

Patient name: _____

Date of birth: dd/mm/yyyy

Periinterventional Outcome Study in the Elderly (POSE)

I. Baseline assessment (Visit 1)

Age |__|_|__| years [80120] Gender M F ASA I II III IV V

Height |__|_|__| cm [120-230] Weight |__|_|__| kg [30-250]

Referring facility [single best answer]

Home Other hospital Rehabilitation Nursing home

other, if other please specify: _____

Planned kind of procedure [single best answer]

Inpatient intervention Y N Outpatient intervention Y N

Medical history: [single best answer]

Functional status [within 30 days before assessment]:

Independent [patient does not require assistance from another person for activities of daily living]

Partially dependent [The patient requires some assistance from another person]

Totally dependent [The patient requires total assistance for all activities of daily living]

Y N Emergency case

Y N Current steroid use for chronic condition

Y N Ascites within 30 days prior to intervention

Systemic Sepsis within 48 hours before intervention: SIRS Sepsis Septic shock

Y N Ventilator depended within 48h before intervention: [excludes CPAP for sleep apnoea]

Y N Disseminated cancer: [includes ALL,AML,Lymphoma °IV; excludes CLL,CML,Lymphoma I-III°]

Diabetes N Oral Insulin Diet

Y N Hypertension requiring medication: [<30d prior surgery]

Y N Congestive Heart Failure: [<30d prior surgery, acute or chronic + symptoms]

Dyspnoea: N with moderate exertion at rest [<30d prior surgery]

Y N Current smoker: [<1yrs prior surgery; excluding pipes, cigars, chewing tobacco]

Alcohol: number of units per week _____ [1 unit = 0.25l beer, 0.1l wine, 0.02l shot]

Y N History of severe COPD: [functional disability or chronic bronchodilator therapy or past hospitalization or FEV1 of <75%]

Y N Dialysis

Y N Acute renal failure: [1.Increased BUN on two measurements **AND** two creatinine results > 3mg/dl
OR 2. Surgeon or physician has documented Acute Renal Failure **AND** one of the following: Increased BUN on two measurements **OR** two Cr results > 3mg/dl]

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Risk assessment [tick all that apply]

- | | |
|--|---|
| <input type="checkbox"/> Ischemic heart disease | <input type="checkbox"/> Cardiac arrhythmia or heart blocks |
| <input type="checkbox"/> Chronic heart failure or cardiomyopathy | <input type="checkbox"/> Peripheral vascular disease |
| <input type="checkbox"/> Hemiplegia | <input type="checkbox"/> COPD |
| <input type="checkbox"/> Chronic respiratory failure | <input type="checkbox"/> Chronic alcohol abuse |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Transplanted organ(s) |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Cerebrovascular disease |
| <input type="checkbox"/> Mild cognitive impairment | <input type="checkbox"/> Other cognitive complaints _____ |
| <input type="checkbox"/> Chronic renal failure | |

Most recent (within 1 month) pre-interventional blood results [optional, only if done in the clinical routine]:

- Haemoglobin Y N value: [][][][], [] Unit: [g/dL] [0.1-20.0] [mmol/L] [0.5-14]
- Haematocrit Y N value: [][], [][] Unit: [none] [0.1-0.99] [%] [1.0-99.00]
- Creatinine Y N value: [][][], [] Unit: [mg/dL] [0.1-20.0] [µmol/L] [1-999]
- Albumin Y N value: [][][], [] Unit: [g/dL] [0.5-20.0] [g/L] [1-999]

Chronic medication [until at least 7 days before intervention]: [tick all that apply]

- | | | | |
|-----------------|---|--|---|
| Anticoagulants | <input type="checkbox"/> Y <input type="checkbox"/> N | Antiplatelet therapy | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Beta blockers | <input type="checkbox"/> Y <input type="checkbox"/> N | ACE inhibitor /AT II-Receptor blocker | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Antidepressants | <input type="checkbox"/> Y <input type="checkbox"/> N | Neuroleptics | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Benzodiazepines | <input type="checkbox"/> Y <input type="checkbox"/> N | Z-drugs [e.g. Zolpidem, Zopiclone, Zaleplon] | <input type="checkbox"/> Y <input type="checkbox"/> N |

Frailty Assessments:

- History of falls during the last 6 months: none 1 time >1 time
- Unintentional weight loss of ≥4.5 kg in the last year Y N
- Mini Cog: Correct number of recalled words [] [0-3]
 Clock draw points [] [0 or 2]
 Total points [] [0-5]
- Timed up and go test [][][] seconds Patient cannot perform this at the moment

