**Case Log Definitions: A Guide for Fellows and Program Directors**

**Age of Patient**

Choose only one for this section.

**ASA Status**

One ASA status per case performed.

Case totals will be derived from this category.

**Procedures**

*Arterial and central venous cannulation* should be recorded even in the case of failed attempts. Do NOT record if the procedure was only observed.

*Flexible fiberoptic technique* includes using a fiberoptic scope to assist in intubation, including to confirm placement of a double lumen endotracheal tube, as well as for airway diagnostic procedures.

*Alternative intubation technique, other* includes video laryngoscopy, light wand, or other techniques that are NOT direct laryngoscopy or flexible fiberoptic bronchoscopy.

**Techniques for Anesthesia**

Select all that apply in this section. For example, if a patient received a general anesthetic AND a peripheral nerve block, record BOTH “general” and “regional” here.

*General* includes any anesthetic involving loss of airway reflexes, and is generally but not always associated with placement of an airway device (e.g. endotracheal tube, LMA, etc.). Does NOT include sedation cases.

*Sedation* includes light, moderate, or deep sedation NOT reaching the level of general anesthesia. Preoperative anxiolytic medications do not constitute sedation. A patient who was initially sedated, but later converted to a general anesthetic, would require both *general* and *sedation* to be recorded.

*Regional* includes any nerve block technique, whether or not combined with general anesthesia or sedation.

**Type of Surgery**

Although most surgeries fit into a single category, some surgeries can be recorded in multiple categories (e.g. Liver transplant is also IntraAbdominal, Heart transplant is also Cardiac-with CPB, TEF is also IntraThoracic-non cardiac). Therefore, the total of this category may exceed the case total. Examples below are not intended to be all-inclusive.

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| **Airway surgery (excluding T & A)**  Diagnostic or therapeutic procedures on the upper or lower airways. | |
| **EXAMPLES to INCLUDE** | **DOES NOT INCLUDE** |
| * Microdirect laryngoscopy and bronchoscopy * Flexible bronchoscopy * Laryngeal laser surgery * Tracheostomy * Choanal atresia repair * Cleft palate repair * Tracheal reconstruction * Other laryngeal or tracheal procedures | * Tonsillectomy/adenoidectomy * Difficult airways for non-airway surgery |

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| ***Cardiac –with CPB***  All cases done utilizing CPB. Do NOT also log in “IntraThoracic non-cardiac” | |
| **EXAMPLES to INCLUDE** | **DOES NOT INCLUDE** |
| * Congenital cardiac surgery with CPB * Airway, thoracic, mediastinal, and great vessel procedures with CPB | * Any case NOT utilizing CPB * Patients having surgery while on ECMO |

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| ***Cardiac catheterization***  All cases done using cardiac catheterization techniques. Do NOT also log in “Cardiac – without CPB” | |
| **EXAMPLES to INCLUDE** | **DOES NOT INCLUDE** |
| * Diagnostic cardiac catheterization * Interventional cardiac catheterization procedures (e.g. ASD device closure) * Electrophysiology studies * Hybrid cardiac catheterization procedures (e.g. hybrid stage I HLHS palliation) | * Cardioversions done in the cath lab * Anesthetics for Echocardiograms |

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| ***Cardiac –without CPB***  Do NOT also log in “IntraThoracic non-cardiac”. | |
| **EXAMPLES to INCLUDE** | **DOES NOT INCLUDE** |
| * PDA ligation * PA banding * BT shunt * Coarctation of the aorta * Vascular ring * Sternal explorations * Cardiac cath lab cases | * Thoracotomy for tumor resection or NUSS procedure done by a cardiac surgeon * Congenital cardiac patients for non-cardiac surgery (e.g. G-tube or spine fusion) * Cardiac MRI or CT |

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| ***Craniofacial Surgery (excluding cleft lip and palate)*** | |
| **EXAMPLES to INCLUDE** | **DOES NOT INCLUDE** |
| * Synostosis repair/cranial reconstruction * Maxillary or mandibular reconstruction * Resection of large soft tissue mass of head/neck * Other major facial bone surgery | * Small bony lesion removals * Rhinoplasty * Injection of facial AVMs or lymphatic malformations * Cleft lip and palate |

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| ***EXIT procedure***  Ex utero intrapartum treatment procedure. Procedures done during delivery while a fetus remains on placental support. | |
| **EXAMPLES to INCLUDE** | **DOES NOT INCLUDE** |
| * Intubation done on placental support for management of a neck mass | * Fetal surgery * Procedures, such as intubation or vascular access, done after delivery (no longer on placental support) |

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| ***Fetal surgery***  Procedures done on a fetus NOT during delivery. | |
| **EXAMPLES to INCLUDE** | **DOES NOT INCLUDE** |
| * Open fetal surgery for myelomeningocele closure or other congenital anomaly * Fetoscopic surgery | * EXIT procedure |

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| ***IntraAbdominal (Intracavitary; excl. inguinal hernia)***  Intraperitoneal procedures both open and laparoscopic. | |
| **EXAMPLES to INCLUDE** | **DOES NOT INCLUDE** |
| * Pyloric stenosis * Bowel resection * Appendectomy * Splenectomy * Open gastrostomy | * Extracavitary and retroperitoneal procedures * Minimally invasive procedures such as radiologic needle drainage of abdominal abscess cavities * Percutaneous gastrostomy * Percutaneous liver biosy * Brief laparoscopic look for herniorrhaphy |

