



**ELECTRONIC CASE REPORT FORM  
COMPLETION GUIDELINES**



2011 AAOMS Anesthesia and Third Molar Benchmark Study

Version 1.2; 14-July-2011

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## 1. General Guidelines

Electronic Case Report Form (eCRF) Completion Guidelines (eCCGs) provide assistance in completing the eCRF pages. For additional questions regarding how to complete the forms or how to use the EDC system, please refer to the EDC User Manual or contact the Help Desk at:

- **Outcome:** [support@outcome.com](mailto:support@outcome.com)
- **US & Canada:** 888.526.6700

### 1.1 Username and Password

Your **Username and Password** are needed to log into the system. Signature Users will also need their **Username and Password** to provide their electronic signature at the end of form in order to confirm data entered is accurate. Your **Username and Password** were assigned to you by the Outcome Help Desk. If you forget either of these, please contact the Help Desk using the information above.

### 1.2 Printing Blank Forms

The most up-to-date blank forms are available in this section of the Home tab. Included are forms to document: Anesthesia, 3<sup>rd</sup> Molar Extraction, and Satisfaction Questionnaire. The blank forms should be used as a reference only, as not all forms will represent the true functionality of the EDC system. Data can only be submitted via the EDC system and not via paper.

### 1.3 Data Collection

Investigators and/or designated qualified staff will enter the data into the eCRFs. Investigators or designees will review and approve each patient's complete eCRF record.

Sites are responsible for entering patient data and completed forms into a secure internet-based EDC registry database via an eCRF. All sites will be fully trained on the EDC by Outcome Site Management via webinar on how to utilize the EDC system and the guidance documents available as resources, including eCRF completion guidelines and User Manuals.

The following instructions apply to general entry of the data. If you experience any technical issues, select 'Contact Us' in the top right hand corner of the registry webpage. You will then receive the toll-free numbers, listed above, and will be provided with the option to create an email about the issue.

- All data should be entered verbatim, do not abbreviate CRF entries.
- No punctuation should be used.
- Do not use subscript or superscript when entering data on the eCRF.
- Text exceeding field length will be flagged automatically by the EDC system.
- Symbols should not be entered in the EDC system.
- Ranges should not be entered into eCRF text fields (i.e. 1-3 HR).
- Quotes should not be used when entering data on the eCRF.
- All text entries MUST be made in English.
- To add an additional comment to any field, click on the  icon (this icon will

appear after saving the form). A new window will open for additional comments to be entered. To save the comment, click the 'Save Annotation' button.

The types of edits that may appear in the *Errors and Warnings* window are 'CRITICAL', 'ERROR', and 'WARNING'. These messages are color-coded to indicate their severity and the action that is required:

1. 'CRITICAL' messages are Red and must be addressed in order to save the form at all.
2. 'ERROR' messages are Dark Red and must be addressed in order to save the form with a status of 'Complete'.
3. 'WARNING' messages are Grey and are informational. These do not affect the saving the form.

These *Errors and Warnings* provide guidance to the site on entering logical, valid, range appropriate information as specified in the protocol.

At the end of each form you have the option of saving the form as 'Complete' or 'Incomplete'. You may only save the form as 'Complete' if all 'CRITICAL' and 'ERROR' edits in the *Errors and Warnings* window have been resolved, the data is accurate, and the form is ready for an electronic signature. You may save a form as 'Incomplete' as long as all 'CRITICAL' edits have been resolved. If the form is saved as 'Incomplete' the EDC system will save the most recently entered responses and the form can be updated at a later time.

NOTE: Once the form is signed electronically, only authorized Signature Users will have permission to modify it. All forms must be signed at the end of the survey.

## 1.4 Patient Data

To enroll a new patient into the registry, click the 'New Patient' link on the main portal page after login. You can also enroll a new patient by clicking the 'Enter New Patient' link on the Patients tab. After you have entered the information and ensured data accuracy, select the 'Complete' form option. If you wish to save the data you have entered but want to return to the form to complete it at another time, select the 'Incomplete' option. You will then have the option to 'Save and Exit' the form or you can click 'Save and Continue Data Entry' to move to the next form. The system will alert you to any missing patient information prior to moving to the next form. The completed form will be saved as a 'Data Link' on the Patient Grid. The Patient Grid is where you will see all saved patient forms. Within the Patient Grid, you will also have the ability to enter new forms for the patient. Refer to the 'User Manual' link located within the top right corner of the EDC system for further information on the Patient Grid.

## 1.5 Patient Identifiers and Header Information

The patient ID will be obtained at the time of enrollment. As soon as the Anesthesia form is saved, the patient will automatically be assigned a unique Patient ID in the following format: ##### - #####. The first part of the ID (#####) represents the Site ID. The second part of the ID (#####) represents the unique patient number. The Clinic ID and patient ID will not need to be entered at each visit and will populate automatically at the top of the screen after initial entry at the Baseline visit.

## 1.6 Reporting Dates

Many date fields for this registry require Month, Day, and Year in order to save the eCRF as 'Complete'.

Each visit/contact requires a **Date** to be entered at the top of the eCRF. Next to each date field there is a calendar window in which dates can be selected to ease data entry.

All Dates are in MM-DD-YYYY format (e.g., April 02, 2011, would be entered 04-02-2011).

## 2. eCRF COMPLETION GUIDELINES

### 2.1 Anesthesia Form

#### 2.1.1 Demographics Tab

Field / Question	Instructions
<b>SURGERY DATE</b>	
1. Date of Surgery	<p>Enter the date of the surgery using an 8-digit format with the month, day and 4-digit year. Use leading zeros before single digit months and days. For example: April 2<sup>nd</sup>, 2011, is entered as 04/02/2011.</p> <p>'Date of Surgery' is a required field and must be entered to save the Anesthesia form.</p>
2. Medical Record Number	<p>Enter the medical record number assigned to the patient.</p> <p>'Medical Record Number' is a required field and must be entered to save the Baseline form.</p>
<b>DEMOGRAPHY</b>	
1. Date of Birth:	<p>Enter the date of the birth using an 8-digit format with the month, day and 4-digit year. Use leading zeros before single digit months and days. For example: April 2<sup>nd</sup>, 2011, is entered as 04/02/2011.</p> <p>'Date of Birth' is a required field and must be entered to save the Anesthesia form as 'Complete'.</p>
2. Patient Age:	<p>Field will be automatically calculated by the EDC system and is based on the date of surgery and the date of birth.</p>
3. Patient Sex:	<p>Select whether the patient is 'Male' or 'Female'.</p> <p>'Patient Sex' is a required field and must be entered to save the Anesthesia form as 'Complete'.</p>

Anesthesia Patient ID: Created: 03/30/2011 16:42:59 Last Updated: 03/30/2011 16:42:59

Legend:  Clear Selection  Add Annotation  Show Warnings  Show History

DEMOGRAPHICS PATIENT HISTORY PROCEDURE INFO RECOVERY INFO / COMPLICATIONS

**SURGERY DATE**

1. Date of Surgery       
MM DD YYYY

2. Medical Record Number  

**DEMOGRAPHY**

1. Date of Birth:       
MM DD YYYY

2. Patient Age:   years

3. Patient Sex:  
 MALE  
 FEMALE  
 

DEMOGRAPHICS PATIENT HISTORY PROCEDURE INFO RECOVERY INFO / COMPLICATIONS

Please indicate the current status of the form:  Complete  Incomplete

Save and Exit Form

Save and Continue Data Entry

Exit Without Saving

2.1.2 Patient History Tab

Field / Question	Instructions
<b>PATIENT ASA CLASS</b>	
1. Patient ASA Class:	<p>Select the American Society of Anesthesiologists (ASA) physical status classification that best describes the patient's clinical status at the time of surgery from the drop-down list.</p> <p>Please note that if patient's ASA class is ASA II or above, then at least one chronic condition needs to be checked in the next section.</p> <p>'Patient ASA Class' is a required field and must be entered to save the Anesthesia form as 'Complete'.</p>
<b>CHRONIC CONDITIONS</b>	
1. Patient's chronic conditions:	<p>'Patient's chronic conditions' field will be enabled if ASA II or above is selected for 'Patient ASA Class'.</p> <p>Indicate any chronic medical conditions the patient has at the time of surgery. Check all that apply. If the patient has a condition(s) not included among the options listed, check "Other".</p> <p>If ASA II or above is selected for 'Patient ASA Class', then at least one chronic medical condition must be selected to save the Anesthesia form as 'Complete'.</p>
1a. Other, specify:	<p>'Other, specify' field will be enabled if "Other" is selected for 'Patient's chronic conditions'.</p> <p>If "Other" is checked for 'Patient's chronic conditions', you must specify the chronic medical condition(s) to save the Anesthesia form as 'Complete'.</p>
<b>RISK FACTORS</b>	
1. On average, how many alcohol-containing drinks does the patient consume each day?	<p>Enter the number of alcohol-containing drinks the patient consumes each day in ##.## format. Please enter a number greater than or equal to zero.</p> <p>One drink = one oz of liquor or 1 glass of wine, or one 12 oz beer</p> <p>'On average, how many alcohol-containing drinks does the patient consume each day?' is a required field and must be entered to save the Anesthesia form as 'Complete'.</p>
2. What is the patient's level of tobacco use?	<p>Select the patient's level of tobacco use at the time of surgery from the drop-down list.</p> <p>'What is the patient's level of tobacco use?' is a required field and must be entered to save the Anesthesia form as 'Complete'.</p>

