

# PQIP



## Perioperative Quality Improvement Programme

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# DATA COLLECTION FORM

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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.

If found please return to: \_\_\_\_\_  
\_\_\_\_\_

## 1. PATIENT DEMOGRAPHICS

1.1 HOSPITAL ID NUMBER	1.2 SURNAME	1.3 FIRST NAME
1.4 DATE OF BIRTH (DDMMYYYY)	1.5 GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	1.6 POST CODE
1.7 USUAL RESIDENCE OWN HOME <input type="checkbox"/> CARE HOME <input type="checkbox"/>	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)
<p>1.20 PATIENT'S PREFERRED METHOD OF CONTACT (This should be indicated on the completed consent form. If no preference, provide both.)</p> <p><input type="checkbox"/> E-MAIL _____</p> <p>Would the patient like to receive annual e-mail updates from the PQIP study team? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> TELEPHONE _____</p>		
<p>1.21 IS PATIENT ENROLLED IN OTHER STUDIES? <input type="checkbox"/> YES (Tick those that apply below) <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN</p> <p>Scottish Head &amp; Neck <input type="checkbox"/> PRISM <input type="checkbox"/> OPTIMISE II <input type="checkbox"/> BALANCED <input type="checkbox"/></p> <p>GSK Oesophagectomy study (TFR116341) <input type="checkbox"/> Prevention-HARP2 <input type="checkbox"/> PREPARE-ABC <input type="checkbox"/></p> <p>Other _____</p>		

## 2. PRE-OPERATIVE DATA

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**  
( $\mu$ mol/L)

2.10 **ALBUMIN** (g/L)

2.11 **WCC** ( $\times 10^9/L$ )

2.12  
**HAEMOGLOBIN**  
(g/dL)

2.13 **HEART RATE** (bpm)

2.14 **SYSTOLIC BP**  
(mmHg)

2.15 **GCS** (3-15)

2.16 **SpO<sub>2</sub>** (%)

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

<p>2.19 <b>NYHA SCORE (1-4)</b></p> <p>(See SOP for definitions)</p>	<p>2.20 <b>DYSPNOEA</b></p> <p><input type="checkbox"/> NO      <input type="checkbox"/> Dyspnoea on exertion or CXR: mild COPD</p> <p><input type="checkbox"/> Dyspnoea limiting exertion to &lt;1 flight or CXR: moderate COPD</p> <p><input type="checkbox"/> Dyspnoea at rest/rate &gt; 30 at rest or CXR: fibrosis or consolidation</p>	<p>2.21 <b>RESPIRATORY INFECTION IN LAST 1 MONTH</b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
<p>2.22 <b>CEREBROVASCULAR DISEASE</b></p> <p><input type="checkbox"/> NO    <input type="checkbox"/> Yes, without hemiplegia</p> <p><input type="checkbox"/> Yes, with hemiplegia</p>	<p>2.23 <b>CURRENT OR RECENT (LAST 5 YR) CANCER DIAGNOSIS</b></p> <p><input type="checkbox"/> NO    <input type="checkbox"/> Solid tumour, metastatic disease (including lymph node)</p> <p><input type="checkbox"/> Solid tumour, local only    <input type="checkbox"/> Lymphoma    <input type="checkbox"/> Leukaemia</p>	
<p>2.24 <b>DEMENTIA</b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	<p>2.25 <b>DIABETES MELLITUS</b></p> <p><input type="checkbox"/> NO    <input type="checkbox"/> Type 1    <input type="checkbox"/> Type 2 (on insulin)    <input type="checkbox"/> Type 2 (diet-controlled only)</p> <p><input type="checkbox"/> Type 2 (non-insulin glucose-lowering medication)</p>	
<p>2.26 <b>HBA<sub>1c</sub> (%)</b> (Conversion calculator from MMOL/MOL or MMOL/L on webtool)</p>	<p>2.27 <b>LIVER DISEASE</b></p> <p><input type="checkbox"/> NO    <input type="checkbox"/> Cirrhosis or Hep B/C without portal hypertension</p> <p><input type="checkbox"/> Cirrhosis or Hep B/C with portal hypertension</p>	
<p>2.28 <b>ASA SCORE (1-5)</b></p> <p>(See SOP for definitions)</p>	<p>2.30 <b>SMOKING STATUS</b></p> <p><input type="checkbox"/> Never smoked    <input type="checkbox"/> Ex-smoker &gt; 6 months    <input type="checkbox"/> Ex-smoker &lt;6 months</p> <p><input type="checkbox"/> Current smoker    <input type="checkbox"/> Unknown</p>	
<p>2.31 <b>SMOKING CESSATION REFERRAL</b></p> <p><input type="checkbox"/> YES – intensive    <input type="checkbox"/> YES – one off    <input type="checkbox"/> NO    <input type="checkbox"/> UNKNOWN</p>	<p>2.32 <b>DAILY ALCOHOL CONSUMPTION</b></p> <p><input type="checkbox"/> NONE    <input type="checkbox"/> 0-2 units    <input type="checkbox"/> 3-4 units    <input type="checkbox"/> &gt;5 units    <input type="checkbox"/> UNKNOWN</p>	
<p>2.33 <b>DOCUMENTED ASSESSMENT OF PERIOPERATIVE RISK</b></p> <p><input type="checkbox"/> NO    <input type="checkbox"/> QUALITATIVE (e.g. low / medium / high)</p> <p><input type="checkbox"/> QUANTITATIVE (e.g. percentage risk of death or complications)</p> <p><input type="checkbox"/> BOTH QUALITATIVE &amp; QUANTITATIVE</p>		<p>2.34 <b>PLANNED POST-OPERATIVE CARE</b></p> <p><input type="checkbox"/> WARD    <input type="checkbox"/> LEVEL 1    <input type="checkbox"/> LEVEL 2</p> <p><input type="checkbox"/> LEVEL 3</p>

