

Patient name:	Date of birth:	dd /mm /y	УУ	y
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Peri-interventional Outcome Study in the Elderly (POSE)
I. Baseline assessment (Visit 1)
Age   _  years [80-120] Sex M F ASA I I II III IV V  Height    cm [120-230] Weight    kg [30-250]  Referring facility [single best answer]  Home/ Lives independent Other hospital Rehabilitation Nursing home  other, if other please specify:
Planned kind of procedure [single best answer]
Inpatient intervention [patient remains in hospital for at least one night after intervention]
Outpatient intervention [patient is discharged the day of intervention]
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:  No 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 Y Oral Insulin [only dietary treatment, should not be classified as 'diabetic' here]
☐Y ☐N Hypertension requiring medication: [<30d prior surgery]
☐Y ☐N Congestive Heart Failure: [<30d prior intervention, acute or chronic + symptoms]
Dyspnoea: N with moderate exertion at rest [<30d prior surgery]
Y N Current smoker: [<1yrs prior intervention; 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 [within 2 weeks prior to surgery]
Y N Acute renal failure: [1.Increased BUN on two measurements AND two creatinine results > 3mg/dl
<b>OR</b> 2. Surgeon or physician has documented Acute Renal Failure <b>AND</b> one of the following: Increased BUN on two measurements <b>OR</b> two Cr results > 3mg/dl]

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				17.09.2017 Version 1.2
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Risk assessment [tick all that apply]	
None	Chronic renal failure
☐ Ischemic heart disease	☐ Cardiac arrhythmia or heart blocks
Chronic heart failure or cardiomyopathy	Peripheral vascular disease
☐ Hemiplegia	COPD
Chronic respiratory failure	☐ Chronic alcohol abuse
Cancer	☐ Transplanted organ(s)
☐ Dementia	Cerebrovascular disease
☐ Mild cognitive impairment	☐ Other cognitive complaints
clinical routine):	entional blood results [optional, only if done in the Unit: [g/dL] [5-20.0] [mmol/L][3-14]
	Unit: [g/dL] [5-20.0] [mmol/L][3-14] Unit: [none] [0.2-0.65] [[%] [20.0-65.00
	Unit: [mg/dL] [0.3-10.0] [µmol/L][26-900
	Unit: [g/dL][0.5-8.0] [g/L] [5-80]
<u> </u>	
Chronic medication [until at least 7 days before	
Anticoagulants	
Antiplatelet therapy Y N [e.g. Acetylsali	cylic acid, Clopidogrel]
Beta blockers	
ACE inhibitor <b>or</b>	
AT II-Receptor blocker Y N [e.g. Ramipril/	Candesartan]
Antidepressants	
<del></del>	ol, Pipamperon, Clozapin, Risperidon, Chlorpromazin]
Benzodiazepines	Zanialana Zalanlani
7 druge V N to a Zolpidom	, Zopicione, Zalepion
Z-drugs	
Frailty Assessments:	
Frailty Assessments:  1. History of falls during the last 6 months:	☐ none ☐ 1 time ☐ >1 time
Frailty Assessments:  1. History of falls during the last 6 months:  2. Unintentional weight loss of ≥4.5 kg in the	☐ none ☐ 1 time ☐ >1 time  last year ☐Y ☐ <b>N</b>
Frailty Assessments:  1. History of falls during the last 6 months:  2. Unintentional weight loss of ≥4.5 kg in the  3. Mini Cog: Correct number of recalled work	☐ none ☐ 1 time ☐ >1 time last year ☐Y ☐ <b>N</b> ds
Frailty Assessments:  1. History of falls during the last 6 months:  2. Unintentional weight loss of ≥4.5 kg in the  3. Mini Cog: Correct number of recalled work  Clock draw points	☐ none ☐ 1 time ☐ >1 time  last year ☐Y ☐ <b>N</b> ds
Frailty Assessments:  1. History of falls during the last 6 months:  2. Unintentional weight loss of ≥4.5 kg in the  3. Mini Cog: Correct number of recalled work  Clock draw points  Total points	☐ none ☐ 1 time ☐ >1 time  last year ☐Y ☐ <b>N</b> ds
Frailty Assessments:  1. History of falls during the last 6 months:  2. Unintentional weight loss of ≥4.5 kg in the  3. Mini Cog: Correct number of recalled work  Clock draw points	□ none □ 1 time □ >1 time  last year □Y □N  ds □□ [0-3] □□ [0 or 2] □□ [0-5] □ Patient cannot perform this test a
Frailty Assessments:  1. History of falls during the last 6 months:  2. Unintentional weight loss of ≥4.5 kg in the  3. Mini Cog: Correct number of recalled work  Clock draw points  Total points	☐ none ☐ 1 time ☐ >1 time  last year ☐Y ☐ <b>N</b> ds



