

UNC Department of Surgery/Confidential Peer Review

UNC Liability Insurance Trust Fund

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Revised 7/2005

Confidential Patient Information for Internal Use to Support Quality Improvement

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DATE OF COMPLICATION _____ SERVICE _____

NAME: _____ UNIT # _____ AGE _____ SEX _____

PARTICIPATING RESIDENT: _____ ATTENDING SURGEON _____

SURGICAL DIAGNOSIS: _____

COMORBIDITIES: _____

OPERATION DATE _____ OPERATION (S) _____

AUTOPSY: YES _____ NO _____

COMPLICATIONS _____

TYPE OF MORBIDITY / MORTALITY:

- A Wound separation / dehiscence
B Wound infection/necrosis
C Post-op abscess
D Anesthetic complication
E Operative injury to normal organ
F Intraop or postop bleeding
G Line complication
H Medication error
I Transfusion error
J Thromboembolic
K Atelectasis/pneumonia
L ARDS
M Cardiac arrhythmia
N Myocardial infarction
O Small bowel obstruction
P Anastomotic leak, stricture, etc.
Q GI Bleed
R Stroke / Seizure
S Peripheral nerve injury
T Urinary tract infection
U Renal failure
V Shock/sepsis
W Multiple organ failure
X Death
Y Other

TO BE COMPLETED AT M&M CONFERENCES

FACTORS IN MORBIDITY/MORTALITY

Summaries on reverse side of this page MUST be completed.

- I. Unavoidable morbidity or mortality, due to:
1. Course of disease; occurred despite appropriate treatment, intervention.
2. Patient/family refused or non-compliant with recommended treatment.
3. Other:

- II. Potentially avoidable morbidity or mortality, due to:
1. Misdiagnosis: Attending:
2. Delay in diagnosis: Attending:
3. Technical performance: Attending:
4. Delay in treatment: occurred because appropriate preventative measures not taken. Attending:
5. Equipment problem - user error. Attending:
6. Other:

- EFFECTS ON OUTCOME
None
Unknown
Temporary sequelae
Permanent sequelae
Death

Related to a System Issue
YES (OR) NO

III. Analysis of cause of morbidity or mortality requires review by _____ service.

ACTION RECOMMENDED YES (OR) NO

ACTION TAKEN: _____

SIGNATURE _____ DATE _____

(TURN PAGE OVER)

CASE SUMMARY:

DISCUSSION SUMMARY:

ACTION TAKEN / OTHER COMMENTS:

(MUST COMPLETE SIGNATURE/DATE)

Attending Moderator
Signature _____

DATE: _____