



PATIENT ID

Case Report Form

Version Control

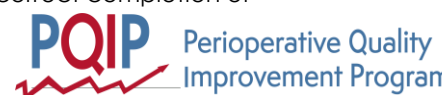
Version	Date	Changes
2.5	08/07/2021	Amended questions: 1.5; 1.7; 2.6; 2.28; 4.2; 6.2; 7.1; 7.3 Some question numbers have changed.
2.4	09/03/2021	New questions: 2.14a; 2.14c; 2.19; 2.45; 2.45a. Removed questions: 1.22; 2.8; 2.9; 2.13; 2.17; 2.19; 2.20; 2.22; 2.23; 2.29; 2.29a; 2.29b; 2.33; 3.1; 3.11. Amended questions: 2.24; 3.5; 3.12; 4.2. Moved questions: 2.42.
2.3	12/08/20	New questions: 2.14b; 2.44; 7.3; 7.4. Option of video call added to 2.6. Option of packed red blood cells transfusion added to 3.13.
2.2	17/02/20	N0 and M0 options added to 2.4a.
2.1	11/02/20	Changes made to dataset. Some question numbers may have changed. New/altered questions: 1.8; 2.4a; 2.4b; 2.34; 2.35; 3.2; 3.13; 6.18; 6.19; 7.2. Questions removed: 3.1; 3.2.
2.0	06/03/19	Changes made to dataset. Some question numbers may have changed. New or modified questions highlighted. Question on smoking cessation removed (formerly Q2.31).

Enclosed are the questions for clinicians or researchers to complete for each patient participating in this study. Question numbers may not increment sequentially as some questions may not be applicable to your hospital. 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

Case Report Form | Version 2.5: July 2021

Perioperative Quality Improvement Programme

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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.

Item	Question	Response
Patient demographics		
1.1	Patient ID number (local):	
1.2	Surname:	
1.3	First name:	
1.4	Date of birth:	__ / __ / ____ (DD/MM/YYYY)
1.5	Biological sex of patient:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Prefer not to say
Address details		
1.6	Post code:	_____
1.7	Usual residence/ Living status:	<input type="checkbox"/> Own your home outright <input type="checkbox"/> Own it with help of a mortgage or loan <input type="checkbox"/> Pay part rent and part mortgage (shared ownership) <input type="checkbox"/> Rent it <input type="checkbox"/> Live there rent free (including rent free in a relative or friend's property – excluding squatting) <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Care home <input type="checkbox"/> Not known
1.8	Date of consent:	__ / __ / ____ (DD/MM/YYYY)
Surgical admission		
1.9	Date of hospital admission:	__ / __ / ____ (DD/MM/YYYY)
1.10	Date of surgery:	__ / __ / ____ (DD/MM/YYYY)
ID numbers		
1.12-1.13	NHS / CHI / H&C number:	(10 digits)
1.14	Height:	(cm)
1.15	Weight:	(kg)
Patient follow-up		
1.21	Patient's preferred method of contact:	<input type="checkbox"/> E-mail: <hr/> <input type="checkbox"/> Telephone:

	This should be indicated on the completed consent form.	<input type="checkbox"/> No preference – provide both
1.21	Would patient like to receive e-mail updates from the PQIP study team?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Item	Question	Response
Pre-operative data		
2.1	Surgical specialty:	<input type="checkbox"/> Abdominal – Hepatobiliary <input type="checkbox"/> Abdominal – Lower GI <input type="checkbox"/> Abdominal – Other <input type="checkbox"/> Abdominal – Upper GI <input type="checkbox"/> Burns & Plastics <input type="checkbox"/> Gynaecology <input type="checkbox"/> Head & Neck <input type="checkbox"/> Orthopaedics <input type="checkbox"/> Spinal <input type="checkbox"/> Thoracics <input type="checkbox"/> Urology <input type="checkbox"/> Vascular
2.2a	Planned operation: Check eligibility with Procedure List on PQIP web site.	
2.2b	Planned mode of procedure: Select all that apply.	<input type="checkbox"/> Open <input type="checkbox"/> Laparoscopic <input type="checkbox"/> Robotic <input type="checkbox"/> Thoracoscopic
2.2c	Is this surgery part of a multistage procedure?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what was the date of the final stage? ___ / ___ / _____ (DD/MM/YYYY)
2.3	Urgency of surgery:	<input type="checkbox"/> Elective <input type="checkbox"/> Expedited <input type="checkbox"/> Urgent <input type="checkbox"/> Immediate
2.4	Cancer surgery:	<input type="checkbox"/> Yes If yes, answer Q2.4a-b