Field / Question	Instructions
<p><b>2a. How many packs per day?</b></p>	<p>'How many packs per day?' field will be enabled if "Past Smoker" or "Current Smoker" is selected for 'What is the patient's level of tobacco use?'.  It is acceptable to enter fractional packs. For example, if a patient reports smoking 5 cigarettes a day, that would be 0.25 packs per day.  If "Past Smoker" or "Current Smoker" is selected for 'What is the patient's level of tobacco use?', you must enter the number of packs smoked each day in ##.## to save the Anesthesia form as 'Complete'.</p>
<p><b>2b. How many years was tobacco used?</b></p>	<p>'How many years was tobacco used?' field will be enabled if "Past Smoker" or "Current Smoker" is selected for 'What is the patient's level of tobacco use?'.  It is acceptable to enter fractional years. For example, if a patient reports smoking for two and a half years, that would be 2.5 years.  If "Past Smoker" or "Current Smoker" is selected for 'What is the patient's level of tobacco use?', you must enter the number of years tobacco was used in ##.## to save the Anesthesia form as 'Complete'.</p>
<p><b>2c. Pack-years of smoking:</b></p>	<p>Field will be automatically calculated by the EDC system and is based on packs smoked per day and total years tobacco was used.</p>
<p><b>3. Did the patient take any of the following medications within 10 days of the surgery?</b></p>	<p>Select any medications the patient has taken within 10 days of surgery. Check all that apply. If the patient has not taken oral contraceptives, aspirin, ibuprofen or other non-steroidal anti-inflammatory drugs, anticoagulants such as Coumadin, or corticosteroids, then leave this field blank.</p>
<p><b>4. Mallampati Class:</b></p>	<p>Select the Mallampati Class that best characterizes the patient. Refer to the diagrams provided.  'Mallampati Class' is a required field and must be entered to save the Anesthesia form as 'Complete'.</p>

Field / Question	Instructions
<p><b>5. Height:</b></p>	<p>Enter patient's height in inches or centimeters in ###.# format. Provide units by selecting 'in' or 'cm'. The expected range is 39-87 in or 100-220 cm.</p> <p>If the height value is outside the expected range for a given unit, then you must validate the entry to save the Anesthesia form as 'Complete'. This can be done by clicking the blue 'Validate' link that is present below the error text in the <i>Errors and Warnings</i> window and providing the validation reason in the 'Validate Query' window.</p> <p>'Height' is a required field and must be entered to save the Anesthesia form as 'Complete'.</p>
<p><b>6. Weight:</b></p>	<p>Enter patient's weight in pounds or kilograms in ###.# format. Provide units by selecting 'lbs' or 'kg'. The expected range is 66.1-330.7 lbs or 30-150 kg.</p> <p>If the weight value is outside the expected range for a given unit, then you must validate the entry to save the Anesthesia form as 'Complete'. This can be done by clicking the blue 'Validate' link that is present below the error text in the <i>Errors and Warnings</i> window and providing the validation reason in the 'Validate Query' window.</p> <p>'Weight' is a required field and must be entered to save the Anesthesia form as 'Complete'.</p>
<p><b>7. BMI:</b></p>	<p>Field will be automatically calculated by the EDC system and is based on the height and weight data entered regardless of whether it is entered in terms of the English or metric measures.</p>

Anesthesia Patient ID: Created: 03/30/2011 16:42:59 Last Updated: 03/30/2011 16:42:59

Legend:  Clear Selection  Add Annotation  Show Warnings  Show History

DEMOGRAPHICS

**PATIENT HISTORY**

PROCEDURE INFO

RECOVERY INFO / COMPLICATIONS

**PATIENT ASA CLASS**

1. Patient ASA Class: ASA II - A patient with mild systemic disease 

Please note that if patient's ASA class is ASA II or above, then at least one chronic condition needs to be checked in the next section.

**CHRONIC CONDITIONS**

1. Patient's chronic conditions:

(Please select all that apply)

- Asthma/COPD/restrictive respiratory disease
- Diabetes
- Coronary Heart Disease
- Hypertension
- Immune Deficiency
- Malignancy
- Other local/systemic
- Other

1a. Other, specify:  

**RISK FACTORS**

1. On average, how many alcohol-containing drinks does the patient consume each day?   drinks

2. What is the patient's level of tobacco use?  

2a. How many packs per day?   packs

2b. How many years was tobacco used?   years

2c. Pack-years of smoking:  

3. Did the patient take any of the following medications within 10 days of the surgery?

(Please select all that apply)

- Oral contraceptives
- NSAID (aspirin, ibuprofen, or other prescription or over the counter NSAIDs)
- Anticoagulant
- Systemic corticosteroids (not topical or inhalation)

4. Mallampati Class:

Class I - Full visibility of tonsils, uvula and soft palate



Class II - Visibility of hard and soft palate, upper portion of tonsils and uvula



Class III - Soft and hard palate and base of the uvula are visible



Class IV - Only hard palate visible



5. Height:

in  cm

6. Weight:

lbs  kg

7. BMI:

DEMOGRAPHICS

**PATIENT HISTORY**

PROCEDURE INFO

RECOVERY INFO / COMPLICATIONS

Please indicate the current status of the form:  Complete  Incomplete

Save and Exit Form

Save and Continue Data Entry

Exit Without Saving

2.1.3 Procedure Info Tab

Field / Question	Instructions
<b>PREOPERATIVE LEVEL OF ANXIETY</b>	
<p>1. Patient's self-reported preoperative level of anxiety regarding anesthesia:</p>	<p>Indicate the level of the patient's anxiety regarding the anesthesia before the anesthesia is administered by selecting from the drop-down list. Obtain this information by reading the question and response options to the patient, and asking the patient to choose the single best response option. Do not use your own impression of the patient's level of anxiety to answer this question.</p> <p>'Patient's self-reported preoperative level of anxiety regarding anesthesia' is a required field and must be entered to save the Anesthesia form as 'Complete'.</p>
<b>PROCEDURES PERFORMED ON PATIENT</b>	
<p>1. Procedures performed on patient:</p>	<p>Check all types of intraoral procedures that were performed during this operative visit. Check all that apply.</p> <ul style="list-style-type: none"> <li>• Check "None" if no procedures were performed.</li> <li>• Check "3<sup>rd</sup> Molar Extraction" if the procedure performed involved the third molar extraction. Do not include extraction of retained third molar root tips, planned coronectomy, or supernumerary teeth.</li> <li>• Check "Dentoalveolar" if the procedure performed involved teeth and supporting structures associated with the oral cavity, other than those associated with a third molar or involved a coronectomy of the third molar or removal of third molar root tips.</li> <li>• Check "Implant" if the procedure involved the use of implants to rehabilitate and restore form and function to the edentulous or partially edentulous jaws and the craniomaxillofacial skeleton of patients utilizing fixed or removable prostheses, or to assist stabilization of prostheses, which replace missing maxillofacial parts, such as the nose, eyes, and ears.</li> <li>• Check "Trauma" if the procedure performed related to treatment of injuries to teeth and/or supporting structures or to maxillofacial structures that occurred as a result of trauma.</li> <li>• Check "Pathology" if the procedure was performed to treat diseases of the oral and maxillofacial region, including diseases of bone, soft tissue, or salivary glands. Such pathologic conditions may include, for example, cysts, benign and malignant tumors, infections, and diseases of metabolism or function.</li> </ul>

Field / Question	Instructions
	<ul style="list-style-type: none"> <li>• Check “Orthognathic” if the procedure involves surgical correction of maxillofacial skeletal deformities, including reconstructive procedures that correct deformities of the jaws, facial skeleton, and associated soft tissues. These abnormalities may be caused by genetic, environmental, developmental, functional, and/or pathological aberrations apparent at birth or manifested in subsequent growth and development, or acquired through trauma, neoplastic processes, and degenerative diseases.</li> <li>• Check “Cosmetic (non-orthognathic)” if the procedure involved enhancing and improving form and appearance of the maxillofacial region.</li> <li>• Check “Reconstructive” if the procedure involved surgical correction of soft and/or hard tissue defects of the jaws, face, and contiguous structures, including reduction, revision, augmentation, grafting, and implantation for the correction or replacement of defective structures to assist in restoring functions to the compromised patient.</li> <li>• Check “Diagnostic block” if the procedure involved injection of nerve or soft tissue with local anesthetic or other pharmaceutical in order to determine the source of pain.</li> <li>• Check “TMJ” if the procedure involved treatment of pathologic conditions involving the temporomandibular joint.</li> <li>• Check “Other” if the intraoral procedure type is not included among the options listed.</li> </ul> <p>If 3<sup>rd</sup> molar is checked, you should complete the 3<sup>rd</sup> Molar Extraction eCRF upon completion of the Anesthesia eCRF. You may complete the 3<sup>rd</sup> Molar Extraction eCRF even if you have not yet completed the Satisfaction Questionnaire eCRF.</p> <p>‘Procedures performed on patient’ is a required field and must be entered to save the Anesthesia form as ‘Complete’.</p>