II. Intervention day (Visi	t 2)				
Anaesthesia induction date: Anaesthesia induction time:		_m_ _r hh:mm	m_  -  _2_ _0	<b>_</b>  У_ )	_  [>=01-Apr-201
Premedication before interv		none	: Clo	onidine	Benzodiazepir
Anaesthesia technique [tick	all that apply]				
☐General ☐Spinal	Epidural	□Othe	er regional	□Sed	ation
If general anaesthesia: Main	anaesthetic for	mainten	nance: [single	best ar	nswer]
☐Desflurane ☐Isoflurane	Sevoflurane	□Prop	oofoloth	er	
If general anaesthesia: Main	opioid for maint	tenance	: [single best	answer	
☐Alfentanil ☐Fentanyl	Morphine	☐Piritra	amide	ifentanil	_Sufentanil
other					
Advanced intraoperative Mo	onitoring [tick a	all that a	apply]		
Anaesthesia depth monitoring			☐Invasive RR	}	□CVP
device [e.g. Bispectral index or EEG]	[Near-infrared spectroscopy]				[Central venous pressure]
TEE [Transoesophageal	Pulmonary	y	Cardiac out	put [via	other
echocardiogram]	artery cathet	ter	arterial wave form analysis]	_	_
Intervention/ Surgical proce	edure exact na	ıme:			
Surgical category: [single be	est answer]				
☐Athroplasty and spine	□Interv. C	Cardiolog	y [e.g. TAVI]	□Ren	al transplant
☐Cardiac	□Interv.ca	ardiorhyt	thmology	∏Tho	racic
☐Ear, nose and throat (ENT)	☐Interv.ne	euroradi	ology	∐Traı	nsplant
☐Endoscopic digestive	Multiple	trauma	related	□Uro	logic major
☐Gastrointestinal major	□Neuro			□Uro	logic minor
☐Gastrointestinal minor	☐ Ophthali	☐ Ophthalmologic		∐Vas	cular major
☐Gynaecologic	□Orthopa	Orthopaedic other		∐Vas	cular minor
Hepatic major	□Orthopa	☐Orthopaedic trauma ☐O		□Oth	er surgery
_ ' '	□Plastic				
☐Hepatic minor		T	rmediate	Maj	or
Hepatic minor  Severity of surgery/	☐Minor	∐Inte	illieulate		
Hepatic minor	□Minor	_ Inte	mediate		



Patient na	ıme:		Date	of birth: dd /mn	туууу
Surgical wo	ound				
classificatio		□Clean	☐Clean- Contaminated	☐Contaminated	□Dirty
	. • . – –		Cancer surgery	YIN	
On-pump ca	ardiac surgery	Y			
Immediate	ly at the end of i	ntervention:			
Extubation	Y <b>N</b> [	not applicable	le [e.g. patient was not in	ubated]	
Admission t	to ICU <u>Y</u> <b>N</b> [ir	ncluding intermedi	ate care] If Yes	planned admission?	?Y <b>N</b>
Admission t	to a unit with "ger	iatric support"	e.g. geriatric units, geriatr	ic co-management	
	tric liaison services]			, and the second	
Transfusio	n:				
Intraoperati	ve transfusion of	packed red blo	ood cells: \( \textstyre{\textstyre{N}} \)	if yes amount:	[n]
Intraonerati	ve transfusion of	fresh frozen pl	asma: □Y□N	if yes amount:	[n]
•		•			
miraoperati	ve transfusion of	piateiets:	Y	if yes amount:	_   [n]
•	ical checklist use		Y		
End of anae	esthesia date: esthesia time:	_d_ _d_ - _m	Y <b>N</b>  m_ _m_  -  _2(  m_  [hh:mm]	0_ _y_ _y_  [>=01-A	pr-2017]
End of anae	esthesia date: esthesia time: ns:	_d_ _d_ - _m	 n_ _m_  -  _2_ _0	0_ _y_ _y_  [>=01-A	pr-2017]
End of anae End of anae * <b>Definition</b>	esthesia date: esthesia time: ns: gery*   e.g. skin-lesions or s	_d_ _d_ - _m  _h_ _h_ : _m mall skin tumours,			
End of anace End of anace * <b>Definitio</b> n Severity of sur	esthesia date: esthesia time: ns: gery*  e.g. skin-lesions or s procedures like arthro Primary repair of ing knee arthroscopy, ca	_d_ _d_ - _m  _h_ : _m  mall skin tumours, scopy without intervuinal hernia, excisirataract surgery, uv		scess, brief diagnostic and tonsillectomy or adeno-to	therapeutic
End of anace End of anace * Definition Severity of sur	esthesia date: esthesia time:  ns:  gery*  e.g. skin-lesions or s procedures like arthro Primary repair of ing knee arthroscopy, can hysterectomy, tendon Total abdominal hysterestimes	mall skin tumours, secopy without intervuinal hernia, excisirataract surgery, uv repair of hand etc.	biopsies, draining breast abeention ng varicose veins in the leg uloplasty, minimally invasiv	scess, brief diagnostic and tonsillectomy or adeno-to e repair of vaginal prolar ar discectomy, thyroidecton	therapeuticonsillectomy, ose, vaginal
