

SURGICAL CASE REVIEW

Medical Record # _____ Surgical Procedure _____

Admission date: _____

Surgery date: _____ Surgeon ID# _____ Attending/Assisting MD # _____

1. Is the History and Physical dictated prior to surgery? Y ___ N ___
2. Is the Operative Report dictated the same day as surgery? Y ___ N ___

3. Does the Medical Record documentation meet the criteria set
For indications of the surgical procedure? Y ___ N ___

4. Was the appropriate pathological exam performed? Y ___ N ___ NA ___
If no, comment: _____

5. Was Surgery time greater than two hours? Y ___ N ___
If yes, were any complications identified as a result of? Y ___ N ___ NA ___

6. If an ambulatory surgical procedure was performed, did the
patient require hospitalization following the post-operative stay? Y ___ N ___ NA ___
Reason: _____

7. Was normal tissue removed? Y ___ N ___ NA ___

8. Is there a discrepancy between the final diagnosis and the
Pathology report? or if not tissue removed, the operative report? Y ___ N ___
Describe: _____

9. Is there a discrepancy between the pre and post-operative diagnosis? Y ___ N ___
Explain: _____

10. Was a procedure performed under general anesthesia, opening the abdomen
or chest with no tissue removed? Y ___ N ___
If yes, was it appropriate? Y ___ N ___ NA ___

11. Were there any post-operative complications? Y ___ N ___

12. Should the medical record be referred to the surgeon/attending/or assistant
physician for review/comment? Y ___ N ___

COMMENT:

Physician Reviewer Date

Non-physician Reviewer Date

(3/2000)