Field / Question	Instructions
<p><b>1a. Explain "None":</b></p>	<p>'Explain "None"' field will be enabled if "None" is selected for 'Procedures performed on patient'.</p> <p>There may be some circumstance where no procedure is completed. If so, check "None" for 'Procedures performed on patient' and explain why the patient was anesthetized and no procedure was completed.</p> <p>If "None" is selected for 'Procedures performed on patient', you must enter an explanation for why no procedures were performed to save the Anesthesia form as 'Complete'.</p>
<p><b>1b. Other, specify:</b></p>	<p>'Other, specify' field will be enabled if "Other" is selected for 'Procedures performed on patient'.</p> <p>If "Other" is selected for 'Procedures performed on patient', you must specify the other procedure(s) performed to save the Anesthesia form as 'Complete'.</p>
<p><b>ANESTHESIA LEVEL INDUCED</b></p>	
<p><b>1. Deepest anesthesia level induced in patient:</b></p>	<p>Indicate the deepest level of anesthesia obtained, even if that level of anesthesia was obtained only transiently or was unintended by selecting from the drop-down list. Select only one.</p> <ul style="list-style-type: none"> <li>• Select "Local anesthesia alone" if it is the only agent used.</li> <li>• Select "Minimal" if the patient responds normally to verbal commands; cognitive function and coordination may be impaired, but ventilatory and cardiovascular functions are unaffected. Per the AAOMS position paper on enteral sedation and the use of a combination of enteral and inhalation sedation, minimal sedation would be "either (1) less than 50% nitrous oxide in oxygen with no other sedative or analgesic medications by any route with or without local anesthesia or 2) a single, oral sedative or analgesic medication in doses appropriate for the unsupervised treatment of insomnia, anxiety, or pain." Or "if oral agents are used incrementally or supplemented to a total dosage of 1.5 of the initial dose and/or combined with nitrous oxide/oxygen" then the level of anesthesia is beyond minimal.</li> <li>• Select "Moderate Sedation" if there is depressed consciousness, but the patient responds purposely (not simply reflex withdrawal to painful stimuli) to verbal commands, either alone or accompanied by light tactile stimulation; no interventions are required to maintain a patent airway and spontaneous ventilation is adequate; cardiovascular function is usually maintained. "The administration of incremental and supplemental doses of oral agents and the use</li> </ul>

Field / Question	Instructions
	<p>of inhalational-enteral sedation” qualifies as at least moderate sedation.</p> <ul style="list-style-type: none"> <li>• Select “Deep Sedation” if there is depressed consciousness, and the patient is not easily aroused but responds purposely to repeated or painful stimuli; ability to independently maintain ventilatory function may be impaired; the patient may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate; cardiovascular function is usually maintained.</li> <li>• Select “General anesthesia” if there is a loss of consciousness and patient is not aroused even by painful stimuli; ability to independently maintain ventilatory function is often impaired; patients often require assistance in maintaining a patent airway and positive pressure ventilation may be required; cardiovascular function may be impaired.</li> </ul> <p>‘Deepest anesthesia level induced in patient’ is a required field and must be entered to save the Anesthesia form as ‘Complete’.</p>
<p><b>2. Was an advanced airway employed?</b></p>	<p>Indicate whether an advanced airway was employed by selecting “Yes” or “No”.</p> <p>‘Was an advanced airway employed?’ is a required field and must be entered to save the Anesthesia form as ‘Complete’.</p>
<p><b>2a. If YES, type of airway device:</b></p>	<p>‘If YES, type of airway device’ field will be enabled if “Yes” is selected for ‘Was an advanced airway employed?’.</p> <p>If “Yes” is selected for ‘Was an advanced airway employed?’, you must select the type of airway device from the drop-down list to save the Anesthesia form as ‘Complete’.</p>
<p><b>2a-1. If Other, specify:</b></p>	<p>‘If Other, specify’ field will be enabled if “Other” is selected for ‘If YES, type of airway device’.</p> <p>If “Other” is selected for ‘If YES, type of airway device’, you must specify the other airway device to save the Anesthesia form as ‘Complete’.</p>

Field / Question	Instructions
<p><b>2b. Was use of the airway device:</b></p>	<p>‘Was use of the airway device’ field will be enabled if “Yes” is selected for ‘Was an advanced airway employed?’.</p> <p>If “Yes” is selected for ‘Was an advanced airway employed?’, you must select whether use of an advanced airway device was one of the following to save the Anesthesia form as ‘Complete’:</p> <ul style="list-style-type: none"> <li>• “Elective” - planned prior to the first administration of anesthetic</li> <li>• “Emergent” - performed after the first administration of anesthesia on an emergency basis</li> </ul>
<p><b>2b-1. Describe emergent circumstances:</b></p>	<p>‘Describe emergent circumstances’ field will be enabled if “Emergent” is selected for ‘Was use of the airway device:’.</p> <p>If “Emergent” is selected for ‘Was use of the airway device:’, you must describe emergent circumstances to save the Anesthesia form as ‘Complete’.</p>
<p><b><i>SEDATIVE PREMEDICATIONS ADMINISTERED</i></b></p>	
<p><b>1. Was the patient administered sedative premedications?</b></p>	<p>Indicate if patient was administered sedative premedications by selecting “Yes” or “No”.</p> <p>‘Was the patient administered sedative premedications?’ is a required field and must be entered to save the Anesthesia form as ‘Complete’.</p>











Field / Question	Instructions
<p><b>6a. If YES, please specify:</b></p> <p><b>DOSE</b></p> <p><b>UNITS</b></p>	<p>'If YES, please specify' field will be enabled if "Yes" is selected for 'Vapor Agents'.</p> <p>Select each drug administered as a vapor agent for the surgical procedure. Check all that apply. If an agent other than those listed was given, check "Other".</p> <p>If "Yes" is selected for 'Vapor Agents', you must select at least one agent to save the Anesthesia form as 'Complete'.</p> <p>Individual 'DOSE' fields will be enabled if corresponding agent is selected.</p> <p>Enter the maximum dose of a vapor anesthetic agent used even if the maximum dose is used only briefly.</p> <p>If corresponding agent is selected, you must specify dose to save the Anesthesia form as 'Complete'.</p> <p>Individual 'UNITS' fields will be enabled if corresponding agent is selected.</p> <p>If corresponding agent is selected, you must specify units to save the Anesthesia form as 'Complete'.</p> <p>If the dose value is outside the expected range for a given unit, then you must validate the entry to save the Anesthesia form as 'Complete'. This can be done by clicking the blue 'Validate' link that is present below the error text in the <i>Errors and Warnings</i> window and providing the validation reason in the 'Validate Query' window.</p>
<p><b>6a-1. Other, specify:</b></p>	<p>'Other, specify' field will be enabled if "Other" is selected for 'If YES, please specify'.</p> <p>If "Other" is checked for 'If YES, please specify', you must specify the vapor agent to save the Anesthesia form as 'Complete'.</p>
<p><b>7. Other Medications:</b></p>	<p>Indicate if patient was administered other medications by selecting "Yes" or "No".</p> <p>'Other Medications' is a required field and must be entered to save the Anesthesia form as 'Complete'.</p>

Field / Question	Instructions
<p>7a. If YES, please specify:</p> <p><b>DOSE</b></p> <p><b>UNITS</b></p>	<p>'If YES, please specify' field will be enabled if "Yes" is selected for 'Other Medications'.</p> <p>Select each drug administered as an other medication for the surgical procedure. Check all that apply. If an agent other than those listed was given, check "Other".</p> <p>If "Yes" is selected for 'Other Medications', you must select at least one agent to save the Anesthesia form as 'Complete'.</p> <p>Individual 'DOSE' fields will be enabled if corresponding agent is selected.</p> <p>If corresponding agent is selected, you must specify dose to save the Anesthesia form as 'Complete'.</p> <p>Individual 'UNITS' fields will be enabled (if applicable) if corresponding agent is selected.</p> <p>If corresponding agent is selected, you must specify units to save the Anesthesia form as 'Complete'.</p> <p>If the dose value is outside the expected range for a given unit, then you must validate the entry to save the Anesthesia form as 'Complete'. This can be done by clicking the blue 'Validate' link that is present below the error text in the <i>Errors and Warnings</i> window and providing the validation reason in the 'Validate Query' window.</p>
<p>7a-1. Other, specify:</p>	<p>'Other, specify' field will be enabled if "Other" is selected for 'If YES, please specify'.</p> <p>If "Other" is checked for 'If YES, please specify', you must specify the other medication to save the Anesthesia form as 'Complete'.</p>
<p><b>ANESTHESIA ADMINISTERED</b></p>	
<p>1. Was anesthesia administered intravenously?</p>	<p>Indicate whether anesthesia was administered intravenously by selecting "Yes" or "No".</p> <p>'Was anesthesia administered intravenously?' is a required field and must be entered to save the Anesthesia form as 'Complete'.</p>
<p>1a. If YES, please specify flow:</p>	<p>'If YES, please specify flow' field will be enabled if "Yes" is selected for 'Was anesthesia administered intravenously?'.</p> <p>If "Yes" is selected for 'Was anesthesia administered intravenously?', you must specify the flow by selecting from the drop-down list to save the Anesthesia form as 'Complete'.</p>