End of anae End of anae * Definition Severity of sur Minor Intermediate Major	esthesia date: esthesia time:  ns:  gery*  e.g. skin-lesions or s procedures like arthro Primary repair of ing knee arthroscopy, ca hysterectomy, tendon Total abdominal hyste replacement, lung ope	mall skin tumours, iscopy without intervuinal hernia, excisirataract surgery, uv repair of hand etc. erectomy, endoscopierations, colon resections, colon resections.	biopsies, draining breast abeention ng varicose veins in the leg uloplasty, minimally invasiv	scess, brief diagnostic and tonsillectomy or adeno-to e repair of vaginal prolar ar discectomy, thyroidecton	therapeuticonsillectomy, ose, vaginal
End of anae End of anae * Definition Severity of sur Minor Intermediate Major	esthesia date: esthesia time: ns: gery*  e.g. skin-lesions or s procedures like arthro Primary repair of ing knee arthroscopy, ca hysterectomy, tendon Total abdominal hyste replacement, lung ope gery/ non-surgical inte	mall skin tumours, scopy without intervuinal hernia, excisinataract surgery, uv repair of hand etc. erectomy, endoscopierations, colon resecutions	biopsies, draining breast abeention ng varicose veins in the leg uloplasty, minimally invasiv	scess, brief diagnostic and tonsillectomy or adeno-to e repair of vaginal prolar ar discectomy, thyroidecton etc.	therapeuticonsillectomy, ose, vaginal
End of anae End of anae * Definition Severity of sur Minor Intermediate Major Urgency of sur	esthesia date: esthesia time: ns: gery*  e.g. skin-lesions or s procedures like arthro Primary repair of ing knee arthroscopy, ca hysterectomy, tendon Total abdominal hyste replacement, lung ope gery/ non-surgical inte	mall skin tumours, scopy without intervuinal hernia, excisir ataract surgery, uv repair of hand etc. erectomy, endoscopierations, colon resectervention heduled in advance	biopsies, draining breast abrention  ng varicose veins in the leg uloplasty, minimally invasiv ic resection of prostate, lumb	scess, brief diagnostic and tonsillectomy or adeno-to e repair of vaginal prolar ar discectomy, thyroidecton etc.	therapeuticonsillectomy, ose, vaginal
End of anae End of anae * Definition Severity of sur Minor Intermediate Major Urgency of sur Elective	esthesia date: esthesia time:  ns:  gery*  e.g. skin-lesions or s procedures like arthrosopy, can hysterectomy, tendon Total abdominal hystereplacement, lung opergery/ non-surgical intervention that is soil	mall skin tumours, secopy without intervuinal hernia, excisinataract surgery, uv repair of hand etc. erectomy, endoscopierations, colon resecutions, colon resecutions within < 48 hrs	biopsies, draining breast abrention  ng varicose veins in the leg uloplasty, minimally invasiv ic resection of prostate, lumb	tonsillectomy or adeno-toe repair of vaginal prolar ar discectomy, thyroidectonetc.	therapeuticonsillectomy, ose, vaginal
End of anae End of anae * Definition Severity of sur Minor Intermediate Major Urgency of sur Elective Urgent Emergency	esthesia date: esthesia time: egry* e.g. skin-lesions or sprocedures like arthroscopy, cannot be arth	mall skin tumours, secopy without intervuinal hernia, excisir ataract surgery, uv repair of hand etc. erectomy, endoscopierations, colon resecutions, colon resecution heduled in advance within < 48 hrs	biopsies, draining breast aborention  ng varicose veins in the leg uloplasty, minimally invasivitic resection of prostate, lumbetion, radical neck dissection because it does not involve an the patient's life or well-bein	tonsillectomy or adeno-to repair of vaginal prolaper discectomy, thyroidectonetc.  medical emergency g is in direct jeopardy	I therapeutic onsillectomy, ose, vaginal ny, total joint
End of anae End of anae * Definition Severity of sur Minor Intermediate Major Urgency of sur Elective Urgent Emergency	esthesia date: esthesia time: ns: gery*  e.g. skin-lesions or s procedures like arthro Primary repair of ing knee arthroscopy, co hysterectomy, tendon Total abdominal hystereplacement, lung oper gery/ non-surgical intervention that is sci Intervention required of Non-elective Intervention Elective, not emergen	mall skin tumours, scopy without intervuinal hernia, excisir ataract surgery, uv repair of hand etc. eractomy, endoscopierations, colon resectory, endoscopierations, colon resectory, endoscopieration heduled in advance within < 48 hrs tion performed when acy, non-traumatic, p	biopsies, draining breast abtention ng varicose veins in the leg uloplasty, minimally invasiv ic resection of prostate, lumb ction, radical neck dissection because it does not involve a	tonsillectomy or adeno-to repair of vaginal prolaper discectomy, thyroidectonetc.  medical emergency g is in direct jeopardy  mmation; no break in techr	I therapeutic onsillectomy, ose, vaginal ny, total joint
