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Unanticipated Sequela Template

Please DO NOT forward this form to QUAD A

Submit all cases online through the Patient Safety Data Reporting portal: psdr.quada.org

Period I: Jan. 1 - March 31 Period II: April 1 - June 30 Period III: July 1 - Sept. 30 Period IV: Oct. 1 - Dec. 31

Period: _____ Year: _____

Facility Information

Facility ID#: _____ Operating Surgeon: _____

Name of Facility: _____

Patient Information

Patient Initials: _____ Gender: _____ Age: _____
Ethnicity: _____ Height: _____ Weight: _____

Surgical/Procedural Information

Original Surgery Date: _____ Duration: _____(hours) _____(minutes)

Anesthesia Information

Type of Anesthesia: _____

Anesthesia Provider (e.g. Anesthesiologist, CRNA, RN under the direction of the Surgeon): _____

Anesthesia Duration: _____(hours) _____(minutes)

Sequela Information

Sequela Type: _____

Location of Event (e.g. recovery room, hotel, home, etc.): _____

Original Procedure: _____

Procedure #2: _____ Procedure #3: _____

Procedure #4: _____ Procedure #4: _____

NOTE: If there were additional procedures, please list them on another page.

Analysis of Reason for Problem: _____

Sequela Outcome: _____

Required for all Deaths:

Date of Death: _____ Days elapsed between surgery/procedure and date of sequela: _____

Cause of Death: _____

NOTE: If any of the procedures reported for this unanticipated sequela included liposuction, infection, or resulted in hospitalization, please fill out the appropriate section(s) of the Unanticipated Sequela Addendum template.

Unanticipated Sequela Addendum Template

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Liposuction Information

Infusion/Tumescent Fluid Type: _____

Epinephrine Used: _____% Amount: _____ per 1000cc Infusion Fluid

Lidocaine Used: _____% Amount: _____ per 1000cc Infusion Fluid

Marcaine Used: _____% Amount: _____ per 1000cc Infusion Fluid

Total Infusion/Tumescent Fluid: _____ cc

Total Volume Aspirate Removed: _____ cc

Intravenous Fluid Type: _____ Total IV Fluids Given: _____ cc

Hospital Information

Hospital Name: _____

Date of Admission: _____ Date of Discharge/Death: _____

Reason of Admission: _____

Explanation of Hospital Course: _____

Infection Information

Anatomic Location: _____

Culture Result: _____

Wound Management: _____

Other Therapy: _____