Unanticipated Sequela Template
Submit all cases online through the Patient Safety Data Reporting portal: psdr.aaaasf.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
Submit all cases online through the Patient Safety Data Reporting portal: psdr.aaaasf.org

**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: __________________________________________________________________________________________