

Patient name: _____

Date of birth: dd /mm /yyyy

Peri-interventional Outcome Study in the Elderly (POSE)

I. Baseline assessment (Visit 1)

Age |__|_|__| years [80-120] Sex M F ASA 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
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"/> None | <input type="checkbox"/> Chronic renal failure |
| <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 _____ |

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

Haemoglobin Y N value: [][][][], [] Unit: [g/dL] [5-20.0] [mmol/L] [3-14]
 Haematocrit Y N value: [][], [][] Unit: [none] [0.2-0.65] [%] [20.0-65.00]
 Creatinine Y N value: [][][], [] Unit: [mg/dL] [0.3-10.0] [µmol/L] [26-900]
 Albumin Y N value: [][][], [] Unit: [g/dL] [0.5-8.0] [g/L] [5-80]

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

- Anticoagulants Y N [e.g. Heparin, Warfarin, NOACs]
 Antiplatelet therapy Y N [e.g. Acetylsalicylic acid, Clopidogrel]
 Beta blockers Y N
 ACE inhibitor **or**
 AT II-Receptor blocker Y N [e.g. Ramipril/ Candesartan]
 Antidepressants Y N
 Neuroleptics Y N [e.g. Haloperidol, Pipamperon, Clozapin, Risperidon, Chlorpromazin]
 Benzodiazepines Y N
 Z-drugs Y N [e.g. Zolpidem, Zopiclone, Zaleplon]

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 test at the moment
 Not performed

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II. Intervention day (Visit 2)

Anaesthesia induction date: |_d_|_|d_|-|_m_|_|m_|_|m_| - |_2_|_|0_|_|y_|_|y_| [\geq 01-Apr-2017]

Anaesthesia induction time: |_|_|:|_|_| hh:mm

Premedication before intervention: none Clonidine Benzodiazepine

Anaesthesia technique [tick all that apply]

General Spinal Epidural Other regional Sedation

If general anaesthesia: Main anaesthetic for maintenance: [single best answer]

Desflurane Isoflurane Sevoflurane Propofol other

If general anaesthesia: Main opioid for maintenance: [single best answer]

Alfentanil Fentanyl Morphine Piritramide Remifentanil Sufentanil

other

Advanced intraoperative Monitoring [tick all that apply]

| | | | |
|---|--|---|--|
| <input type="checkbox"/> Anaesthesia depth monitoring device [e.g. Bispectral index or EEG] | <input type="checkbox"/> NIRS [Near-infrared spectroscopy] | <input type="checkbox"/> Invasive RR | <input type="checkbox"/> CVP [Central venous pressure] |
| <input type="checkbox"/> TEE [Transoesophageal echocardiogram] | <input type="checkbox"/> Pulmonary artery catheter | <input type="checkbox"/> Cardiac output [via arterial wave form analysis] | <input type="checkbox"/> other |

Intervention/ Surgical procedure exact name:

Surgical category: [single best answer]

- | | | |
|---|---|---|
| <input type="checkbox"/> Athroplasty and spine | <input type="checkbox"/> Interv. Cardiology [e.g. TAVI] | <input type="checkbox"/> Renal transplant |
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Interv. cardiorhythmology | <input type="checkbox"/> Thoracic |
| <input type="checkbox"/> Ear, nose and throat (ENT) | <input type="checkbox"/> Interv. neuroradiology | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Endoscopic digestive | <input type="checkbox"/> Multiple trauma related | <input type="checkbox"/> Urologic major |
| <input type="checkbox"/> Gastrointestinal major | <input type="checkbox"/> Neuro | <input type="checkbox"/> Urologic minor |
| <input type="checkbox"/> Gastrointestinal minor | <input type="checkbox"/> Ophthalmologic | <input type="checkbox"/> Vascular major |
| <input type="checkbox"/> Gynaecologic | <input type="checkbox"/> Orthopaedic other | <input type="checkbox"/> Vascular minor |
| <input type="checkbox"/> Hepatic major | <input type="checkbox"/> Orthopaedic trauma | <input type="checkbox"/> Other surgery |
| <input type="checkbox"/> Hepatic minor | <input type="checkbox"/> Plastic | |

| | | | |
|-----------------------------------|-----------------------------------|---------------------------------------|------------------------------------|
| Severity of surgery/ intervention | <input type="checkbox"/> Minor | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Major |
| Urgency of surgery/ intervention | <input type="checkbox"/> Elective | <input type="checkbox"/> Urgent | <input type="checkbox"/> Emergency |

Data entry staff use only
POSE patient Identifier:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

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Visit at ward (if the patient is still in hospital) [If patient is already discharged=> perform the telephone Follow up]

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 the recalled words

(Dog, Apple, House) |__| [0-3]

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

Patient status on day 30

- Alive
- Dead, If yes, date of death:** |_d_|_d_| - |_m_|_m_|_m_| - |_2_|_0_|_y_|_y_|
- 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:

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Brief screen for cognitive impairment: Correct number of the recalled words

(Dog, Apple, House) |__| [0-3]