

Administrative

Infection Record ID _____

STS Record ID _____

(RecordID is the same value of RecordID in STS data submission, which is unique value generated by the software that permanently identifies each record. Please enter without error.)

Surgery Date _____

(The date of Cardiac Surgical Procedure. This Surgery Date is the same date of STS date of surgery.)

Weight (kg) _____

(The weight of patient in kilograms. Please use the same patient weight (kg) as entered into STS.)

Height (cm) _____

(The height of the patient in centimeters. Please use the same height (cm) as entered into STS.)

Pre-operative

Oral Preparation

Oral Preparation

- No
 Yes
 Not Applicable
 Unknown
(Did the patient receive oral preparation (e.g. Peridex/Chlorhexidine Gluconate) pre-operatively? Not Applicable - negative culture.)

Nasal Preparation

Nasal Culture

- No
 Yes
 Unknown
(Did the patient receive nasal culture pre-operatively? (If the patient had no culture, but was still treated, select "no" here))

Culture Positive

- No
 Yes
 Unknown
(If nasal preparation is yes, was culture positive?)

Mupirocin

- No
 Yes
 Unknown
(Was patient treated with Mupirocin? (If a patient did not get Mupirocin pre-op but was started on it post-op, select "No". If the patient had no culture, but was still treated, select "yes" here.))

Different Nasal Treatment

- No
 Yes
 Unknown
(If patient treated with mupirocin is no or unknown, did the patient receive a different nasal treatment?)

Intra-operative

Intra-operative Lung Protective Ventilation

Highest Tidal Volume (mL)

(What was the highest tidal volume (mL) in the intra-operative period? (suggested acceptable value: >200 and < 800))

Positive End-Expiratory Pressure

(What was the highest positive end-expiratory pressure during the intra-operative period? (suggested acceptable value: >0 and < 25))

Post-operative 1

Lung Protective Ventilation

Post-op Highest Tidal Volume

(What was the highest tidal volume (ml of body mass) during the first hour after admission to the ICU? (suggested acceptable value: >200 and < 800))

Post-op Peak Inspiratory Pressure

(What was the peak inspiratory pressure during the first hour after admission to the ICU? (suggested acceptable value: < 60))

Post-Operative Pneumonia

Had Post_op Pneumonia

- No
 Yes

Diagnosis Date

(Indicate the date (mm/dd/20yy) when the patient met criteria for STS diagnosis of pneumonia.)

ICU care

Intubation Date

(The initial date (mm/dd/yyyy) ventilatory support started.)

Intubation Time

(The initial time (hh:mm) (24 hour clock) ventilatory support started. (If time is not known, leave blank. Please type in the colon when listing the time, as the system does not automatically populate it.))

Extubation Date

(The date (mm/dd/yyyy) ventilatory support initially ceased after surgery.)

Extubation Time

(The time (hh:mm) (24 hour clock) ventilatory support initially ceased after surgery. (If time is not known, leave blank. Please type in the colon when listing the time, as the system does not automatically populate it.))

Intubated More Than 24hr

- No
 Yes
(Was the patient intubated for more than 24 hours?)

Daily Assessment of Oral Care with CHG

- All of the time
- Some of the time
- Not always documented
- Not Applicable

(Was there compliance with daily oral care with chlorhexidine? Some of the time (Pertains to compliance. There was documentation of this measure every day the patient was intubated.) Not always documented (i.e. if there isn't documentation of this measure every day the patient was intubated). Not Applicable - patient extubated < 24 hours. For more definitions refer to Measures document.)

Spontaneous Awakening Trials (SAT)

- All of the time
- Not always documented
- Some of the time
- Clinical contra-indication
- Not Applicable

(Perform spontaneous awakening trials daily. Not always documented (i.e. if there isn't documentation of this measure every day the patient was intubated). Some of the time (Pertains to compliance. There was documentation of this measure every day the patient was intubated). For more definitions refer to Measures document.)

Spontaneous Breathing Trials (SBT)

- All of the time
- Not always documented
- Some of the time
- Clinical contra-indication

(Perform spontaneous breathing trials daily. Not always documented (i.e. if there isn't documentation of this measure every day the patient was intubated). Some of the time (Pertains to compliance. There was documentation of this measure every day the patient was intubated). For more definitions refer to Measures document.)

SBT was done following an SAT trial period on a daily basis

- All of the time
- Not always documented
- Some of time

(Was spontaneous breathing trial always done at the same time as the spontaneous awakening trials? Not always documented (i.e. if there isn't documentation of this measure every day the patient was intubated). Some of the time (Pertains to compliance. There was documentation of this measure every day the patient was intubated). For more definitions refer to Measures document.)

Subglottic Suctioning

Use of Subglottic Suctioning

- No
 Yes
 Not Applicable

(Indicate if subglottic suctioning was performed thru a subglottic port-equipped endotracheal tube (N/Y))

Re-Intubation (for each re-intubation)

Was Re-Intubated

- No
 Yes
 Not Applicable

(Was the patient re-intubated?)

Please enter the data for the 1st, 2nd, and 3rd Re-Intubation in the corresponding forms on left menu.

(Select one of the corresponding Re-Intubation forms then enter its reason(s))

1st Re-Intubation

Reasons for Re-Intubation at 1st Time

- Upper Airway Obstruction
- Impaired clearance of secretions
- Respiratory failure
- Acute hypoxia (P02 < 60) secondary
- Insecure airway
- Cardiovascular
- Neurological impairment
- Return to the operating room
- Post-operative bleeding
- Accidental extubation
- Prolonged effects of anesthesia and sedation
- Other

(Please select any of the reasons for re-intubation (more than one selection as needed). Re-intubation: Whether the patient was reintubated during the hospital stay after the initial extubation. This may include patients who have been extubated in the OR and require intubation in the postoperative period. Do not code reintubation if the patient self extubates and is immediately reintubated. If patient returns to the OR and intubation is required postoperatively, code Yes to reintubated. For more definitions refer to Measures document.)