		<input type="checkbox"/> No If no, proceed to Q2.5
2.4a	Preoperative TNM staging	i. T: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4a <input type="checkbox"/> 4b <input type="checkbox"/> Not known ii. N: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2a <input type="checkbox"/> 2b <input type="checkbox"/> 2c <input type="checkbox"/> 3 <input type="checkbox"/> Not known iii. M: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> Not known
2.4b	Neoadjuvant chemotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
2.5	Enhanced recovery:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known

Item	Question	Response
2.6	Pre-operative assessment (before hospital admission):	<input type="checkbox"/> No pre-admission preoperative assessment <input type="checkbox"/> Electronic self-assessment <input type="checkbox"/> Telephone / Video <input type="checkbox"/> Face to face: nurse or anaesthetist led <input type="checkbox"/> Face to face: surgeon-led <input type="checkbox"/> Other: _____
2.7	Sodium:	(mmol/L) <input type="checkbox"/> Not measured
2.8	Creatinine:	(μ mol/L) <input type="checkbox"/> Not measured
2.10	Albumin:	(g/L) <input type="checkbox"/> Not measured
2.11	Anaemia treatment in the last 3 months prior to surgery:	<input type="checkbox"/> None <input type="checkbox"/> Intravenous Iron <input type="checkbox"/> Oral Iron <input type="checkbox"/> EPO <input type="checkbox"/> B12 <input type="checkbox"/> Folic acid <input type="checkbox"/> Blood transfusion of packed red blood cells
2.12	Haemoglobin:	(g/dL) <input type="checkbox"/> Not measured
2.12a	Was this Hb measurement before, during or post-anaemia treatment?	<input type="checkbox"/> Not applicable (not treated for anaemia) <input type="checkbox"/> Before anaemia treatment <input type="checkbox"/> During or after anaemia treatment <input type="checkbox"/> Don't know
2.13	Ferritin:	(micrograms/L) <input type="checkbox"/> Not measured
2.13a	Is this Ferritin measurement before, during or post-anaemia treatment?	<input type="checkbox"/> Not applicable (not treated for anaemia) <input type="checkbox"/> Pre-anaemia treatment <input type="checkbox"/> During or after anaemia treatment <input type="checkbox"/> Don't know
2.14	Pulse rate:	(bpm)
2.15	Systolic BP:	(mmHg)

2.16	Oxygen saturation:	(%)
2.17	Does the patient have heart failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.18	NYHA heart failure classification: See SOP for details.	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
2.19	Cerebrovascular disease:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.20	Current cancer diagnosis or in remission for <5 years:	<input type="checkbox"/> No <input type="checkbox"/> Yes – solid tumour; local only <input type="checkbox"/> Yes – solid tumour; metastatic disease (including lymph node) <input type="checkbox"/> Yes – Lymphoma <input type="checkbox"/> Yes – Leukaemia
2.21	Dementia:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.22	Diabetes:	<input type="checkbox"/> No <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 (on insulin) <input type="checkbox"/> Type 2 (Diet controlled only) <input type="checkbox"/> Type 2 (Non-insulin glucose lowering medication)
2.22a	HbA1c:	(%) <input type="checkbox"/> Not measured Conversion calculator on PQIP web site.
2.24	ASA grade: See SOP for details.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
2.25	Was preoperative CPET performed?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes:		
2.25a	VO ₂ Peak Indexed:	(ml/kg/min)

2.25b	Anaerobic Threshold (AT) Indexed:	(ml/kg/min)
2.25c	VE/VCO ₂ at AT:	
2.25d	Max work rate:	(Watt)
2.25e	Max heart rate:	(bpm)
2.25f	Max oxygen pulse:	(ml/beat)
2.25g	FEV ₁ /FVC:	(%)
2.26	Smoking history:	<input type="checkbox"/> Never smoked <input type="checkbox"/> Ex-smoker > 6 months <input type="checkbox"/> Ex-smoker <6 months <input type="checkbox"/> Current smoker <input type="checkbox"/> Unknown
2.27	Documented individualised assessment of perioperative risk:	<input type="checkbox"/> Yes – Qualitative (e.g. low / medium / high) <input type="checkbox"/> Yes – Quantitative (e.g. percentage risk of death / complications) <input type="checkbox"/> Both <input type="checkbox"/> No
2.28	Planned postoperative destination:	<input type="checkbox"/> Ward care <input type="checkbox"/> Level 1 care/ Enhanced care <input type="checkbox"/> Level 2 care <input type="checkbox"/> Level 3 care

