

Entered: __/__/20__

Initials: _____

Verified: __/__/20__

Initials: _____

For office use only.

Adjudication Committee

Reason for Unconfirmed Intervention Form – Version 02/03/2010 FORMV

Form completion date: __ __ **UEVNTDAT** __ __
mm dd yy

Names: **ANAME1...5**

Re-adjudication? **READJ**

SUPPLIED BY THE DCC:

Patient ID __ __ - **ID** __ __ - __ __

Post-Operative Evaluation date:

__ __ **POSTDAT** __ __

Date of Bariatric Surgery:

__ __ **SURGDAT** __ __

Event code:

EVNTC __

Event:

EVNTCS __

Date of Event:

__ __ **EVNTDAT** __ __

Suspected reason for intervention:

__ __ **EVNTSREA** __

1. Pre-intervention diagnosis or provisional diagnosis: **EVPREDD**

- 1. Anastomotic leak
- 2. Other abdominal sepsis
- 3. Intestinal obstruction
- 4. Deep vein thrombus (DVT)
- 1. superior to the vena cava
- 2. inferior to the vena cava
- 5. Pulmonary embolism
- 6. Pneumonia
- 7. Respiratory failure, including ARDS
- 8. Wound infection/visceration
- 9. Fluid or electrolyte depletion
- 10. Vomiting or poor intake
- 11. Gastric distension
- 12. Strictures
- 13. Bleeding
- 14. Infection/fever
- 15. Other (Specify: **EVPREDO** _____)
- 16. Suspected Intra-abdominal problem
- 3. Cannot determine

2. Post-intervention final diagnosis: **EVPOSTDD**

- 1. Anastomotic leak
- 2. Other abdominal sepsis
- 3. Intestinal obstruction
- 4. Deep vein thrombus (DVT)
- 1. superior to the vena cava
- 2. inferior to the vena cava
- 5. Pulmonary embolism
- 6. Pneumonia
- 7. Respiratory failure, including ARDS
- 8. Wound infection/visceration
- 9. Fluid or electrolyte depletion
- 10. Vomiting or poor intake
- 11. Gastric distension
- 12. Strictures
- 13. Bleeding
- 14. Infection/fever
- 15. Other (Specify: **EVPOSTDO** _____)
- 16. Suspected Intra-abdominal problem
- 3. Cannot determine

3. Level of certainty for post-intervention diagnosis? **EVPOSTC**

- 1. Definite
- 2. Probable
- 4. Less than Probable