<b>Field / Question</b>	<b>Instructions</b>
<b>1b. If YES, please specify access device:</b>	<p>'If YES, please specify access device' field will be enabled if "Yes" is selected for 'Was anesthesia administered intravenously?'</p> <p>If "Yes" is selected for 'Was anesthesia administered intravenously?', you must select the access device type to save the Anesthesia form as 'Complete'.</p>
<b>2. Anesthetist Provider:</b>	<p>Indicate the anesthetist provider by selecting from the drop-down list.</p> <p>'Anesthetist Provider' is a required field and must be entered to save the Anesthesia form as 'Complete'.</p>
<b>3. Complete the module below for each person involved in patient support and care during the anesthetic and operative procedure and recovery.</b>	<p>Question 3 is a repeat group. Each created entry group is meant to capture the details for an individual involved in patient support and care during the anesthetic and operative procedure and recovery.</p> <p>To add more people involved in patient support and care during the anesthetic and operative procedure and recovery, click 'Done' after the first entry is completed and then click the 'Create Next Entry' button to open a new blank record.</p>
<b>Type of personnel</b>	Indicate the type of personnel by selecting from the drop-down list.
<b>List of Duties performed</b>	<p>'List of Duties performed' fields will be enabled if 'Type of personnel' is selected.</p> <p>If 'Type of personnel' is selected, you must select either "Yes" or "No" for each potential duty to save the Anesthesia form as 'Complete'.</p>
<b>MONITORING PATIENT</b>	
<b>1. Methods used to monitor patient:</b>	<p>Select any methods used to monitor the patient. Check all that apply.</p> <p>Individual monitoring timing fields will be enabled if corresponding method used to monitor the patient is selected. Check all that apply. If a method was used during pre-op, intra-op, and post-op, clicking the "All" button will automatically check each individual option.</p> <p>If corresponding method used to monitor the patient is selected, you must specify monitoring timing(s) to save the Anesthesia form as 'Complete'.</p>
<b>1a. Other, specify:</b>	<p>'Other, specify' field will be enabled if "Other" is selected for 'Methods used to monitor patient'.</p> <p>If "Other" is checked for 'Methods used to monitor patient', you must specify the other method used to monitor the patient to save the Anesthesia form as 'Complete'.</p>

Anesthesia Patient ID: Created: 03/30/2011 16:42:59 Last Updated: 03/30/2011 16:42:59

Legend:  Clear Selection  Add Annotation  Show Warnings  Show History

DEMOGRAPHICS

PATIENT HISTORY

**PROCEDURE INFO**

RECOVERY INFO / COMPLICATIONS

**PREOPERATIVE LEVEL OF ANXIETY**

1. Patient's self-reported preoperative level of anxiety regarding anesthesia:  

**PROCEDURES PERFORMED ON PATIENT**

1. Procedures performed on patient:

(Check all that apply)

 None

1a. Explain "None":  

3rd Molar Extraction

Dentoalveolar

Implant

Trauma

Pathology

Orthognathic

Cosmetic (non-orthognathic)

Reconstructive

Diagnostic block

TMJ

Examination requiring anesthesia

Other

1b. Other, specify:  



**ANESTHESIA LEVEL INDUCED**

1. Deepest anesthesia level induced in patient:  

2. Was an advanced airway employed?  YES  NO  

2a. If YES, type of airway device:  

2a-1. If Other, specify:  

2b. Was use of the airway device:  

2b-1. Describe emergent circumstances:  

**SEDATIVE PREMEDICATIONS ADMINISTERED**

1. Was the patient administered sedative premedications?  YES  NO  

1a. If YES, please specify:  
(Check all that apply)

	TOTAL DOSE	UNITS (ROUTE)
<input type="checkbox"/> Diazepam (Valium)	<input type="text"/>	mg (PO)
<input type="checkbox"/> Midazolam (Versed)	<input type="text"/>	<input type="text"/> 
<input type="checkbox"/> Fentanyl (Sublimaze)	<input type="text"/>	<input type="text"/> 
<input type="checkbox"/> Chloral hydrate (Noctec)	<input type="text"/>	mg (PO)
<input type="checkbox"/> Lorazepam (Ativan)	<input type="text"/>	<input type="text"/> 
<input type="checkbox"/> Droperidol (Inapsine)	<input type="text"/>	mg (IM)
<input type="checkbox"/> Ketamine (Ketamine HCl, Ketalar)	<input type="text"/>	<input type="text"/> 
<input type="checkbox"/> Pentobarbital (Nembutal)	<input type="text"/>	<input type="text"/> 
<input type="checkbox"/> Triazolam (Halcion)	<input type="text"/>	mg (PO)
<input type="checkbox"/> Promethazine (Phenergan)	<input type="text"/>	<input type="text"/> 
<input type="checkbox"/> Zolpidem (Ambien)	<input type="text"/>	mg (PO)
<input type="checkbox"/> Meperidine (Demerol)	<input type="text"/>	mg (IM)
<input type="checkbox"/> Temazepam (Restoril)	<input type="text"/>	mg (PO)
<input type="checkbox"/> Diphenhydramine (Benadryl)	<input type="text"/>	<input type="text"/> 
<input type="checkbox"/> Hydroxyzine (Vistaril)	<input type="text"/>	<input type="text"/> 
<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/> 

1a-1. Other, specify:  

**MEDICATIONS ADMINISTERED**

1. Was supplemental oxygen administered?  YES  NO  

2. Local Anesthetic:  YES  NO  

2a. If YES, please specify:  
(Check all that apply)

	Number of Dental Cartridges
<input type="checkbox"/> Mepivacaine Plain 3% (Carbocaine)	<input type="text"/>
<input type="checkbox"/> Mepivacaine 2% with vasoconstrictor (Carbocaine)	<input type="text"/>
<input type="checkbox"/> Etidocaine 1.5% with epi (Duranest)	<input type="text"/>
<input type="checkbox"/> Lidocaine Plain 2% (Xylocaine)	<input type="text"/>
<input type="checkbox"/> Lidocaine 2% with epi 1:100,000 (Xylocaine)	<input type="text"/>
<input type="checkbox"/> Lidocaine 2% with epi 1:50,000 (Xylocaine)	<input type="text"/>
<input type="checkbox"/> Bupivacaine 0.5% with epi 1:200,000 (Marcaine)	<input type="text"/>
<input type="checkbox"/> Septocaine with epi 1:100,000 (Articaine)	<input type="text"/>

<input type="checkbox"/> Septocaine with epi 1:200,000 (Articaine)	<input type="text"/>	
<input type="checkbox"/> Prilocaine Plain (Citanest)	<input type="text"/>	
<input type="checkbox"/> Prilocaine with epi 1:200,000 (Citanest)	<input type="text"/>	
<input type="checkbox"/> Other	<input type="text"/>	
2a-1. Other, specify: <input type="text"/> 		
		
<b>3. Narcotics:</b> <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> 		
3a. If YES, please specify: (Check all that apply)		
	DOSE	UNITS
<input type="checkbox"/> Alfentanil (Alfenta)	<input type="text"/>	mcg 
<input type="checkbox"/> Fentanyl (Sublimaze)	<input type="text"/>	mcg 
<input type="checkbox"/> Meperidine (Demerol)	<input type="text"/>	mg 
<input type="checkbox"/> Nalbuphine (Nubain)	<input type="text"/>	mg 
<input type="checkbox"/> Remifentanil (Ultiva)	<input type="text"/>	mcg 
<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/> 
3a-1. Other, specify: <input type="text"/> 		
		
<b>4. Parenteral Benzodiazepines:</b> <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> 		
4a. If YES, please specify: (Check all that apply)		
	DOSE	UNITS
<input type="checkbox"/> Diazepam (Valium)	<input type="text"/>	mg 
<input type="checkbox"/> Midazolam (Versed)	<input type="text"/>	mg 
<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/> 
4a- 1. Other, specify: <input type="text"/> 		
		
<b>5. Other Parenteral Anesthetics:</b> <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> 		
5a. If YES, please specify: (Check all that apply)		
	DOSE	UNITS
<input type="checkbox"/> Ketamine (Ketamine HCl, Ketalar)	<input type="text"/>	mg 
<input type="checkbox"/> Methohexital (Brevital)	<input type="text"/>	mg 
<input type="checkbox"/> Propofol (Diprivan)	<input type="text"/>	mg 
<input type="checkbox"/> Fospropofol (Lusedra)	<input type="text"/>	mg 
<input type="checkbox"/> Fresenius (Propoven)	<input type="text"/>	mg 
<input type="checkbox"/> Dexmedetomidide (Precedex)	<input type="text"/>	mcg 
<input type="checkbox"/> Etomidate (Amidate)	<input type="text"/>	mg 
<input type="checkbox"/> Thiopental (Pentothal)	<input type="text"/>	mg 

Other

5a-1. Other, specify:

**6. Vapor Agents:**  YES  NO

6a. If YES, please specify:  
(Check all that apply)

	DOSE	UNITS
<input type="checkbox"/> Nitrous oxide	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Desflurane (Suprane)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Halothane (Fluothane)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Isoflurane (Forane)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Sevoflurane (Ultane)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

6a-1. Other, specify:

**7. Other Medications:**  YES  NO

7a. If YES, please specify:  
(Check all that apply)

	DOSE	UNITS
<input type="checkbox"/> Flumazenil (Romazicon)	<input type="text"/>	mg
<input type="checkbox"/> Naloxone (Narcan)	<input type="text"/>	mg
<input type="checkbox"/> Atropine	<input type="text"/>	mg
<input type="checkbox"/> Decadron (Dexamethasone)	<input type="text"/>	mg
<input type="checkbox"/> Glycopyrrolate (Robinal)	<input type="text"/>	mg
<input type="checkbox"/> Succinylcholine	<input type="text"/>	mg
<input type="checkbox"/> Ketorolac (Toradol)	<input type="text"/>	mg
<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

7a-1. Other, specify:

**ANESTHESIA ADMINISTERED**

**1. Was anesthesia administered intravenously?**  YES  NO

1a. If YES, please specify flow:

- With continuous flow
- Without continuous flow
- 

1b. If YES, please specify access device:

- Straight needle
- Butterfly
- Angiocath
- 

**2. Anesthetist Provider:**

**3. Complete the module below for each person involved in patient support and care during the anesthetic and operative procedure and recovery.**

Type of personnel

List of Duties performed

Established IV	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Anesthesia Induction	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Intraoperative monitoring of patient	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Intraoperative bolus dose of anesthetic	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Assist with Emergency	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Assist with Surgery	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Monitor patient during recovery	<input type="radio"/> YES	<input checked="" type="radio"/> NO	