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| ***IntraCranial-neuro (excluding shunts)*** | |
| **EXAMPLES to INCLUDE** | **DOES NOT INCLUDE** |
| * Intracranial tumor resection * Drainage of subdural hematoma * Neurovascular and interventional neuroradiology procedures such as coiling of AVM * Epilepsy and movement disorder surgery * Posterior fossa decompression | * ICP measurement device as sole procedure * Diagnostic neuroradiology such as cerebral angiogram * Shunts and shunt revisions * Synostosis repair/cranial reconstruction (should be listed under *craniofacial*) |

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| ***IntraThoracic-noncardiac*** | |
| **EXAMPLES to INCLUDE** | **DOES NOT INCLUDE** |
| * Thoracotomy * Thoracoscopy * Mediastinal surgery * NUSS procedure | * PDA ligation * BT shunt * Other cardiac procedures * Ravitch procedure (extrathoracic rib cage revision) |

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| ***Interventional radiology procedure (not cardiac catheterization)***  Cases done by an interventional radiologist using imaging techniques to guide catheters and other devices. | |
| **EXAMPLES to INCLUDE** | **DOES NOT INCLUDE** |
| * PICC line placement by an interventional radiologist under fluoroscopic guidance * Catheter embolization of an AVM under fluoroscopic guidance * Solid organ needle biopsy using ultrasound and/or fluoroscopic guidance | * Cardiac catheterization * CVL placement by a surgeon using fluoroscopic confirmation/guidance |

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| ***Major Orthopedic*** | |
| **EXAMPLES to INCLUDE** | **DOES NOT INCLUDE** |
| * Spine fusion * Amputation * Tumor resection with limb reconstruction * Pelvic surgery * Major long bone surgery * Joint replacement | * Knee arthroscopy * Minimal blood loss bony procedures (with or without tourniquet) * Fracture reduction and pinning * Casting |

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| ***Neonatal Emergencies***  Patients less than 45 weeks post conception having emergency surgery in any of the categories listed | |
| **EXAMPLES to INCLUDE** | **DOES NOT INCLUDE** |
| * Diaphragmatic hernia * Gastroschisis/omphalocele * NEC & bowel * TEF | * Other neonatal emergencies |

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| ***Neonatal emergency –other*** | |
| **EXAMPLES to INCLUDE** | **DOES NOT INCLUDE** |
| * Myelomeningocele * Vein of Galen malformation | * Diaphragmatic hernia * Gastroschisis/omphalocele * NEC & bowel * TEF |

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| ***Solid organ transplants*** | |
| **EXAMPLES to INCLUDE** | **DOES NOT INCLUDE** |
| * Heart * Kidney * Liver * Lung * Multivisceral (e.g. liver and intestine) * Other single solid organ transplants (e.g. intestine, pancreas) | * Bone marrow transplant * Stem cell transplant |

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| ***Other (operative)***  All operative/invasive procedures that are not in another category. | |
| **EXAMPLES to INCLUDE** | **DOES NOT INCLUDE** |
| * T & A * Myringotomy tubes * Strabismus surgery * Central lines * Endoscopic procedures * Bone marrow harvest * Lumbar puncture * I & D * IR procedures * Chest tube * Percutaneous liver or kidney biopsy * Nephrostomy tubes * Drainage of intra-abdominal abscess | * Any procedure in which no skin barrier is broken and no body cavity is entered. |

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| ***Other (non operative)***  Procedures in which no skin barrier is broken and no body cavity is entered | |
| **EXAMPLES to INCLUDE** | **DOES NOT INCLUDE** |
| * Auditory brainstem responses * MRI * CT * Echocardiography * Other imaging procedures * Radiation therapy | * Procedures in which the skin barrier is broken or a body cavity is entered |

**Acute Pain Management (for post-procedural pain)**

*Initial Consultations* include:

Initial admissions on ACUTE postoperative pain INPATIENTS.

*Initial PCA orders* includes:

Initial PCA orders ONLY on ACUTE postoperative pain INPATIENTS.

Do NOT include adjustments to PCA orders on previously admitted patients.

**Chronic Pain Management (for chronic pain NOT immediately following a procedure)**

I*nitial consultations* include:

Consultations on new patients to a chronic pain clinic (OUTPATIENTS).

Initial consultations on chronic pain INPATIENTS.

*Follow-up consultations* include:

Follow-up visits of chronic pain OUTPATIENTS.

Do NOT include follow-up visits on chronic pain INPATIENTS.

**Pain Management Techniques**

For epidural, record the type (cervical/thoracic, lumbar, or caudal).

Also record catheter or single shot.

Intrathecal includes any spinal technique (e.g. intrathecal morphine, spinal bupivacaine). Does NOT include diagnostic lumbar puncture.

For peripheral nerve blocks, record under the appropriate region and indicate catheter or single shot.

Regional nerve block examples (not all-inclusive):

Head/neck: occipital nerve block, orbital nerve block, nerve of Arnold

Upper extremity: supraclavicular, interscalene, axillary

Truncal: transversus abdominus plane (TAP), rectus sheath

Lower extremity: Femoral, sciatic, popliteal, ankle

Record ultrasound or nerve stimulator guidance (or both) if used.