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II. Surgery day (Visit 2)

Anaesthesia induction date: |_|_| - |_|_| - |_|_0_|_1_|_7_| [\geq 01-Apr-2017]

Anaesthesia induction time: |_|_|:|_|_| hh:mm [0-999]

Premedication before surgery: none Clonidine Benzodiazepine

Anaesthesia technique [tick all that apply]

General Spinal Epidural Other regional Sedation/ local

If general anaesthesia: Main anaesthetic for maintenance:

Desflurane Isoflurane Sevoflurane Propofol other

If general anaesthesia: Main opioid for maintenance:

Alfentanil Fentanyl Morphine Piritramide Remifentanil Sufentanil

other

Advanced intraoperative Monitoring [tick all that apply]

BIS NIRS Invasive RR CVP

TEE Pulmonary artery catheter Cardiac output via arterial wave form analysis other

Surgical procedure exact name: _____

Surgical category: [single best answer]

- | | | |
|--|---|---|
| <input type="checkbox"/> Endoscopic digestive | <input type="checkbox"/> Ophthalmologic | <input type="checkbox"/> Gynaecologic |
| <input type="checkbox"/> Other orthopaedic | <input type="checkbox"/> Interv. cardiorhythmology | <input type="checkbox"/> Arthroplasty and spine |
| <input type="checkbox"/> Ear, nose and throat (ENT) | <input type="checkbox"/> Interv. cardiology [e.g. TAVI] | <input type="checkbox"/> Plastic |
| <input type="checkbox"/> Major urologic | <input type="checkbox"/> Minor urologic | <input type="checkbox"/> Minor hepatic |
| <input type="checkbox"/> Minor gastrointestinal | <input type="checkbox"/> Others surgery | <input type="checkbox"/> Minor vascular |
| <input type="checkbox"/> Orthopaedic trauma | <input type="checkbox"/> Renal transplant | <input type="checkbox"/> Thoracic |
| <input type="checkbox"/> Neuro | <input type="checkbox"/> Major hepatic | <input type="checkbox"/> Major gastrointestinal |
| <input type="checkbox"/> Interventional neuroradiology | <input type="checkbox"/> Major vascular | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Multiple trauma related | <input type="checkbox"/> Cardiac | |

Severity of surgery* Minor Intermediate Major

Urgency of surgery* Elective Urgent Emergency

Surgical wound classification* Clean Clean-Contaminated Contaminated Dirty

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Laparoscopic surgery Y N Cancer surgery Y N

On-pump cardiac surgery Y N

Immediately at the end of surgery:

Extubation Y N not applicable [e.g. patient was not intubated]

Admission to ICU Y N [including intermediate care] If Yes, planned admission? Y N

Admission to a unit with "geriatric support" (e.g. geriatric units, geriatric co-management models, geriatric liaison services) Y N

Transfusion:

Intraoperative transfusion of packed red blood cells: Y N if yes amount: |_|_| [n]

Intraoperative transfusion of fresh frozen plasma: Y N if yes amount: |_|_| [n]

Intraoperative transfusion of platelets: Y N if yes amount: |_|_| [n]

WHO-surgical checklist used? Y N

End of anaesthesia date: |_|_|_|_|-|_|_|_|_|-|_|_|_|_| [>=01-Apr-2017]

End of anaesthesia time: |_|_|_|_|:|_|_|_|_| [23:59]