**MONITORING PATIENT**

**1. Methods used to monitor patient:**  
(Check all that apply)

<input type="checkbox"/> Blood pressure	<input type="checkbox"/> Pre-op	<input type="checkbox"/> Intra-op	<input type="checkbox"/> Post-op (Recovery)		<input type="button" value="All"/>
<input type="checkbox"/> Pulse oximetry	<input type="checkbox"/> Pre-op	<input type="checkbox"/> Intra-op	<input type="checkbox"/> Post-op (Recovery)		<input type="button" value="All"/>
<input type="checkbox"/> Precordial stethoscope	<input type="checkbox"/> Pre-op	<input type="checkbox"/> Intra-op	<input type="checkbox"/> Post-op (Recovery)		<input type="button" value="All"/>
<input type="checkbox"/> Pretracheal stethoscope	<input type="checkbox"/> Pre-op	<input type="checkbox"/> Intra-op	<input type="checkbox"/> Post-op (Recovery)		<input type="button" value="All"/>
<input type="checkbox"/> ECG	<input type="checkbox"/> Pre-op	<input type="checkbox"/> Intra-op	<input type="checkbox"/> Post-op (Recovery)		<input type="button" value="All"/>
<input type="checkbox"/> Monitoring of chest movement	<input type="checkbox"/> Pre-op	<input type="checkbox"/> Intra-op	<input type="checkbox"/> Post-op (Recovery)		<input type="button" value="All"/>
<input type="checkbox"/> Capnography	<input type="checkbox"/> Pre-op	<input type="checkbox"/> Intra-op	<input type="checkbox"/> Post-op (Recovery)		<input type="button" value="All"/>
<input type="checkbox"/> EEG (BIS)	<input type="checkbox"/> Pre-op	<input type="checkbox"/> Intra-op	<input type="checkbox"/> Post-op (Recovery)		<input type="button" value="All"/>
<input type="checkbox"/> Temperature	<input type="checkbox"/> Pre-op	<input type="checkbox"/> Intra-op	<input type="checkbox"/> Post-op (Recovery)		<input type="button" value="All"/>
<input type="checkbox"/> Other	<input type="checkbox"/> Pre-op	<input type="checkbox"/> Intra-op	<input type="checkbox"/> Post-op (Recovery)		<input type="button" value="All"/>

1a. Other, specify:  

Please indicate the current status of the form:  Complete  Incomplete

2.1.4 Recovery Info / Complications Tab

Field / Question	Instructions
<b>PATIENT RECOVERY</b>	
<p><b>1. Time anesthesia started:</b></p>	<p>'Time anesthesia started' field will be enabled if anything other than "Local anesthesia alone" is selected for 'Deepest anesthesia level induced in patient' on the Procedure Info tab.</p> <p>If anything other than "Local anesthesia alone" is selected for 'Deepest anesthesia level induced in patient' on the Procedure Info tab, please specify the time anesthesia started (<b>time at which an enteral, inhalation, or intravenous medication is initially administered with the intent to begin inducing the planned anesthetic</b>) in HH:MM format (24 Hour Clock) to save the Anesthesia form as 'Complete'.</p>
<p><b>2. Time anesthesia ended:</b></p>	<p>'Time anesthesia ended' field will be enabled if anything other than "Local anesthesia alone" is selected for 'Deepest anesthesia level induced in patient' on the Procedure Info tab.</p> <p>If anything other than "Local anesthesia alone" is selected for 'Deepest anesthesia level induced in patient' on the Procedure Info tab, you must specify the time anesthesia ended (<b>The time at which the surgeon (or anesthesiologist) transfers care to the recovery room personnel as evidenced by his/her leaving the treatment room/operative suite</b>) in HH:MM format (24 Hour Clock) to save the Anesthesia form as 'Complete'.</p>
<p><b>3. Time discharged:</b></p>	<p>'Time discharged' field will be enabled if anything other than "Local anesthesia alone" is selected for 'Deepest anesthesia level induced in patient' on the Procedure Info tab.</p> <p>Time discharged is the time the patient is medically cleared for discharge and <b>should not include any additional time that a patient may wait for the designated responsible person to bring the patient home.</b></p> <p>If anything other than "Local anesthesia alone" is selected for 'Deepest anesthesia level induced in patient' on the Procedure Info tab, you must specify the time discharged in HH:MM format (24 Hour Clock) to save the Anesthesia form as 'Complete'.</p>

<p><b>4. Anesthesia-related complications experienced by the patient:</b></p>	<p>Select any anesthesia-related complications experienced by the patient, whether the complications were transient or were associated with residual adverse effects. Check all that apply. Check "Prolonged emergence from anesthesia", if emergence occurred beyond the time you deemed appropriate for the particular patient and procedure under consideration. Check "Other" if a complication occurred that is not included in the list provided. If none, leave this field blank.</p>
<p><b>4a. Other, specify:</b></p>	<p>'Other, specify' field will be enabled if "Other" is selected for 'Anesthesia-related complications experienced by the patient'.</p> <p>If "Other" is checked for 'Anesthesia-related complications experienced by the patient', you must specify the anesthesia-related complications experienced by the patient to save the Anesthesia form as 'Complete'.</p>
<p><b>5. EMS (911) system activated?</b></p>	<p>Indicate whether EMS (911) system activated by selecting "Yes" or "No".</p> <p>'EMS (911) system activated?' is a required field and must be entered to save the Anesthesia form as 'Complete'.</p>
<p><b>6. Was patient hospitalized for any reason within 48 hours after discharge?</b></p>	<p>Indicate whether patient hospitalized for any reason within 48 hours after discharge by selecting "Yes" or "No".</p> <p>'Was patient hospitalized for any reason within 48 hours after discharge?' is a required field and must be entered to save the Anesthesia form as 'Complete'.</p>
<p><b>6a. If YES, please provide admitting diagnosis:</b></p>	<p>'If YES, please provide admitting diagnosis' field will be enabled if "Yes" is selected for 'Was patient hospitalized for any reason within 48 hours after discharge?'.</p> <p>If "Yes" is selected for 'Was patient hospitalized for any reason within 48 hours after discharge?', you must provide admitting diagnosis to save the Anesthesia form as 'Complete'.</p>
<p><b>6b. If YES, was the hospitalization due to anesthetic?</b></p>	<p>'If YES, was the hospitalization due to anesthetic?' field will be enabled if "Yes" is selected for 'Was patient hospitalized for any reason within 48 hours after discharge?'.</p> <p>If "Yes" is selected for 'Was patient hospitalized for any reason within 48 hours after discharge?', you must specify if the hospitalization was due to the anesthetic by selecting "Yes" or "No" to save the Anesthesia form as 'Complete'.</p>

<p><b>6c. If YES, what was the outcome of complication?</b></p>	<p>'If YES, what was the outcome of complication?' field will be enabled if "Yes" is selected for 'Was patient hospitalized for any reason within 48 hours after discharge?'.  If the patient fully recovered, mark "No residual effects". If the patient recovered but suffered residual adverse effects as a result of the complication, mark "Residual Effects". If the patient died, mark "Death"  If "Yes" is selected for 'Was patient hospitalized for any reason within 48 hours after discharge?', you must specify if the outcome of complication to save the Anesthesia form as 'Complete'.</p>
<p><b>6c-1. Specify residual effects:</b></p>	<p>'Specify residual effects' field will be enabled if "Residual effects" is selected for 'If YES, what was the outcome of complication?'.  If "Residual effects" is selected for 'If YES, what was the outcome of complication?', you must specify the residual effects to save the Anesthesia form as 'Complete'.</p>
<p><b>6c-2. Indicate cause of death:</b></p>	<p>'Indicate cause of death' field will be enabled if "Death" is selected for 'If YES, what was the outcome of complication?'.  The cause you enter may or may not be the immediate cause of death listed on the death certificate. For example, if a patient arrests and dies following severe hemorrhage, the primary cause of death listed on the death certificate may be cardiorespiratory arrest, but the underlying reason the patient went into arrest was exsanguination. In this case, you would record exsanguination as the cause of death. Similarly, for a patient who arrested and died as a result of fulminant sepsis, you should record sepsis as the cause of death.  If "Death" is selected for 'If YES, what was the outcome of complication?', you must specify the cause of death to save the Anesthesia form as 'Complete'.</p>

Anesthesia Patient ID: Created: 03/30/2011 16:42:59 Last Updated: 03/30/2011 16:42:59

Legend:  Clear Selection  Add Annotation  Show Warnings  Show History

DEMOGRAPHICS PATIENT HISTORY PROCEDURE INFO **RECOVERY INFO / COMPLICATIONS**

**PATIENT RECOVERY**

1. Time anesthesia started:  /  /  :  :  (24 Hour Clock)  
*(Skip if only local anesthesia used)*

2. Time anesthesia ended:  /  /  :  :  (24 Hour Clock)  
*(Skip if only local anesthesia used)*

3. Time discharged:  /  /  :  :  (24 Hour Clock)  
*(Skip if only local anesthesia used)*

4. Anesthesia-related complications experienced by the patient:  
*(Check all that apply)*

- Vomiting without aspiration
- Vomiting with aspiration
- Laryngospasm
- Bronchospasm
- Respiratory arrest/hypoventilation requiring intervention
- New cardiac arrhythmia requiring intervention
- Syncope
- Tachycardia
- Seizure
- New neurological impairment
- Prolonged emergence from anesthesia
- Venipuncture complication
- Airway obstruction requiring intervention
- Other

4a. Other, specify:

5. EMS (911) system activated?  YES  NO

6. Was patient hospitalized for any reason within 48 hours after discharge?  YES  NO

6a. If YES, please provide admitting diagnosis:

6b. If YES, was the hospitalization due to anesthetic?  YES  NO

6c. If YES, what was the outcome of complication?