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

## 2.29 CARDIOPULMONARY EXERCISE TEST

2.29a <b>VO<sub>2</sub> Peak absolute</b> (ml/min)	2.29b <b>VO<sub>2</sub> Peak indexed</b> (ml/kg/min)	2.29c <b>Anaerobic Threshold absolute</b> (ml/min)
2.29d <b>Anaerobic Threshold indexed</b> (ml/kg/min)	2.29e <b>VE/VCO<sub>2</sub> at Anaerobic Threshold</b>	2.29f <b>Max work rate</b> (Watt)
2.29g <b>Max heart rate</b> (bpm)	2.29h <b>VE/VCO<sub>2</sub> gradient</b>	2.29i <b>VO<sub>2</sub>/WORK RATE gradient of linear portion of response</b> (ml/min/Watt)
2.29j <b>Max oxygen pulse</b> (ml/beat)	2.29k <b>Oxygen saturations at VO<sub>2</sub> peak</b> (%)	2.29l <b>Peak ventilation</b> (L/min)
2.29m <b>Max voluntary ventilation</b> (L/min)	2.29n <b>FEV1</b> (L)	2.29o <b>FEV1/FVC</b> (%)

### 3. OPERATIVE DATA

#### 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

**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
-

## 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.

<p>4.1 <b>FIRST CORE TEMPERATURE TAKEN IN RECOVERY <math>\geq 36^{\circ}\text{C}</math></b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>4.2 <b>ABDOMINAL DRAIN PRESENT ON ARRIVAL FROM THEATRE</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>4.3 <b>NG TUBE PRESENT ON ARRIVAL FROM THEATRE</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>4.4 <b>HIGHEST PAIN SCORE DURING RECOVERY STAY</b> (SEE SOP FOR ADVICE ON CONVERTING FROM NUMERICAL SCORE)</p> <p><input type="checkbox"/> NONE <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE <input type="checkbox"/> UNABLE TO ASCERTAIN – SEDATED</p> <p><input type="checkbox"/> UNABLE TO ASCERTAIN – OTHER _____</p>		

## 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.

<p>5.1 <b>IV FLUIDS DISCONTINUED</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>5.2 <b>STARTED DRINKING (FREE FLUIDS) WITHIN 24HR OF SURGERY</b> (No minimum volume currently specified)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>5.3 <b>RESTARTED AND TOLERATING ORAL DIET (AT LEAST SOFT DIET)</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>5.4 <b>MOBILISING WITH MAX ASSISTANCE OF ONE PERSON (BED TO CHAIR)</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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PATIENT ID

## 6. DAY 7 POST-OPERATIVE MORBIDITY SURVEY

<p><b>6.1 STILL IN HOSPITAL (IF YES, COMPLETE THE FOLLOWING DATA FIELDS)</b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	<p><b>6.2 CURRENT LOCATION</b></p> <p><input type="checkbox"/> WARD    <input type="checkbox"/> LEVEL 1    <input type="checkbox"/> LEVEL 2    <input type="checkbox"/> LEVEL 3    <input type="checkbox"/> LEVEL 2/3</p>
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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

**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

**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

**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

**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

**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

**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

**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

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

6.12 **MOBILITY**

In the past 24 hours has the patient returned to their baseline level of mobility?

YES  NO

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

## 7. DISCHARGE / DEATH / WITHDRAWAL

### 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.