

Entered: 20 / __ / __

Initials: _____

Verified: 20 / __ / __

Initials: _____

For office use only.**Post -Operative Additional Events (ADDEV) – Version: 01/26/2005 FORMV**

Patient ID _____ - _____ - _____ ID

Date of Surgery SURGDAT

Form Number: _____ FORMN

No	Yes	Event	Date first performed after surgery (mm/dd/yy)	Suspected reason for intervention (see codes on next page)	Was the reason for the intervention confirmed?	
					No	Yes
<input type="checkbox"/>	<input type="checkbox"/>	8.1 Abdominal re-operation REOPABD 8.1.1. Specify approach: <input type="checkbox"/> 1. Laparoscopic REOPAPPR → <input type="checkbox"/> 2. Laparoscopic converted to Open <input type="checkbox"/> 3. Open 8.1.2. Specify procedure: No Yes <input type="checkbox"/> <input type="checkbox"/> a. Operative drain placement ODRAIN <input type="checkbox"/> <input type="checkbox"/> b. Gastrostomy GASTR <input type="checkbox"/> <input type="checkbox"/> c. Anastomotic revision ANAREV <i>Specify revision: →</i> <input type="checkbox"/> GJ <input type="checkbox"/> JJ <input type="checkbox"/> DJ <input type="checkbox"/> <input type="checkbox"/> d. Band replacement BREPLA <input type="checkbox"/> <input type="checkbox"/> e. Band/port revision BREVIS <input type="checkbox"/> <input type="checkbox"/> f. Wound revision or evisceration WREVIS <input type="checkbox"/> <input type="checkbox"/> g. Re-exploration REXPLO <input type="checkbox"/> <input type="checkbox"/> h. Other REOPOTH (Specify: REOPS)				
			ODRAIN M/ ODRAIN D/ ODRAIN Y	ODRAIN C		CODRAIN
			GASTRM/ GASTRD / GASTRY	GASTRC		CGASTR
			GJM/ GJD / GJY	GJC		CGJ
			JJM/ JJD/ JJY	JJC		CJJ
			DJM/DJD/DJY	DJC		CDJ
			BREPLAM/ BREPLAD/BREPLAY	BREPLAC		CBREPLA
			BREVISM/ BREVISD / BREVISY	BREVISC		CBREVIS
			WREVISM/ WREVISD/ WREVISY	WREVISC		CWREVIS
			REXPLOM/ REXPLOD/REXPLOY	REXPLOC		CREXPLO
			REOPOTHM / REOPOTH D / REOPOTH Y	REOPOTH C		CREOPOTH
<input type="checkbox"/>	<input type="checkbox"/>	8.2 Tracheal reintubation TRACHEA	TRACHEAM / TRACHEAD / TRACHEAY	TRACHEAC		CTRACHEA
<input type="checkbox"/>	<input type="checkbox"/>	8.3 Tracheostomy TRACHEO	TRACHEOM / TRACHEOD/TRACHEOY	TRACHEOC		CTRACHEO
<input type="checkbox"/>	<input type="checkbox"/>	8.4 Endoscopy ENDOS	ENDOSM/ ENDOSD / ENDOSY	ENDOSC		CENDOS
<input type="checkbox"/>	<input type="checkbox"/>	8.5 Placement of percutaneous drain PDRAIN	PDRAINM / PDRAIN D/ PDRAIN Y	PDRAINC		CPDRAIN
<input type="checkbox"/>	<input type="checkbox"/>	8.6 Anticoagulation therapy for presumed/confirmed DVT DVTTHERA	n/a	n/a		n/a
<input type="checkbox"/>	<input type="checkbox"/>	8.7 Anticoagulation therapy for presumed/confirmed PE PETHERA	n/a	n/a		n/a
<input type="checkbox"/>	<input type="checkbox"/>	8.8 Readmission (other) 1 EVEO1 (Specify: EVEO1S)	EVEO1M / EVEO1D / EVEO1Y	EVEO1C		CEVEO1
<input type="checkbox"/>	<input type="checkbox"/>	8.9 Readmission (other) 2 EVEO2 (Specify: EVEO2S)	EVEO2M/ EVEO2D/ EVEO2Y	EVEO2C		CEVEO2
<input type="checkbox"/>	<input type="checkbox"/>	8.10 Readmission (other) 3 EVEO3 (Specify: EVEO3S)	EVEO3M/ EVEO3D / EVEO3Y	EVEO3C		CEVEO3

**Table of codes for
suspected reason for an intervention**

Code	Suspected reason for an intervention	Code	Suspected reason for an intervention
1	Anastomotic leak	9	Fluid or electrolyte depletion
2	Other abdominal sepsis	10	Vomiting or poor intake
3	Intestinal obstruction	11	Gastric distension
4	DVT	12	Strictures
5	Pulmonary embolism	13	Bleeding
6	Pneumonia	14	Infection/fever
7	Other respiratory failure	15	Other
8	Wound infection/evisceration		