*** Definitions:**

Severity of surgery*	
Minor	e.g. skin-lesions or small skin tumours, biopsies, draining breast abscess, brief diagnostic and therapeutic procedures like arthroscopy without intervention
Intermediate	Primary repair of inguinal hernia, excising varicose veins in the leg, tonsillectomy or adeno-tonsillectomy, knee arthroscopy, cataract surgery, uvuloplasty, minimally invasive repair of vaginal prolapse, vaginal hysterectomy, tendon repair of hand etc.
Major	Total abdominal hysterectomy, endoscopic resection of prostate, lumbar discectomy, thyroidectomy, total joint replacement, lung operations, colon resection, radical neck dissection etc.
Urgency of surgery/ non-surgical intervention	
Elective	Intervention that is scheduled in advance because it does not involve a medical emergency
Urgent	Intervention required within < 48 hrs
Emergency	Non-elective Intervention performed when the patient's life or well-being is in direct jeopardy
Surgical wound classification	
Clean	Elective, not emergency, non-traumatic, primarily closed; no acute inflammation; no break in technique; respiratory, gastrointestinal, biliary and genitourinary tracts not entered.
Clean-contaminated	Urgent or emergency case that is otherwise clean; elective opening of respiratory, gastrointestinal, biliary or genitourinary tract with minimal spillage (e.g. appendectomy) not encountering infected urine or bile; minor technique break.
Contaminated	Non-purulent inflammation; gross spillage from gastrointestinal tract; entry into biliary or genitourinary tract in the presence of infected bile or urine; major break in technique; penetrating trauma <4 hours old; chronic open wounds to be grafted or covered.
Dirty	Purulent inflammation (e.g. abscess); preoperative perforation of respiratory, gastrointestinal, biliary or genitourinary tract; penetrating trauma >4 hours old.

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III. Follow-up on POD 30 (Visit 3)

Date of Follow-up |_d_|_|d_| - |_m_|_|m_|_|m_| - |_2_|_|0_|_|1_|_|7_| [=surgery day+30days]

Patient status on postoperative day 30:

Discharged before day 30 If yes:

Date of discharge: |_d_|_|d_| - |_m_|_|m_|_|m_| - |_2_|_|0_|_|1_|_|7_|

Discharge destination: [single best answer]

In hospital death If dead: Was cardiopulmonary resuscitation performed Y N

Date of death: |_d_|_|d_| - |_m_|_|m_|_|m_| - |_2_|_|0_|_|1_|_|7_|

- Other hospital
- Rehabilitation
- Nursing home
- Home
- Other, please specify _____

Still in hospital at day 30

Hospital length of stay after intervention |_|_| [≤ 31 days] [including day of surgery, excluding discharge day]

Total ICU length of stay after intervention |_|_| [≤ 31 days] [including day of ICU admission, excluding discharge day from ICU]

Unplanned ICU admission at any time after intervention until day 30 Y N

Admission to a unit with "geriatric support" at any time-point until day 30 Y N

[e.g. geriatric units, geriatric co-management models, geriatric liaison services]

In hospital outcome according to the ACS NSQIP® [tick all that apply]

<input type="checkbox"/> Cardiac arrest	<input type="checkbox"/> DVT (deep vein thrombosis)
<input type="checkbox"/> Myocardial infarction	<input type="checkbox"/> Venous thromboembolism/ blood clot (requiring therapy)
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Superficial incisional SSI (surgical site infection)
<input type="checkbox"/> Pulmonary embolism	<input type="checkbox"/> Deep incisional SSI
<input type="checkbox"/> Unplanned intubation	<input type="checkbox"/> Organ space SSI
<input type="checkbox"/> Ventilator >48h	<input type="checkbox"/> Wound disruption
<input type="checkbox"/> Return to the operating room	<input type="checkbox"/> Systemic sepsis
<input type="checkbox"/> Stroke	<input type="checkbox"/> Urinary tract infection
<input type="checkbox"/> Renal failure (creatinine of >2mg/dl from preoperative value or new dialysis)	<input type="checkbox"/> Discharge to post-acute care (other hospital, nursing/ rehab facility)

Actual functional status: independent partially dependent totally dependent

Brief screen for cognitive impairment: Correct number of recalled words |_| [0-3]

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Additional Telephone follow-up on day 30 (if the patient was discharged before)

Patient status on day 30

Alive

Dead, If yes, date of death: |_d_|_d_| - |_m_|_m_|_m_| - |_2_|_0_|_1_|_7_|

Follow-up not performed/ not available

If follow up is **NOT** available, specify reason: [\[single best answer\]](#)

Patient's will

Other, please specify: _____

Any complications after hospital discharge: [\[only present if they led to hospital re-admission or death, or additionally in case of kidney injury, if it led to renal replacement therapy\]](#)

Cardiac (Cardiac arrest, myocardial infarction) Y N

Pulmonary (Pneumonia, pulmonary embolism) Y N

Stroke Y N

Acute kidney injury Y N

Actual functional status:

Independent [\[patient does not require assistance from another person for activities of daily living\]](#)

Partially dependent [\[The patient requires some assistance from another person\]](#)

Totally dependent [\[The patient requires total assistance for all activities of daily living\]](#)

Brief screen for cognitive impairment: Correct number of recalled words |_| [\[0-3\]](#)