- No residual effects
- Residual effects

6c-1. Specify residual effects:

Death

6c-2. Indicate cause of death:

DEMOGRAPHICS PATIENT HISTORY PROCEDURE INFO **RECOVERY INFO / COMPLICATIONS**

Please indicate the current status of the form:  Complete  Incomplete

Save and Exit Form

Save and Continue Data Entry

Exit Without Saving

## 2.2 3<sup>rd</sup> Molar Extraction Form

### 2.2.1 3<sup>rd</sup> Molar Extraction Tab

Field / Question	Instructions
<b>THIRD MOLAR EXTRACTION</b>	
1. 3rd molar(s) extracted:	<p>Indicate the 3rd molar(s) extracted by selecting from the available options. Check all that apply, excluding retained root tips, planned coronectomy, or supernumerary teeth. If 3<sup>rd</sup> molar extraction was planned, however, no 3<sup>rd</sup> molars are extracted, then check "None".</p> <p>'3rd molar(s) extracted' is a required field and must be entered to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>
1a. Explain "None":	<p>'Explain "None"' field will be enabled if "None" is selected for '3rd molar(s) extracted'.</p> <p>There may be some circumstance where no 3<sup>rd</sup> molars are extracted, e.g. procedure aborted after inducing or administering anesthesia. In this circumstance, check "None" for '3rd molar(s) extracted' and explain briefly why no 3<sup>rd</sup> molars were removed.</p> <p>If "None" is selected for '3rd molar(s) extracted', you must enter an explanation for why no 3rd molar(s) were extracted to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>
2. Preoperative ADA billing code classification of third molars extracted:	<p>Individual 'Preoperative classification of third molars extracted' fields will be enabled if corresponding molar is selected for '3rd molar(s) extracted'.</p> <p>Indicate the preoperative classification of the 3<sup>rd</sup> molars extracted using the <b>ADA codes based on clinical and radiologic findings</b>. The third molar is considered erupted if it is so positioned that the entire clinical crown is visible, all five surfaces of the tooth can be examined for caries, and there is attached gingival all around the tooth. If the tooth does not meet the definition of an erupted tooth, it is considered an impacted tooth. There is no definition of a "partially impacted tooth".</p> <ul style="list-style-type: none"> <li>• Select "Erupted - surgical D7210" if a mucoperiosteal flap is elevated or the tooth sectioned or bone removed.</li> <li>• Select "Erupted - nonsurgical D7140" if the tooth is removed without making a soft tissue incision or sectioning the tooth or removing bone.</li> <li>• Select "Soft tissue - D7220" if the occlusal surface of tooth partially or completely covered by soft tissues; requires mucoperiosteal flap</li> </ul>

Field / Question	Instructions
	<p>elevation.</p> <ul style="list-style-type: none"> <li>• Select “Partial bony - D7230” if part of the crown is covered by bone; requires mucoperiosteal flap elevation and bone removal.</li> <li>• Select “Full bony - D7240” if most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.</li> <li>• Select “Full bony - difficult - D7241” if most or all of the crown is covered by bone, requires mucoperiosteal flap, bone removal, and is difficult.</li> </ul> <p>If corresponding molar is selected for ‘3rd molar(s) extracted’, you must specify the preoperative classification of the molar by selecting from the drop-down list to save the 3<sup>rd</sup> Molar Extraction form as ‘Complete’.</p>
<p><b>3. Preoperative pathology/abnormal finding, if any, of the planned extractions:</b></p>	<p>Individual ‘Preoperative pathology/abnormal finding, if any, of the planned extractions’ fields will be enabled if corresponding molar is selected for ‘3rd molar(s) extracted’. Check all that apply. Check the molar number in the “None (disease-free M3)” row if the planned extractor is disease free. Check the molar number in the “Caries” row if decay is present that involves more than one surface of the planned extractor with or without pulpal involvement. Check the molar number in the “Periodontal disease” row if the planned extractor is associated with periodontitis with advanced destruction, defined as presence of periodontal probing depths greater than 4 mm or radiologic evidence of bone loss. Check the molar number in the “Pathology of adjacent tooth due to 3rd molar” row if preoperative pathology/abnormal finding is found in tooth adjacent and due to planned extractor. Examples include caries, root resorption, and periapical infection. Check the molar number in the “Other” row if planned extractor is associated with preoperative pathology/abnormal finding(s) that are not included among the options listed.</p> <p>If corresponding molar is selected for ‘3rd molar(s) extracted’, you must specify the preoperative pathology/abnormal finding, if any, of the planned extractions to save the 3<sup>rd</sup> Molar Extraction form as ‘Complete’.</p>

Field / Question	Instructions
<b>OPERATION EXECUTED</b>	
<p>1. Operation executed:</p>	<p>Individual 'Operation executed' fields will be enabled if corresponding molar is selected for '3rd molar(s) extracted'.</p> <p>For each 3<sup>rd</sup> molar extracted select the operation that was executed by selecting from the drop-down list. Please note that the definitions for the operation executed are different than the options for 'Preoperative classification of third molars extracted' using the ADA codes. The third molar is <b>considered erupted</b> if it is so positioned that the entire clinical crown is visible, all five surfaces of the tooth can be examined for caries, and there is attached gingival all around the tooth. If the tooth does not meet the definition of an erupted tooth, it is considered an <b>impacted tooth</b>. There is no definition of a "partially impacted tooth".</p> <ul style="list-style-type: none"> <li>• Select "Full bony impacted" if molar was an impacted tooth that required an incision, bone removal, and sectioning of the tooth to remove it.</li> <li>• Select "Full bony impacted - difficult" if molar was an impacted tooth that required an incision, bone removal, sectioning of the tooth to remove it, and it was more difficult than usual.</li> <li>• Select "Partial bony impacted" if molar was an impacted tooth that required an incision and bone removal to remove the tooth</li> <li>• Select "Soft tissue impacted" if molar was an impacted tooth that was removed and required an incision to access the tooth.</li> <li>• Select "Erupted simple" if molar was an erupted tooth removed without the use of a flap or sectioning or bone removal</li> <li>• Select "Erupted surgical" if molar was an erupted tooth that required sectioning, a flap, or bone removal, or any combination of the three techniques.</li> </ul> <p>If corresponding molar is selected for '3rd molar(s) extracted', you must specify the operation executed on the molar to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>
<p>2. Were there any intra-operative complications?</p>	<p>'Were there any intra-operative complications?' field will be enabled if any molar is selected for '3rd molar(s) extracted'.</p> <p>If any molar is selected for '3rd molar(s) extracted', you must specify whether there were any intra-operative complications by selecting "Yes" or "No" to save the 3<sup>rd</sup></p>

Field / Question	Instructions
	Molar Extraction form as 'Complete'.
<p><b>2a. If YES, specify complications:</b></p>	<p>'If YES, specify complications' field will be enabled if "Yes" is selected for 'Were there any intra-operative complications?'. Check all that apply. Check "Unplanned need for parenteral drugs/fluids" if the need was for other than blood or blood components.</p> <p>If "Yes" is selected for 'Were there any intra-operative complications?', you must select at least one complication to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>
<p><b>2a-1. Other, specify:</b></p>	<p>'If Other, specify' field will be enabled if "Other" is selected for 'If YES, specify complications'.</p> <p>If "Other" is selected for 'If YES, specify complications', you must specify the other complications to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>

3rd Molar Extraction Patient ID: Created: 03/30/2011 16:43:00 Last Updated: 03/30/2011 16:43:00

Legend:  Clear Selection  Add Annotation  Show Warnings  Show History

3RD MOLAR EXTRACTION

3RD MOLAR MEDS

3RD MOLAR FOLLOW-UP

THIRD MOLAR EXTRACTION

1. 3rd molar(s) extracted:

(Check all that apply - exclude retained root tips or planned coronectomy)

None

1a. Explain "None":

1

16

17

32

2. Preoperative classification of third molars extracted:

Molar Classification

1

16

17

32

3. Preoperative pathology/abnormal finding, if any, of the planned extractions:

(Check all that apply)

None (disease-free M3)	<input type="checkbox"/> 1	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 32
Caries	<input type="checkbox"/> 1	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 32
Periodontal disease	<input type="checkbox"/> 1	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 32
Acute/chronic infection	<input type="checkbox"/> 1	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 32
Pathology of adjacent tooth due to 3rd molar	<input type="checkbox"/> 1	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 32
Acute/chronic infection of adjacent tissues	<input type="checkbox"/> 1	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 32
Cyst/Tumor	<input type="checkbox"/> 1	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 32
Fractured tooth or root	<input type="checkbox"/> 1	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 32
Internal or external resorption	<input type="checkbox"/> 1	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 32
Mandibular fracture	<input type="checkbox"/> 1	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 32
Unopposed, hyper-erupted and/ or non-functional	<input type="checkbox"/> 1	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 32
Other	<input type="checkbox"/> 1	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 32

**OPERATION EXECUTED**

**1. Operation executed:**

Molar Classification

1	<input type="text"/>	
16	<input type="text"/>	
17	<input type="text"/>	
32	<input type="text"/>	

**2. Were there any intra-operative complications?**

YES  NO  

2a. If YES, specify complications:  
(Check all that apply)

- Inferior alveolar nerve injury
- Lingual nerve injury
- Unexpected/prolonged hemorrhage
- Unplanned need for parenteral drugs/fluids
- Unplanned transfusions of blood/blood components
- Retention, aspiration, migration or ingestion of root/tooth fragment
- Maxillary fracture
- Mandibular fracture
- Injury to adjacent tooth or restoration
- Condition requiring unplanned additional surgery
- Death
- Other