Acute hypoxia (P02 < 60) secondary (in 1st Re-Intubation)

- Acute post-operative lung injury syndrome
- Acute post-operative fluid overload
- Acute post-operative pneumonia
- Inadequate respiratory parameters, e.g. due to pain

Note of Other (in 1st Re-Intubation)

If don't have further Re-Intubation, please select "Post-operative 2" in the left menu to continue your data entry. And don't click "Save and go to Next Form" button as that will open the next Re-Intubation form.

2nd Re-Intubation

Reasons for Re-Intubation at 2nd Time

- Upper Airway Obstruction
- Impaired clearance of secretions
- Respiratory failure
- Acute hypoxia (P02 < 60) secondary
- Insecure airway
- Cardiovascular
- Neurological impairment
- Return to the operating room
- Post-operative bleeding
- Accidental extubation
- Prolonged effects of anesthesia and sedation
- Other

(Please select any of the reasons for re-intubation (more than one selection as needed). Re-intubation: Whether the patient was reintubated during the hospital stay after the initial extubation. This may include patients who have been extubated in the OR and require intubation in the postoperative period. Do not code reintubation if the patient self extubates and is immediately reintubated. If patient returns to the OR and intubation is required postoperatively, code Yes to reintubated. For more definitions refer to Measures document.)

Acute hypoxia (P02 < 60) secondary (in 2nd Re-Intubation)

- Acute post-operative lung injury syndrome
- Acute post-operative fluid overload
- Acute post-operative pneumonia
- Inadequate respiratory parameters, e.g. due to pain

Note of Other (in 2nd Re-Intubation)

If don't have further Re-Intubation, please select "Post-operative 2" in the left menu to continue your data entry. And don't click "Save and go to Next Form" button as that will open the next Re-Intubation form.

3rd Re-Intubation

Reasons for Re-Intubation at 3rd Time

- Upper Airway Obstruction
- Impaired clearance of secretions
- Respiratory failure
- Acute hypoxia (P02 < 60) secondary
- Insecure airway
- Cardiovascular
- Neurological impairment
- Return to the operating room
- Post-operative bleeding
- Accidental extubation
- Prolonged effects of anesthesia and sedation
- Other

(Please select any of the reasons for re-intubation (more than one selection as needed). Re-intubation: Whether the patient was reintubated during the hospital stay after the initial extubation. This may include patients who have been extubated in the OR and require intubation in the postoperative period. Do not code reintubation if the patient self extubates and is immediately reintubated. If patient returns to the OR and intubation is required postoperatively, code Yes to reintubated. For more definitions refer to Measures document.)

Acute hypoxia (P02 < 60) secondary (in 3rd Re-Intubation)

- Acute post-operative lung injury syndrome
- Acute post-operative fluid overload
- Acute post-operative pneumonia
- Inadequate respiratory parameters, e.g. due to pain

Note of Other (in 3rd Re-Intubation)

Post-operative 2

Management of Post-Operative Patient

Formal Clinical Consult

- No
 Yes
 Unknown
 (Did the patient receive at least 1 formal clinical consult during the admission?)

Consult Type

- Anesthesiology
 Pulmonology Critical Care
 Cardiology
 General Surgery
 Nephrology
 Internal Medicine
 Neurology
 Infectious Disease
 Endocrinology
 Gastroenterology
 Intensivist
 Respiratory Therapy
 Speech Therapy
 Physical Therapy
 Other
 Hospitalist
 Case Management
 Cardiac Rehab
 (Check all that apply)

Note of Other Consult

Ambulation

Ambulation to Chair

- Ambulation Chair
 Not documented
 Not Applicable
 (Not Applicable - (e.g. patient remained in bed).)

Date to Chair (mm/dd/yyyy)

(What was the date when the patient was transferred to chair?)

Time to Chair (hh:mm - 24 hr clock)

(What was the time when the patient was transferred to chair? (If time is not known, leave blank. Please type in the colon when listing the time, as the system does not automatically populate it.))

Ambulation

- Ambulation
 Not documented
 Not Applicable
 (Not Applicable - (e.g. patient remained in bed).)

Date to Ambulation (mm/dd/yyyy)

(What was the date when the patient began ambulating?)

Time to Ambulation (hh:mm - 24 hr clock)

(What was the time when the patient began ambulating? (If time is not known, leave blank. Please type in the colon when listing the time, as the system does not automatically populate it.))

Ambulation > 150ft

Ambulation >150ft
 Not documented
 Not Applicable
(Not Applicable - (e.g. patient remained in bed or ambulated less than 150 ft).)

Date to Ambulation >150ft (mm/dd/yyyy)

(What was the date when the patient began ambulating greater than 150ft?)

Time to Ambulation >150ft (hh:mm - 24 hr clock)

(What was the time when the patient began ambulating greater than 150ft? (If time is not known, leave blank. Please type in the colon when listing the time, as the system does not automatically populate it.))

Use of Bronchodilator Therapy

Use of Bronchodilator

No
 Yes
 Unknown
(Indicate whether oral and/or inhaled bronchodilator or inhaled (not oral or IV) steroid medications were given to the patient post-operatively.)

End of data entry in this record. Click "Add/edit Records" in the left menu if you want to add or edit data for a different patient.