

Surgeries

Patient Identification Information

Cranial Surgeries
 Did the patient undergo cranial surgery during his hospitalization phase? (Surgeries.CranialSurgDone)
 No Yes Unknown

To print blank form
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(Subject.SurgeriesCompleteStatus) **Form Completion Status**
 Not Started
 In Process
 Complete
 Queries Outstanding
 Not Performed

Surgery Start Date (SurgeriesCranial.SurgeryStartDate)	Surgery Start Time (SurgeriesCranial.SurgeryStartTime)	Surgery End Date (SurgeriesCranial.SurgeryEndDate)	Surgery End Time (SurgeriesCranial.SurgeryEndTime)	Cranial Surgery Code (SurgeriesCranial.SurgeryDescCranial)	Reason (SurgeriesCranial.SurgeryCranialReason)	Delay (SurgeriesCranial.SurgeryCranialDelay)	The short term survival chances of the patient if I DO NOT operate: (1-100) (SurgeriesCranial.ShortTermSurvivalNoSurg)	The short term survival chances of the patient if I DO operate: (1-100) (SurgeriesCranial.ShortTermSurvivalYesSurg)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Emergency/Life saving <input type="checkbox"/> Clinical deterioration <input type="checkbox"/> Mass effect on CT <input type="checkbox"/> Radiological progression <input type="checkbox"/> suspicion of) raised ICP <input type="checkbox"/> Guideline adherence <input type="checkbox"/> To prevent deterioration	<input type="checkbox"/> Transferral from other hospital <input type="checkbox"/> Haemodynamic instability <input type="checkbox"/> No OR available <input type="checkbox"/> Surgeon delayed <input type="checkbox"/> No delay <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Emergency/Life saving <input type="checkbox"/> Clinical deterioration <input type="checkbox"/> Mass effect on CT <input type="checkbox"/> Radiological progression <input type="checkbox"/> suspicion of) raised ICP <input type="checkbox"/> Guideline adherence <input type="checkbox"/> To prevent deterioration	<input type="checkbox"/> Transferral from other hospital <input type="checkbox"/> Haemodynamic instability <input type="checkbox"/> No OR available <input type="checkbox"/> Surgeon delayed <input type="checkbox"/> No delay <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Emergency/Life saving <input type="checkbox"/> Clinical deterioration <input type="checkbox"/> Mass effect on CT <input type="checkbox"/> Radiological progression <input type="checkbox"/> suspicion of) raised ICP <input type="checkbox"/> Guideline adherence <input type="checkbox"/> To prevent deterioration	<input type="checkbox"/> Transferral from other hospital <input type="checkbox"/> Haemodynamic instability <input type="checkbox"/> No OR available <input type="checkbox"/> Surgeon delayed <input type="checkbox"/> No delay <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Emergency/Life saving <input type="checkbox"/> Clinical deterioration <input type="checkbox"/> Mass effect on CT <input type="checkbox"/> Radiological progression <input type="checkbox"/> suspicion of) raised ICP <input type="checkbox"/> Guideline adherence <input type="checkbox"/> To prevent deterioration	<input type="checkbox"/> Transferral from other hospital <input type="checkbox"/> Haemodynamic instability <input type="checkbox"/> No OR available <input type="checkbox"/> Surgeon delayed <input type="checkbox"/> No delay <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Emergency/Life saving <input type="checkbox"/> Clinical deterioration <input type="checkbox"/> Mass effect on CT <input type="checkbox"/> Radiological progression <input type="checkbox"/> suspicion of) raised ICP <input type="checkbox"/> Guideline adherence <input type="checkbox"/> To prevent deterioration	<input type="checkbox"/> Transferral from other hospital <input type="checkbox"/> Haemodynamic instability <input type="checkbox"/> No OR available <input type="checkbox"/> Surgeon delayed <input type="checkbox"/> No delay <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

Extracranial Surgeries
 Did the patient undergo extracranial surgery during his hospitalization phase? (Surgeries.ExtraCranialSurgDone)
 No Yes Unknown