Item	Question	Response
Surgical admission		
2.29	Received bowel preparation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable i. If yes, please specify: <input type="checkbox"/> Mechanical <input type="checkbox"/> Antibiotic <input type="checkbox"/> Antibiotic and mechanical
2.30	Preoperative carbohydrates given on day of surgery:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Frailty score		
2.35	Rockwood Clinical Frailty Score: See SOP for details.	<input type="checkbox"/> Very fit (1) <input type="checkbox"/> Well (2) <input type="checkbox"/> Managing Well (3) <input type="checkbox"/> Vulnerable (4) <input type="checkbox"/> Mildly Frail (5) <input type="checkbox"/> Moderately Frail (6) <input type="checkbox"/> Severely Frail (7) <input type="checkbox"/> Very Severely Frail (8) <input type="checkbox"/> Terminally Ill (9) <input type="checkbox"/> Not done
COVID-19		
2.36	Has the patient had suspected or confirmed COVID-19 infection before this hospital admission? See SOP for details.	<input type="checkbox"/> No – confirmed <input type="checkbox"/> No – presumed <input type="checkbox"/> Yes <input type="checkbox"/> Suspected
If yes/suspected:		
2.36a	Please state or estimate the date of symptom onset:	___ / ___ / _____ (DD/MM/YYYY)
If yes:		
2.36b	What level of treatment did the patient have?	<input type="checkbox"/> Home care only <input type="checkbox"/> Hospitalised – O ₂ only <input type="checkbox"/> Hospitalised – CPAP/NIV/HFNO <input type="checkbox"/> Hospitalised – mechanical ventilation
2.37	Has the patient had a COVID19 vaccine?	<input type="checkbox"/> No <input type="checkbox"/> Yes – one dose <input type="checkbox"/> Yes – two doses <input type="checkbox"/> Yes – >2 doses

2.37a	If yes, date of most recent vaccination <i>(Approximate date if not known)</i>	__ __ / __ __ / __ __ __ __ (DD/MM/YYYY)
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Item	Question	Response
Operative findings		
3.4	Including this procedure, number of operations the patient has had in the past 30 days:	<input type="checkbox"/> 1 <input type="checkbox"/> >1
3.5	Actual procedure was same as planned procedure:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, continue to 3.8:		
3.6a-b	Actual surgical specialty and operation:	
3.6c	Actual mode of surgery:	
3.7a	Actual procedure (secondary):	
3.7b	Sub-group:	
3.7c	Description:	
3.8	Surgical incision:	<input type="checkbox"/> Thoracic <input type="checkbox"/> Upper abdominal <input type="checkbox"/> Lower abdominal <input type="checkbox"/> Other / Laparoscopic / Thoracoscopic
3.9	Blood loss:	<input type="checkbox"/> ≤100ml <input type="checkbox"/> 101-500ml <input type="checkbox"/> 501-1000ml <input type="checkbox"/> ≥1001ml – please give estimated amount: _____ (ml) <input type="checkbox"/> Missing data
3.10	Duration of surgery and anaesthesia:	<input type="checkbox"/> <2 hours <input type="checkbox"/> 2:01-3 hours <input type="checkbox"/> 3:01-4 hours <input type="checkbox"/> 4:01-6 hours <input type="checkbox"/> >6:01 hours
3.11	Did the patient receive any of the following treatments during anaesthesia and surgery?	i. Tranexamic acid: <input type="checkbox"/> Yes <input type="checkbox"/> No ii. Bolus vasopressor / inotrope: <input type="checkbox"/> Yes <input type="checkbox"/> No iii. Infusion of vasopressor / inotrope (for any duration): <input type="checkbox"/> Yes <input type="checkbox"/> No iv. Transfusion of packed red blood cells: <input type="checkbox"/> Yes <input type="checkbox"/> No
Item	Question	Response
Postoperative destination		