End of anae End of anae * Definition Severity of sur Minor Intermediate Major Urgency of sur Elective Urgent Emergency Surgical wound	esthesia date: esthesia time: ns: gery*  e.g. skin-lesions or s procedures like arthro Primary repair of ing knee arthroscopy, ca hysterectomy, tendon Total abdominal hyste replacement, lung ope gery/ non-surgical inte Intervention that is sol Intervention required v Non-elective Intervent d classification  Elective, not emergen respiratory, gastrointe	mall skin tumours, escopy without intervuinal hernia, excisir ataract surgery, uv repair of hand etc. erectomy, endoscopierations, colon resectervention heduled in advance within < 48 hrs tion performed when acy, non-traumatic, pestinal, biliary and ge	biopsies, draining breast absention ng varicose veins in the leg uloplasty, minimally invasiv ic resection of prostate, lumb because it does not involve a n the patient's life or well-bein rimarily closed; no acute inflatentiourinary tracts not entered	tonsillectomy or adeno-toe repair of vaginal prolar discectomy, thyroidectonetc.  medical emergency g is in direct jeopardy  mmation; no break in techn	I therapeutic onsillectomy, ose, vaginal ny, total joint
End of anae End of anae * Definition Severity of sur Minor Intermediate  Major Urgency of sur Elective Urgent Emergency Surgical wound Clean	esthesia date: esthesia time:  ns:  gery*  e.g. skin-lesions or s procedures like arthroscopy, can hysterectomy, tendon Total abdominal hystereplacement, lung opergery/ non-surgical intervention that is scillatervention required intervention	mall skin tumours, iscopy without intervuinal hernia, excisirataract surgery, uv repair of hand etc. erectomy, endoscopierations, colon resecutions, colon resecution heduled in advance within < 48 hrs tion performed when exception within states and the exception within states are that is otherwise case that it is otherwise case that is otherwise case that it is otherwis	biopsies, draining breast aborention  ng varicose veins in the leg uloplasty, minimally invasive because it does not involve a the patient's life or well-bein primarily closed; no acute inflatentiourinary tracts not entered se clean; elective opening of	cess, brief diagnostic and tonsillectomy or adeno-to repair of vaginal prolaper discectomy, thyroidectonetc.  medical emergency g is in direct jeopardy  mmation; no break in techrorespiratory, gastrointestinal	I therapeuticonsillectomy, ose, vaginal ny, total joint nique;
End of anae End of anae * Definition Severity of sur Minor Intermediate  Major Urgency of sur Elective Urgent Emergency Surgical wound	esthesia date: esthesia time: ns: gery*  e.g. skin-lesions or sprocedures like arthrology arthroscopy, can hysterectomy, tendon Total abdominal hystereplacement, lung opergery/ non-surgical intervention that is scillatervention required a lassification  Elective, not emergent respiratory, gastrointed urgent or emergency genitourinary tract with	mall skin tumours, iscopy without intervuinal hernia, excisirataract surgery, uv repair of hand etc. erectomy, endoscopierations, colon resecutions, colon resecution heduled in advance within < 48 hrs tion performed when exception within states and the exception within states are the e	biopsies, draining breast absention ng varicose veins in the leg uloplasty, minimally invasiv ic resection of prostate, lumb because it does not involve a n the patient's life or well-bein rimarily closed; no acute inflatentiourinary tracts not entered	cess, brief diagnostic and tonsillectomy or adeno-to repair of vaginal prolaper discectomy, thyroidectonetc.  medical emergency g is in direct jeopardy  mmation; no break in techrorespiratory, gastrointestinal	I therapeuticonsillectomy, ose, vaginal ny, total joint nique;