Surgery Start Date (SurgeriesExtraCranial.SurgeryStartDate)	Surgery Start Time (SurgeriesExtraCranial.SurgeryStartTime)	Surgery End Date (SurgeriesExtraCranial.SurgeryEndDate)	Surgery End Time (SurgeriesExtraCranial.SurgeryEndTime)	Extracranial Surgery Code (SurgeriesExtraCranial.SurgeryDescExtraCranial)	Reason (SurgeriesExtraCranial.SurgeryExtraCranialReason)	Delay (SurgeriesExtraCranial.SurgeryExtraCranialDelay)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Emergency/Lifesaving <input type="checkbox"/> Elective <input type="checkbox"/> Treatment of complication <input type="checkbox"/> Airway management <input type="checkbox"/> Other	<input type="checkbox"/> Transferral from other hospital <input type="checkbox"/> Haemodynamic instability <input type="checkbox"/> No OR available <input type="checkbox"/> Surgeon delayed <input type="checkbox"/> No Delay <input type="checkbox"/> Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Emergency/Lifesaving <input type="checkbox"/> Elective <input type="checkbox"/> Treatment of complication <input type="checkbox"/> Airway management <input type="checkbox"/> Other	<input type="checkbox"/> Transferral from other hospital <input type="checkbox"/> Haemodynamic instability <input type="checkbox"/> No OR available <input type="checkbox"/> Surgeon delayed <input type="checkbox"/> No Delay <input type="checkbox"/> Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Emergency/Lifesaving <input type="checkbox"/> Elective <input type="checkbox"/> Treatment of complication <input type="checkbox"/> Airway management <input type="checkbox"/> Other	<input type="checkbox"/> Transferral from other hospital <input type="checkbox"/> Haemodynamic instability <input type="checkbox"/> No OR available <input type="checkbox"/> Surgeon delayed

					<input type="checkbox"/> No Delay <input type="checkbox"/> Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Emergency/Lifesaving <input type="checkbox"/> Elective <input type="checkbox"/> Treatment of complication <input type="checkbox"/> Airway management <input type="checkbox"/> Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Emergency/Lifesaving <input type="checkbox"/> Elective <input type="checkbox"/> Treatment of complication <input type="checkbox"/> Airway management <input type="checkbox"/> Other
					<input type="checkbox"/> Transferral from other hospital <input type="checkbox"/> Haemodynamic instability <input type="checkbox"/> No OR available <input type="checkbox"/> Surgeon delayed <input type="checkbox"/> No Delay <input type="checkbox"/> Other
					<input type="checkbox"/> Transferral from other hospital <input type="checkbox"/> Haemodynamic instability <input type="checkbox"/> No OR available <input type="checkbox"/> Surgeon delayed <input type="checkbox"/> No Delay <input type="checkbox"/> Other

Decompressive Craniectomy Performed: (Surgeries.DecompressiveCran) No Yes (Surgeries.DecompressiveSize) Size (cm²)

(Surgeries.DecompressiveCranLocation) Location: (Surgeries.DecompressiveCranType) Type:

Bifrontal
 Hemicraniectomy- left side
 Hemicraniectomy- right side
 Posterior fossa
 Isolated procedure
 In association with ASDH removal
 In association with contusion/ICH removal
 In association with ASDH and contusion/ICH removal

(Surgeries.DecompressiveCranReason) **Reason for decompressive craniectomy**

Pre-emptive approach to treatment of (suspected) raised ICP (not last resort)
 Raised ICP, refractory to medical management (last resort)
 ICP not monitored, but CT evidence of raised ICP
 Not directly planned, but decided on because of intra-operative brain swelling
 Routinely performed with every ASDH or Contusion evacuation
 Development of cerebral infarction

How strongly do you feel that this surgical intervention is appropriate in terms of the expected benefit to final clinical outcome?

Totally inappropriate (Surgeries.SurgIntervenAppro) 0 1 2 3 4 5 6 7 8 9 10 Entirely appropriate

(Subject.SurgeriesNotes) Notes or additional information about surgeries

Variable Analysis

Error:1146:Table 'centertbiqa.ddElementDefinition' doesn't exist
 Query:select * from ddElementDefinition where Element="SurgeryStartDate"