2a-1. Other, specify:  



**3RD MOLAR EXTRACTION**

3RD MOLAR MEDS

3RD MOLAR FOLLOW-UP

Please indicate the current status of the form:  Complete  Incomplete

Save and Exit Form

Save and Continue Data Entry

Exit Without Saving

2.2.2 3<sup>rd</sup> Molar Meds Tab

Field / Question	Instructions
<p><b>MEDICATIONS PRESCRIBED</b></p> <p><b>General Instructions:</b></p> <ul style="list-style-type: none"> <li>• Only record medications that were prescribed for <i>outpatient use</i>.</li> <li>• Indicate the medications that were prescribed for outpatient use from the time of detection of preoperative pathology/abnormal finding(s), or intraoperative/postoperative complication(s), to final resolution of the third molar problem(s) or complication(s).</li> </ul>	
<p><b>1. Antibiotics:</b></p>	<p>'Antibiotics' field will be enabled if any molar is selected for '3rd molar(s) extracted'.</p> <p>If any molar is selected for '3rd molar(s) extracted', you must specify whether antibiotics were administered by selecting "Yes" or "No" to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>
<p><b>1a. If YES, please specify:</b></p>	<p>'If YES, please specify' field will be enabled if "Yes" is selected for 'Antibiotics'.</p> <p>Question 1a is a repeat group. Each created entry group is meant to capture the details for an individual antibiotic administered.</p> <p>To add more antibiotics, click 'Done' after the first entry is completed and then click the 'Create Next Entry' button to open a new blank record.</p> <p>If "Yes" is selected for 'Antibiotics', you must provide at least one agent to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>
<p><b>Antibiotic Name:</b></p>	<p>Indicate the antibiotic name by selecting from the drop-down list. Select "Other" if antibiotic is not listed.</p>
<p><b>Other Antibiotic Name, specify:</b></p>	<p>'Other Antibiotic Name, specify' field will be enabled if "Other" is selected for 'Antibiotic Name'.</p> <p>If "Other" is selected for 'Antibiotic Name', you must specify the other antibiotic to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>
<p><b>Time Administered:</b></p>	<p>'Time Administered' field will be enabled if 'Antibiotic Name' is provided.</p> <p>If 'Antibiotic Name' is provided, you must specify the time the antibiotic was administered by selecting from the drop-down list to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>

Field / Question	Instructions
<b>Route:</b>	<p>'Route' field will be enabled if 'Antibiotic Name' is provided.</p> <p>If 'Antibiotic Name' is provided, you must specify the route the antibiotic was administered by selecting from the drop-down list to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>
<b>2. Other Chemotherapeutics:</b>	<p>'Other Chemotherapeutics' field will be enabled if any molar is selected for '3rd molar(s) extracted'.</p> <p>If any molar is selected for '3rd molar(s) extracted', you must specify whether other chemotherapeutics were administered by selecting "Yes" or "No" to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>
<p><b>2a. If YES, please specify:</b></p> <p><b>DOSE</b></p> <p><b>UNITS</b></p>	<p>'If YES, please specify' field will be enabled if "Yes" is selected for 'Other Chemotherapeutics'.</p> <p>Select each drug administered as an other chemotherapeutic. Check all that apply. If an agent other than those listed was given, check "Other".</p> <p>If "Yes" is selected for 'Other Chemotherapeutics', you must select at least one agent to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p> <p>Individual 'DOSE' fields will be enabled if corresponding agent is selected.</p> <p>If corresponding agent is selected, you must specify dose to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p> <p>Individual 'UNITS' fields will be enabled if corresponding agent is selected.</p> <p>If corresponding agent is selected, you must specify units to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>
<b>2a-1. Other, specify:</b>	<p>'If Other, specify' field will be enabled if "Other" is selected for 'If YES, please specify'.</p> <p>If "Other" is selected for 'If YES, please specify', you must specify the other chemotherapeutic to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>
<b>3. Intrasocket Dressing:</b>	<p>'Intrasocket Dressing' field will be enabled if any molar is selected for '3rd molar(s) extracted'.</p> <p>If any molar is selected for '3rd molar(s) extracted', you must specify whether intrasocket dressings were administered by selecting "Yes" or "No" to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>

Field / Question	Instructions
<p><b>3a. If YES, please specify:</b></p>	<p>'If YES, please specify' field will be enabled if "Yes" is selected for 'Intrasocket Dressing'.</p> <p>Select each drug administered as an intrasocket dressing. Check all that apply. If an agent other than those listed was given, check "Other".</p> <p>If "Yes" is selected for 'Intrasocket Dressing', you must select at least one agent to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>
<p><b>3a-1. Other, specify:</b></p>	<p>'If Other, specify' field will be enabled if "Other" is selected for 'If YES, please specify'.</p> <p>If "Other" is selected for 'If YES, please specify', you must specify the other intrasocket dressing to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>
<p><b>4. Pain medications prescribed/recommended:</b></p>	<p>'Pain medications prescribed/recommended' field will be enabled if any molar is selected for '3rd molar(s) extracted'.</p> <p>If any molar is selected for '3rd molar(s) extracted', you must specify whether pain medications were prescribed/recommended by selecting "Yes" or "No" to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>
<p><b>4a. If YES, please specify:</b></p>	<p>'If YES, please specify' field will be enabled if "Yes" is selected for 'Pain medications prescribed/recommended'.</p> <p>Select each drug prescribed/recommended pain medication. Check all that apply. If an agent other than those listed was given, check "Other".</p> <p>If "Yes" is selected for 'Pain medications prescribed/recommended', you must select at least one agent to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>
<p><b>4a-1. Other, specify:</b></p>	<p>'If Other, specify' field will be enabled if "Other" is selected for 'If YES, please specify'.</p> <p>If "Other" is selected for 'If YES, please specify', you must specify the other pain medications prescribed/recommended to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>
<p><b>5. Other medications:</b></p>	<p>'Other medications' field will be enabled if any molar is selected for '3rd molar(s) extracted'.</p> <p>If any molar is selected for '3rd molar(s) extracted', you must specify whether other medications were administered by selecting "Yes" or "No" to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>

Field / Question	Instructions
<p><b>5a. If YES, please specify:</b></p>	<p>'If YES, please specify' field will be enabled if "Yes" is selected for 'Other medications'.</p> <p>Question 5a is a repeat group. Each created entry group is meant to capture the details for an individual other medication administered.</p> <p>To add more other medications, click 'Done' after the first entry is completed and then click the 'Create Next Entry' button to open a new blank record.</p> <p>If "Yes" is selected for 'Other medications', you must provide at least one agent to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>
<p><b>Other medication, specify:</b></p>	<p>Enter the other medication name.</p>

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Legend:  Clear Selection  Add Annotation  Show Warnings  Show History

3RD MOLAR EXTRACTION

3RD MOLAR MEDS

3RD MOLAR FOLLOW-UP

MEDICATIONS PRESCRIBED

1. Antibiotics:

YES  NO 

1a. If YES, please specify:  
(Indicate all that apply)

Antibiotic Name: <input type="text"/>	Other Antibiotic Name, specify: <input type="text"/>	Time Administered: <input type="text"/>	Route: <input type="text"/>
			Done <input type="button" value="Delete Entry"/>
<input type="button" value="Create Next Entry"/>			

2. Other Chemotherapeutics:

YES  NO 

2a. If YES, please specify:

	DOSE	UNITS
<input type="checkbox"/> Peridex	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

2a-1. Other, specify:

3. Intra socket Dressing:

YES  NO 

3a. If YES, please specify:

Gel Foam  
 Tetracycline  
 Clindamycin  
 Other

3a-1. Other, specify:

4. Pain medications prescribed/recommended:

YES  NO 

4a. If YES, please specify:  
(Check all that apply)

Acetaminophen  
 Acetaminophen with codeine  
 Acetaminophen with oxycodone  
 Ibuprofen  
 Naproxen  
 Acetaminophen with hydrocodone  
 Tramadol  
 Other

4a-1. Other, specify:

5. Other medications:

YES  NO  

5a. If YES, please specify:  
(Indicate all that apply)

Other medication, specify:  

3RD MOLAR EXTRACTION

3RD MOLAR MEDS

3RD MOLAR FOLLOW-UP

Please indicate the current status of the form:  Complete  Incomplete

2.2.3 3<sup>rd</sup> Molar Follow-Up Tab

Field / Question	Instructions
<p><b>1. Was at least one follow-up visit conducted?</b></p>	<p>'Was at least one follow-up visit conducted?' field will be enabled if any molar is selected for '3rd molar(s) extracted'.</p> <p>If any molar is selected for '3rd molar(s) extracted', you must specify whether at least one follow-up visit was conducted by selecting "Yes" or "No" to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</p>
<p><b>General Instructions:</b></p> <ul style="list-style-type: none"> <li>• FOLLOW-UP VISIT DATE and POST-OPERATIVE COMPLICATIONS sections will be enabled if "Yes" is selected for 'Was at least one follow-up visit conducted?'.</li> <li>• FOLLOW-UP VISIT DATE and POST-OPERATIVE COMPLICATIONS sections are a repeat group. Each created entry group is meant to capture the details for an individual follow-up visit.</li> <li>• To add more follow-up visits, click 'Done' after the first entry is completed and then click the 'Create Next Entry' button to open a new blank record.</li> <li>• If "Yes" is selected for 'Was at least one follow-up visit conducted?', you must provide at least one follow-up visit record to save the 3<sup>rd</sup> Molar Extraction form as 'Complete'.</li> </ul>	
<p><b><i>FOLLOW-UP VISIT DATE</i></b></p>	
<p><b>1. Date of Follow-up:</b></p>	<p>Enter the date of the follow-up visit using an 8-digit format with the month, day and 4-digit year. Use leading zeros before single digit months and days. For example: April 2<sup>nd</sup>, 2011, is entered as 04/02/2011.</p>