End of anae End of anae * Definition * Definition Severity of sur Minor Intermediate  Major Urgency of sur Elective Urgent Emergency Surgical wound Clean Clean- contaminated	esthesia date: esthesia time: esthes	mall skin tumours, scopy without intervuinal hernia, excisinataract surgery, uv repair of hand etc. erectomy, endoscopierations, colon resectervention heduled in advance within < 48 hrs tion performed when acy, non-traumatic, pestinal, biliary and gecase that is otherwish minimal spillage (exception)	biopsies, draining breast abeention and varicose veins in the leguloplasty, minimally invasive tic resection of prostate, lumbertion, radical neck dissection in the patient's life or well-bein arimarily closed; no acute inflatentiourinary tracts not entered see clean; elective opening of e.g. appendectomy) not encorrect	tonsillectomy or adeno-toe repair of vaginal prolar ar discectomy, thyroidectonetc.  medical emergency  g is in direct jeopardy  mmation; no break in techrorespiratory, gastrointestinal untering infected urine or bi	I therapeuticonsillectomy, ose, vaginal ny, total joint nique; , biliary or le; minor
End of anae End of anae * Definition  Severity of sur Minor Intermediate  Major Urgency of sur Elective Urgent Emergency Surgical wound Clean	esthesia date: esthesia time:  gery*  e.g. skin-lesions or s procedures like arthroscopy, can hysterectomy, tendon Total abdominal hystereplacement, lung opergery/ non-surgical intervention that is soil Intervention required re	mall skin tumours, isscopy without intervuinal hernia, excisirataract surgery, uv repair of hand etc. erectomy, endoscopierations, colon resecutions, colon resecution heduled in advance within < 48 hrs tion performed when excy, non-traumatic, pestinal, biliary and ge case that is otherwish minimal spillage (eation; gross spillage	biopsies, draining breast absention  g varicose veins in the leg uloplasty, minimally invasive to resection of prostate, lumbetion, radical neck dissection because it does not involve a the patient's life or well-bein primarily closed; no acute inflatentiourinary tracts not entered se clean; elective opening of e.g. appendectomy) not encountrious gastrointestinal tract; entered from gastrointestinal tract; entered	tonsillectomy or adeno-toe repair of vaginal prolar ar discectomy, thyroidectonetc.  medical emergency  g is in direct jeopardy  mmation; no break in techrosespiratory, gastrointestinal untering infected urine or bintry into biliary or genitouring	I therapeuticonsillectomy, ose, vaginal ny, total joint nique; , biliary or le; minor
End of anae End of anae * Definition * Definition Severity of sur Minor Intermediate  Major Urgency of sur Elective Urgent Emergency Surgical wound Clean Clean- contaminated	esthesia date: esthesia time:  gery*  e.g. skin-lesions or s procedures like arthroscopy, can hysterectomy, tendon Total abdominal hystereplacement, lung opergery/ non-surgical intervention that is soil Intervention required re	mall skin tumours, isscopy without intervuinal hernia, excisinataract surgery, uv repair of hand etc. erectomy, endoscopierations, colon resecutions, colon resecution heduled in advance within < 48 hrs tion performed when excy, non-traumatic, postinal, biliary and gecase that is otherwish minimal spillage (eation; gross spillage ed bile or urine; majers	biopsies, draining breast abeention and varicose veins in the leguloplasty, minimally invasive tic resection of prostate, lumbertion, radical neck dissection in the patient's life or well-bein arimarily closed; no acute inflatentiourinary tracts not entered see clean; elective opening of e.g. appendectomy) not encorrect	tonsillectomy or adeno-toe repair of vaginal prolar ar discectomy, thyroidectonetc.  medical emergency  g is in direct jeopardy  mmation; no break in techrosespiratory, gastrointestinal untering infected urine or bintry into biliary or genitouring	I therapeuticonsillectomy, ose, vaginal ny, total joint nique; , biliary or le; minor
