ NO |

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| **6. DAY 7 POST-OPERATIVE MORBIDITY SURVEY** |

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| 6.1 **STILL IN HOSPITAL**  **(IF YES, COMPLETE THE FOLLOWING DATA FIELDS)**  ⬜ YES ⬜ NO | 6.2 **CURRENT LOCATION**  ⬜ WARD ⬜ LEVEL 1 ⬜ LEVEL 2 ⬜ LEVEL 3 ⬜ LEVEL 2/3 |

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| 6.3 **PULMONARY (SEE SOP FOR MORE DETAIL)** | |
| ⬜ | Has the patient developed a new requirement for oxygen? |
| ⬜ | Has the patient developed a new requirement for respiratory support? |
| ⬜ | None of the above |

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| 6.4 **INFECTIOUS (SEE SOP FOR MORE DETAIL)** | |
| ⬜ | Is the patient currently on IV antibiotics? |
| ⬜ | Has the patient had a temperature >38˚C in the past 24 hours? |
| ⬜ | None of the above |

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| 6.5 **GASTROINTESTINAL (SEE SOP FOR MORE DETAIL)** | |
| ⬜ | Is the patient unable to tolerate enteral diet (oral or tube feed)? |
| ⬜ | Has the patient experienced nausea, vomiting or abdominal distension in the past 24 hours? |
| ⬜ | None of the above |

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| 6.6 **RENAL (SEE SOP FOR MORE DETAIL)**  In the past 24 hours has the patient had any of the following: | |
| ⬜ | Oliguria (<500ml/24hr)? |
| ⬜ | Serum creatinine level >30% of pre-op level? |
| ⬜ | Urethral catheter in-situ (not present pre-operatively)? |
| ⬜ | None of the above |

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| 6.7 **CARDIOVASCULAR (SEE SOP FOR MORE DETAIL)**  In the past 24 hours has the patient had diagnostic tests or therapy for any of the following: | |
| ⬜ | Hypotension requiring >200ml fluid bolus or pharmacological therapy? |
| ⬜ | New myocardial infarction or ischaemia? |
| ⬜ | Thrombotic event requiring anticoagulation? |
| ⬜ | Arrhythmias? |
| ⬜ | Cardiogenic pulmonary oedema? |
| ⬜ | None of the above |

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| 6.8 **NEUROLOGICAL (SEE SOP FOR MORE DETAIL)**  In the past 24 hours has the patient any of the following: | |
| ⬜ | New neurological deficit? |
| ⬜ | Delirium or confusion? |
| ⬜ | Sedative-induced coma? |
| ⬜ | Non-sedative associated coma? |
| ⬜ | None of the above |

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| 6.9 **WOUND (SEE SOP FOR MORE DETAIL)** | |
| ⬜ | Has the patient had a wound dehiscence requiring surgical exploration? |
| ⬜ | Has the patient had drainage of pus from the operative wound, wound ooze or a swab taken? |
| ⬜ | None of the above |

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| 6.10 **HAEMATOLOGICAL (SEE SOP FOR MORE DETAIL)**  In the past 24 hours has the patient required any of the following: | |
| ⬜ | Red cell transfusion? |
| ⬜ | Fresh frozen plasma / Cryoprecipitate / Platelets |
| ⬜ | None of the above |

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| 6.11 **PAIN (SEE SOP FOR MORE DETAIL)**  In the past 24 hours has the patient had surgical pain significant enough to require: | |
| ⬜ | Parenteral opioids? |
| ⬜ | Regional anaesthesia? |
| ⬜ | None of the above |

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| 6.12 **MOBILITY** |  |
| In the past 24 hours has the patient returned to their baseline level of mobility? | ⬜ YES ⬜ NO |

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| 6.13 **REASON(S) WHY STILL INPATIENT**  ⬜ MEDICAL / NURSING CARE ⬜ MOBILITY ISSUE ⬜ AWAITING SOCIAL PACKAGE SETUP  ⬜ AWAITING OT REVIEW ⬜ ORGANISATIONAL FAILURE ⬜ NONE OF THE ABOVE |

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| **7. DISCHARGE / DEATH / WITHDRAWAL** |

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| 7.1 **DATE OF DISCHARGE / DEATH / WITHDRAWAL** (DDMMYYYY) | 7.1  **DISCHARGE DESTINATION/WITHDRAWAL**  ⬜ OWN HOME ⬜ CARE HOME ⬜ DIED  ⬜ WITHDRAWN FROM STUDY |
| 7.2 **CLAVIEN-DINDO GRADE OF COMPLICATION**  The treatments allowed for Grade I include: analgesic, antipyretic, antiemetic, and antidiarrheal drugs or drugs required for lower urinary tract infection. Grade II includes TPN, blood transfusion and any other drugs not included in Grade I. **If the patient experienced multiple complications, please list each grade experienced.**  ⬜ None  ⬜ I – Any deviation from the normal postoperative course without the need for pharmacological treatment or surgical, endoscopic or radiological interventions.  ⬜ II – Requiring pharmacological treatment with drugs other than those allowed for Grade I complications. Blood transfusions and Total Parenteral Nutrition (TPN) also included.  III – Requiring surgical, endoscopic or radiological intervention:  ⬜ IIIA – Intervention not under general anaesthesia.  ⬜ IIIB – Intervention under general anaesthesia.  IV – Life threatening complications (including CNS complications) requiring critical care management:  ⬜ IVA – Single organ dysfunction (including dialysis).  ⬜ IVB – Multi-organ dysfunction.  ⬜ V – Death. | |