Field / Question	Instructions
<p><b>1. Post-operative complications:</b></p>	<p>Indicate if any post-operative complications occurred by selecting “Yes” or “No”.</p> <p>If “Yes” is selected for ‘Post-operative complications’, you must select at least one complication to save the 3<sup>rd</sup> Molar Extraction form as ‘Complete’. Check all complications that apply.</p> <p>A diagnosis of “Alveolar osteitis” is made if the following elements were present:</p> <ul style="list-style-type: none"> <li>• By history, there was a new onset or increasing pain more than 36 hours after the operation</li> <li>• By examination, there was a loss of the blood clot in the extraction site as evidenced by exposed bone, gentle probing or irrigation of the wound duplicated the pain, and there was significant pain relief after application of an anodyne dressing.</li> </ul> <p>All elements needed to be present to make the diagnosis of “Alveolar osteitis”. If the elements are not present, then consider persistent postoperative pain or surgical site infection as alternative diagnostic options.</p> <p>Persistent postoperative pain is defined as that requiring an additional prescription or other interventions, e.g. placement of a dressing, for management more than 7 days after the operation.</p> <p>Surgical site infection is made if there is visual evidence of frank purulence in the extraction sites at any time postoperatively or unexpected pain and swelling warranting operative intervention or prescribing antibiotics.</p> <p>Delayed healing was defined as an extraction site with incomplete coverage by soft tissue within 21 days of the operation with or without additional treatment</p>
<p><b>1a – 1f. Molars:</b></p>	<p>Individual ‘Molars’ fields will be enabled if corresponding post-operative complication is checked. Check all molars that were affected by the post-operative complication.</p> <p>If corresponding post-operative complication is checked, you must select at least one molar that was affected to save the 3<sup>rd</sup> Molar Extraction form as ‘Complete’.</p>

Field / Question	Instructions
<p><b>1g. Report details of condition requiring unplanned additional surgery:</b></p>	<p>‘Report details of condition requiring unplanned additional surgery’ field will be enabled if “Condition requiring unplanned additional surgery” is selected as a post-operative complication.</p> <p>If “Condition requiring unplanned additional surgery” is selected as a post-operative complication, you must enter the details of condition requiring unplanned surgery to save the 3<sup>rd</sup> Molar Extraction form as ‘Complete’.</p>
<p><b>1h. Report details of "Other" post-operative complication:</b></p>	<p>‘Report details of "Other" post-operative complication’ field will be enabled if “Other” is selected as a post-operative complication.</p> <p>If “Other” is selected as a post-operative complication, you must enter the details of the other post-operative complication to save the 3<sup>rd</sup> Molar Extraction form as ‘Complete’.</p>
<p><b>1i. Report details of unplanned hospitalization admission related to the procedure:</b></p>	<p>‘Report details of unplanned hospitalization admission related to the procedure’ field will be enabled if “Unplanned hospital admission related to the procedure” is selected as a post-operative complication.</p> <p>If “Unplanned hospital admission related to the procedure” is selected as a post-operative complication, you must enter the details of the unplanned hospitalization admission related to the procedure to save the 3<sup>rd</sup> Molar Extraction form as ‘Complete’.</p>
<p><b>2. Days of usual activity missed due to the procedure:</b></p>	<p>‘Days of usual activity missed due to the procedure’ is outside of the repeat group and can only be answered once.</p> <p>‘Days of usual activity missed due to the procedure’ field will be enabled if any molar is selected for ‘3rd molar(s) extracted’.</p> <p>If any molar is selected for ‘3rd molar(s) extracted’, you must specify the number of days of usual activity missed due to the procedure in ### format to save the 3<sup>rd</sup> Molar Extraction form as ‘Complete’.</p>

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Legend:  Clear Selection  Add Annotation  Show Warnings  Show History

3RD MOLAR EXTRACTION

3RD MOLAR MEDS

3RD MOLAR FOLLOW-UP

1. Was at least one follow-up visit conducted?  YES  NO 

**FOLLOW-UP VISIT DATE**

1. Date of Follow-up:  /  /  

**POST-OPERATIVE COMPLICATIONS**

1. Post-operative complications:  YES  NO 

(Check all that apply)

Alveolar osteitis

1a. Molars:  1  16  17  32

(Check all that apply) 

Persistent postoperative pain

1b. Molars:  1  16  17  32

(Check all that apply) 

Surgical site infection

1c. Molars:  1  16  17  32

(Check all that apply) 

Delayed wound healing

1d. Molars:  1  16  17  32

(Check all that apply) 

Inferior alveolar nerve injury

1e. Molars:  17  32 

(Check all that apply)

Lingual nerve injury

1f. Molars:  17  32 

(Check all that apply)

Facial nerve dysfunction

Unexpected/prolonged trismus

Unexpected/prolonged hemorrhage

Unplanned need for parenteral drugs/fluids

Unplanned transfusions of blood/blood components

Retention, aspiration, migration or ingestion of root/tooth fragment

Mandibular fracture

Injury to adjacent tooth or restoration

Oro-antral or oro-nasal fistula formation

Condition requiring unplanned additional surgery

1g. Report details of condition requiring unplanned additional surgery:  

Death

Other

1h. Report details of "Other" post-operative complication:  

Unplanned hospital admission related to the procedure

1i. Report details of unplanned hospitalization admission related to the procedure:

2. Days of usual activity missed due to the procedure:

Please indicate the current status of the form:  Complete  Incomplete

## 2.3 Satisfaction Questionnaire Form

Field / Question	Instructions
<p><b><i>PATIENT ANESTHESIA SATISFACTION FORM</i></b></p> <p><b>General Instructions:</b></p> <ul style="list-style-type: none"> <li>The patient will be asked to complete the satisfaction form, either just after their procedure involving anesthesia or at a follow-up visit</li> </ul>	
<p><b>1. Date of Satisfaction Form Completed:</b></p>	<p>Enter the date the satisfaction form was completed using an 8-digit format with the month, day and 4-digit year. Use leading zeros before single digit months and days. For example: April 2<sup>nd</sup>, 2011, is entered as 04/02/2011.</p> <p>'Date of Satisfaction Form Completed' is a required field and must be entered to save the Satisfaction Questionnaire form as 'Complete'.</p>
<p><b>2. Which of the following did the patient remember about their anesthetic experience?</b></p>	<p>Enter what the patient remembered about their anesthetic experience. Check all that apply. If none, check "None of the above".</p> <p>'Which of the following did the patient remember about their anesthetic experience?' is a required field and must be entered to save the Satisfaction Questionnaire form as 'Complete'.</p>
<p><b>3. If patient received deep or general anesthesia, was put to sleep or received other medications to relax them during the procedure, which of the following did they remember about their anesthetic experience?</b></p>	<p>If patient received deep or general anesthesia, was put to sleep or received other medications to relax them during the procedure, select what the patient remembered about their anesthetic experience from the drop-down list. You can select only one response. If not applicable, select "N/A; Local anesthetic alone or minimum sedation used".</p> <p>'If patient received deep or general anesthesia, was put to sleep or received other medications to relax them during the procedure, which of the following did they remember about their anesthetic experience?' is a required field and must be entered to save the Satisfaction Questionnaire form as 'Complete'.</p>
<p><b>4. How satisfied was the patient with their anesthetic experience.</b></p>	<p>Select how satisfied the patient was with their anesthetic experience from the drop-down list. You can select only one response.</p> <p>'How satisfied was the patient with their anesthetic experience' is a required field and must be entered to save the Satisfaction Questionnaire form as 'Complete'.</p>

Field / Question	Instructions
5. Would they recommend the same kind of anesthetic to a loved one?	<p>Indicate whether the patient would recommend the same kind of anesthetic to a loved one by selecting "Yes" or "No" from the drop-down list.</p> <p>'Would they recommend the same kind of anesthetic to a loved one?' is a required field and must be entered to save the Satisfaction Questionnaire form as 'Complete'.</p>
6. How anxious would the patient be if he/she were to have the same kind of anesthesia in the future?	<p>Select how anxious the patient would be if he/she were to have the same kind of anesthesia in the future from the drop-down list. You can select only one response.</p> <p>'How anxious would the patient be if he/she were to have the same kind of anesthesia in the future?' is a required field and must be entered to save the Satisfaction Questionnaire form as 'Complete'.</p>

Satisfaction Questionnaire Patient ID: Created: 03/30/2011 16:43:00 Last Updated: 03/30/2011 16:43:00

Legend:  Clear Selection  Add Annotation  Show Warnings  Show History

**PATIENT ANESTHESIA SATISFACTION FORM**

1. Date of Satisfaction Form Completed:    

2. Which of the following did the patient remember about their anesthetic experience?  
(Check all that apply)

Pain during procedure (after anesthetic was given)

Discharge instructions

 None of the above

3. If patient received deep or general anesthesia, was put to sleep or received other medications to relax them during the procedure, which of the following did they remember about their anesthetic experience?

4. How satisfied was the patient with their anesthetic experience.

5. Would they recommend the same kind of anesthetic to a loved one?

6. How anxious would the patient be if he/she were to have the same kind of anesthesia in the future?

Please indicate the current status of the form:  Complete  Incomplete