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|  | **แบบฟอร์มบันทึก Surgery Audit** **ของภาควิชาศัลยศาสตร์** | F-WI-DS-801/01, Rev.00 |

**Part I**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **❒** | **Morbidity & Motality** | **❑** | **Interesting case** |
| **Division** |  |  |  |  |  |  |  |
| **NAME** |  |  | **DATE OF BIRTH** |  |  | **SEX** | **❑** | Male |
| **HN** |  |  | **AGE** |  | Y |  |  | **❒** | Female |
| **DATE OF ADMISSION** | **:** |  |  | **DATE OF DISCHARGE** | : |  |
| **Attending Staff** | **:** |  |  |  |  |  |
| **Chief Resident** | **:** |  |  |  |  |  |
| **Corresponding Resident** | **:** |  |  |  |  |  |
| **Principal Diagnosis** | 1. |  |
|  | 2. |  |
|  | 3. |  |
| **Comorbidity** | 1. |  |
|  | 2. |  |
|  | 3. |  |
|  |  |  |
| **1st Operation** |  | ❑ | elective | ❑ | emergency |
|  | DATE |  |  |  |  |  |  |
|  | Surgeon |  |  | Assistants |  |
| **Complication** |  |
|  |  |  |  |  |  |  |  |  |
| **2st Operation** |  | ❑ | elective | ❑ | emergency |
|  | DATE |  **/ /** |  |  |  |  |  |
|  | Surgeon |  |  | Assistants |  |
| **Complication** |  |
|  |  |
| **3st Operation** |  | ❑ | elective | ❑ | emergency |
|  | DATE |  **/ /** |  |  |  |  |  |
|  | Surgeon |  |  | Assistants |  |
| **Complication** |  |
|  |  |
| **Category of Complication** | ❑ | VASCULAR | ❑ | NEUROLOGIC | ❑ | RENAL |
| (more than 1 can be involved) | ❑ | CARDIAC | ❑ | PULMONARY | ❑ | HEPATOBILIARY |
|  | ❑ | URINARY TRACT | ❑ | GASTROINTESTINAL | ❑ | OTHERS……………………. |
|  | ❑ | HEMATOLOGIC | ❑ | WOUND |  |  |
|  | ❑ | GENERAL | ❑ | INFECTION |  |  |
|  |
| **Classification of Surgical**  | ❑ | Grade I | ❑ | Grade II | ❑ | Grade III  | ❑ | Suffix “d” |
| **Complication**  | ❑ | Grade IIIa | ❑ | Grade IIIb | ❑ | Grade IV |  |  |
| (Choose only the highest grade) | ❑ | Grade Iva | ❑ | Grade IVb | ❑ | Grade V |  |  |
|  |
| **Cause of Complication** | ❑ | Complication due to disease process |
| (More than 1 can be involved) | ❑ | Complication due to problem in diagnosis |
|  | ❑ | Complication due to problem in judgment |
|  | ❑ | Complication due to problem in management |
|  | ❑ | Complication due to problem in surgical technique |
|  | ❑ | Complication due to equipment failure |
|  | ❑ | Complication due to system problem |
|  |  |  |  |  |  |  |
| **Pathology/Autopsy** | ❑ | YES |  | ❒ NO |  |  |
| **Report** |  |
|  |  |
|  |  |
|  |  |
| **Division Audit** |  |
| **Pitfalls** |  |
|  |  |
| **Measures to prevent or**  |  |
| **correct complication** |  |
|  |  |
| **Learning points** |  |
|  |  |

**\*หัวข้อที่แรเงาเป็นส่วนสำคัญ แพทย์ประจำบ้านจะต้องลงข้อมูลให้ครบและถูกต้อง**

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| **Part II** |
| **Department Audit** |  |
| **Present in** | ❑ | **Service Review** | ❑ | **MMC** |  |
| **Case No.** |  |  |  |
| **ระยะเวลานำเสนอ** |  | นาที |  |
|  |  |  |  |  |  |  |  |
| **Part III** |  |  |  |  |  |  |  |
| **Summary of discussion** |
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| **Implication for changes in practice and behavior** |
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| **Chief Resident** |  | **Attending Staff** |  |
|  |  |  |  |
| **Part IV** |  |  |  |
| **Finalization** |  |  |  |
| ❑ | Incomplete (Date ………………………….)  | ❑ | Complete (Date………………………….) |
|  |  |  |
| **Key word** (for surgical audit archive)  |  |  |
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|  |
|  |  | ❑Power Point | ❑Document Review |
|  |  |  |  |