End of anae End of anae * Definition * Definition Severity of sur Minor Intermediate  Major Urgency of sur Elective Urgent Emergency Surgical wound Clean Clean- contaminated	esthesia date: esthesia time: ns: gery*  e.g. skin-lesions or sprocedures like arthroscopy, can hysterectomy, tendon Total abdominal hysterelacement, lung opergery/ non-surgical intervention that is soil Intervention required to Classification  Elective, not emergen respiratory, gastrointed Urgent or emergency genitourinary tract with technique break.  Non-purulent inflamm the presence of infect open wounds to be green.	mall skin tumours, scopy without intervuinal hernia, excisir ataract surgery, uv repair of hand etc. erectomy, endoscopierations, colon resectore. Within < 48 hrs tion performed when excy, non-traumatic, pestinal, biliary and gecase that is otherwish minimal spillage (eation; gross spillage ed bile or urine; majurafted or covered.	biopsies, draining breast absention  g varicose veins in the leg uloplasty, minimally invasive to resection of prostate, lumbetion, radical neck dissection because it does not involve a the patient's life or well-bein primarily closed; no acute inflatentiourinary tracts not entered se clean; elective opening of e.g. appendectomy) not encountrious gastrointestinal tract; entered from gastrointestinal tract; entered	tonsillectomy or adeno-to repair of vaginal prolaper discectomy, thyroidectometc.  medical emergency  g is in direct jeopardy  mmation; no break in technological emergency  respiratory, gastrointestinal antering infected urine or bintry into biliary or genitouring ating trauma <4 hours old; of	nique; , biliary or le; minor

D:-t-	Distribution for a phase of a special properties and received a special policy of the sp		
Dirty	Purulent inflammation (e.g. abscess); preoperative perforation of respiratory, gastrointestinal, biliary or		
	genitourinary tract; penetrating trauma >4 hours old.		
Data entry staf	•		



Dete of College up 1 d 1 d 11 co 1 co 1 co	L L 2 L 0 L v L v L intervention dov. 20 de
Date of Follow-up    - _ -  _ _m_ _m_ _ Patient status on postoperative day 30	_  -  _2_ _0_ _y_ _y_  [=intervention day+30 day
_ , , , , ,	s.  _m_ _m_ _m_  -  _2_ _0_ _y_ _y_
Discharge destination: [single best	answer]
☐ In hospital death     If ye	
Was cardiopulmonary resuscitatio	n performed <u>Y</u> <b>N</b>
Date of death:  _d_ _d_  -  _m_ _n	ı_ _m_  -  _2_ _0_ _y_ y_
of intervention, excluding discharge day, in case of Total ICU length of stay after interventi [Including day of ICU admission, excluding discharintervention, please enter 31] Unplanned ICU admission at any time a Admission to a unit with "geriatric sup [e.g. geriatric units, geriatric co-management mode	"still in hospital" please enter 31]  on
Hospital length of stay after interventice of intervention, excluding discharge day, in case of Total ICU length of stay after interventia [Including day of ICU admission, excluding discharge intervention, please enter 31] Unplanned ICU admission at any time and the Admission to a unit with "geriatric supplement units, geriatric co-management mode and the Admission of the mentioned	"still in hospital" please enter 31]  on
Hospital length of stay after interventice of intervention, excluding discharge day, in case of Total ICU length of stay after intervential [Including day of ICU admission, excluding dischare intervention, please enter 31]  Unplanned ICU admission at any time and the Admission to a unit with "geriatric supple geriatric units, geriatric co-management mode and the Inhospital outcome according to the Admission of the mentioned according to the Admission of the Mission of the Missi	on   _  [≤ 31 days] ge day from ICU. In case of continuous ICU stay since  after intervention until day 30
Hospital length of stay after interventice of intervention, excluding discharge day, in case of Total ICU length of stay after interventia [Including day of ICU admission, excluding discharge intervention, please enter 31] Unplanned ICU admission at any time and the Admission to a unit with "geriatric supplement units, geriatric co-management mode and the Admission of the mentioned	"still in hospital" please enter 31]  on