3.12	Actual postoperative destination:	<input type="checkbox"/> Ward care <input type="checkbox"/> Level 1 care/ Enhanced care <input type="checkbox"/> Level 2 care <input type="checkbox"/> Level 3 care
3.13	If different from planned care destination, why?	<input type="checkbox"/> Not applicable – patient transferred to planned care destination <input type="checkbox"/> No higher level care bed available <input type="checkbox"/> No lower level care bed available <input type="checkbox"/> Operation lower risk than expected <input type="checkbox"/> Operation higher risk than expected <input type="checkbox"/> Operation palliative (unexpected) <input type="checkbox"/> Other / further information: <hr/>
Recovery care		
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.		
4.1	First core temperature on arrival from theatres $\geq 36^{\circ}\text{C}$:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	Drain present on arrival from theatres:	<input type="checkbox"/> Yes – abdominal <input type="checkbox"/> Yes – thoracic <input type="checkbox"/> Yes – neck <input type="checkbox"/> Yes – rectal <input type="checkbox"/> Yes – spinal <input type="checkbox"/> Yes – joint <input type="checkbox"/> Yes – other <input type="checkbox"/> No drain present
4.3	Nasogastric tube present on arrival from theatres:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4	Highest pain score during recovery stay:	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unable to ascertain – Sedated <input type="checkbox"/> Unable to ascertain – Other: <hr/>

Item	Question	Response
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).		
5.1	Maintenance IV fluids discontinued within 24hr of surgery ending:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	Started drinking (free fluids) within 24hr of surgery ending:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.3	Started eating (at least soft diet) within 24hr of surgery ending:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no:		
5.3a	Did patient receive supplementary nutrition within 24hr of surgery ending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.3ai	What type of supplementary nutrition?	<input type="checkbox"/> Enteral <input type="checkbox"/> Parenteral (TPN) <input type="checkbox"/> Other
5.4	Mobilising from bed to chair with max assistance of one person within 24hr of surgery ending:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Day 7 postoperatively		
6.1	Patient still in hospital:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, answer all of the following questions. If no, proceed to answer Q6.18.		
6.2	If yes, Current location:	<input type="checkbox"/> Ward care <input type="checkbox"/> Level 1 care/ Enhanced care <input type="checkbox"/> Level 2 care <input type="checkbox"/> Level 3 care <input type="checkbox"/> Level 2/3 care
Post-Operative Morbidity Survey (See SOP for advice on completion)		
6.3	Pulmonary	<input type="checkbox"/> New requirement for O ₂ therapy <input type="checkbox"/> New requirement for respiratory support <input type="checkbox"/> None of the above
6.4	Infection	<input type="checkbox"/> Currently on IV antibiotics <input type="checkbox"/> Temperature >38°C in past 24hr <input type="checkbox"/> None of the above

6.5	Gastrointestinal	<input type="checkbox"/> Unable to tolerate enteral diet (oral / tube feed) <input type="checkbox"/> Nausea, vomiting or abdominal distension in past 24hr <input type="checkbox"/> None of the above
Item	Question	Response
6.6	Renal	<input type="checkbox"/> Oliguria (<500ml/24hr) in past 24hr <input type="checkbox"/> In past 24hr, serum creatinine >30% of pre-op level <input type="checkbox"/> In past 24hr, urethral catheter in-situ (not present pre-op) <input type="checkbox"/> None of the above
6.7	Cardiovascular	<input type="checkbox"/> Hypotension in past 24hr requiring >200ml fluid bolus / pharmacological therapy <input type="checkbox"/> New myocardial infarction / ischaemia in past 24hr <input type="checkbox"/> Thrombotic event requiring anticoagulation in past 24hr <input type="checkbox"/> Arrhythmia in past 24hr <input type="checkbox"/> Cardiogenic pulmonary oedema in past 24hr <input type="checkbox"/> None of the above
6.8	Neurological	<input type="checkbox"/> New neurological deficit in past 24hr <input type="checkbox"/> Delirium / confusion in past 24hr <input type="checkbox"/> Sedative-induced coma in past 24hr <input type="checkbox"/> Non-sedative associated coma in past 24hr <input type="checkbox"/> None of the above
6.9	Wound	<input type="checkbox"/> Wound dehiscence requiring surgical exploration in past 24hr <input type="checkbox"/> Drainage of pus from operative wound, wound ooze or swab taken in past 24hr <input type="checkbox"/> None of the above
6.10	Haematological	<input type="checkbox"/> Red cell transfusion in past 24hr <input type="checkbox"/> Fresh frozen plasma / cryoprecipitate / platelets in past 24hr <input type="checkbox"/> None of the above
6.11	Surgical pain in past 24hr significant enough to require:	<input type="checkbox"/> Parenteral opioids <input type="checkbox"/> Regional anaesthesia <input type="checkbox"/> None of the above

