|  |  |  |
| --- | --- | --- |
|  | **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**

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