Hospital length of stay after interventice of intervention, excluding discharge day, in case of Total ICU length of stay after intervential [Including day of ICU admission, excluding discharge intervention, please enter 31]  Unplanned ICU admission at any time and the Admission to a unit with "geriatric sup [e.g. geriatric units, geriatric co-management mode of the mentioned of	"still in hospital" please enter 31]  on
Hospital length of stay after interventice of intervention, excluding discharge day, in case of Total ICU length of stay after intervential [Including day of ICU admission, excluding dischare intervention, please enter 31]  Unplanned ICU admission at any time and the Admission to a unit with "geriatric supple geriatric units, geriatric co-management mode and the Inhospital outcome according to the Admission of the mentioned according to the Admission of the Mission of the Missi	"still in hospital" please enter 31]  on
Hospital length of stay after interventice of intervention, excluding discharge day, in case of Total ICU length of stay after intervential [Including day of ICU admission, excluding discharm intervention, please enter 31]  Unplanned ICU admission at any time and the Admission to a unit with "geriatric supple.g. geriatric units, geriatric co-management mode and the Inhospital outcome according to the Admission of the mentioned according to the Admission of the Mission	"still in hospital" please enter 31]  on
Hospital length of stay after interventice of intervention, excluding discharge day, in case of Total ICU length of stay after interventia [Including day of ICU admission, excluding discharge intervention, please enter 31]  Unplanned ICU admission at any time of Admission to a unit with "geriatric sup [e.g. geriatric units, geriatric co-management mode of the mentioned of the m	"still in hospital" please enter 31]  on
Hospital length of stay after interventice of intervention, excluding discharge day, in case of Total ICU length of stay after intervential [Including day of ICU admission, excluding discharm intervention, please enter 31]  Unplanned ICU admission at any time and the Admission to a unit with "geriatric supple.g. geriatric units, geriatric co-management mode and the Inhospital outcome according to the Admission of the mentioned according to the Admission of the Mission	"still in hospital" please enter 31]  on
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Patient name:	
Visit at ward (if the patient is still in he the telephone Follow up] Actual functional status:	ospital) [If patient is already discharged=> perforn
☐ Independent [patient does not requ	ire assistance from another person for activities of daily living
Partially dependent [The patient r	requires some assistance from another person]
☐ Totally dependent [The patient red	quires total assistance for all activities of daily living]
Brief screen for cognitive impairment: Co	rrect number of the recalled words
(Dog, Apple, House)    [0-3]	
Additional Telephone follow-up on day 30)	day 30 (only if the patient was discharged before
Patient status on day 30	
□Alive	
☐Dead, If yes, date of death:  _d	_ _d_  -  _m_ _m_  -  _2_ _0_ _y_ _y_
☐Follow-up not performed/ not available	
If follow up is <b>NOT</b> available, specify reas	on: [single best answer]
☐Patient's will	
Other, please specify:	
Any complications after hospital disc death, or additionally in case of kidney injury, if it le Cardiac (Cardiac arrest, myocardial infarction) Pulmonary (Pneumonia, pulmonary embolism) Stroke Acute kidney injury	charge: [only present if they led to hospital re-admission ed to renal replacement therapy] YN YN YN YN
Actual functional status:	
Independent [patient does not requ	uire assistance from another person for activities of daily living
Partially dependent [The patient r	requires some assistance from another person]
☐ Totally dependent [The patient red	quires total assistance for all activities of daily living]
Brief screen for cognitive impairment: Co	rrect number of the recalled words
(Dog, Apple, House)    [0-3]	
Data entry staff use only	