6.12	In past 24hr patient has returned to baseline level of mobility:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.13	Reason(s) why still requiring hospital admission:	<input type="checkbox"/> Medical / nursing care <input type="checkbox"/> Mobility issue <input type="checkbox"/> Awaiting social package to be set up <input type="checkbox"/> Awaiting occupational therapy review <input type="checkbox"/> Organisational failure (e.g. transport not booked) <input type="checkbox"/> None of the above
Item	Question	Response
6.18a	Was creatinine value recorded after surgery (up to 7 days post-operatively)?	<input type="checkbox"/> Yes <input type="checkbox"/> Patient has chronic renal failure with renal replacement therapy (RRT) <input type="checkbox"/> Not recorded
6.18i	If yes, what is the highest creatinine value recorded within 7 days after surgery?	_____ (µmol/L)
6.18b	Required new renal replacement therapy (RRT) in last 7 days:	<input type="checkbox"/> No <input type="checkbox"/> Yes (exclude patients on chronic RRT)
6.19	For Oesophagectomies only: Was a Gastrografin (or similar) swallow undertaken?	<input type="checkbox"/> Yes If yes, what date? ___ / ___ / _____ (DD/MM/YYYY) <input type="checkbox"/> No
Death, discharge or withdrawal		
7.1	Discharge destination:	<input type="checkbox"/> Own home <input type="checkbox"/> Care home <input type="checkbox"/> Died <input type="checkbox"/> Withdrawn from study <input type="checkbox"/> Rehabilitation facility <input type="checkbox"/> Other hospital <input type="checkbox"/> Live with relatives or friends <input type="checkbox"/> Other
7.1a-c	Date of discharge / death / withdrawal:	___ / ___ / _____ (DD/MM/YYYY)
7.1ai	On discharge from hospital, has patient been prescribed an opioid (including tramadol)?	<input type="checkbox"/> On opioids preoperatively and has been discharged with an opioid prescription <input type="checkbox"/> On opioids preoperatively and has been discharged without an opioid prescription <input type="checkbox"/> No opioid prescription (previously opioid naïve) <input type="checkbox"/> New opioid prescription (previously opioid naïve)

Item	Question	Response
Clavien-Dindo grade of complication		
7.2	<p>Grade level of complications experienced by the patient:</p> <p>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.</p>	<input type="checkbox"/> None <input type="checkbox"/> I – Any deviation from the normal postoperative course without the need for pharmacological treatment or surgical, endoscopic or radiological interventions. <input type="checkbox"/> II – Requiring pharmacological treatment with drugs other than those allowed for Grade I complications. Blood transfusions and Total Parenteral Nutrition (TPN) also included. <input type="checkbox"/> III – Requiring surgical, endoscopic or radiological intervention: <ul style="list-style-type: none"> <input type="checkbox"/> IIIA – Intervention not under general anaesthesia. <input type="checkbox"/> IIIB – Intervention under general anaesthesia. <input type="checkbox"/> IV – Life threatening complications (including CNS complications) requiring critical care management: <ul style="list-style-type: none"> <input type="checkbox"/> IVA – Single organ dysfunction (including dialysis). <input type="checkbox"/> IVB – Multi-organ dysfunction. <input type="checkbox"/> V – Death.
If Grade II or above:		
7.2a	Was patient treated for a suspected postoperative infection?	<input type="checkbox"/> None <input type="checkbox"/> Surgical site infection <input type="checkbox"/> Chest <input type="checkbox"/> Urine / renal tract <input type="checkbox"/> Neurological <input type="checkbox"/> Empirical – patient unwell with suspected infection, but source unclear
7.2b	Other complications:	<input type="checkbox"/> None <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Respiratory - please specify: <input type="checkbox"/> Mild <div style="margin-left: 150px;"><input type="checkbox"/> Moderate</div> <div style="margin-left: 150px;"><input type="checkbox"/> Severe <input type="checkbox"/> Venous thromboembolism <input type="checkbox"/> Gastrointestinal </div>

		<input type="checkbox"/> Stroke <input type="checkbox"/> Delirium <input type="checkbox"/> Renal replacement therapy
Item	Question	Response
COVID-19 status		
7.3	Please indicate the patient's SARS-CoV-2 / COVID-19 infection status for this admission. Choose one option only.	<input type="checkbox"/> Confirmed Covid positive at time of surgery <input type="checkbox"/> Suspected Covid positive at time of surgery <input type="checkbox"/> Covid positive during hospitalisation; indeterminate timing of infection <input type="checkbox"/> Covid positive assumed nosocomial infection <input type="checkbox"/> Covid negative <input type="checkbox"/> Covid status unknown <input type="checkbox"/> Unable to answer
Post-operative blood transfusion		
7.4	Did the patient receive any transfusions of packed red blood cells postoperatively?	<input type="checkbox"/> Yes <input type="checkbox"/> No