

GYNAECOLOGY AUDIT FORM – HKCOG 2009

Hospital _____

Name:	_____	(initials)
Age:	_____	
ID No.	_____	()
	(at least 5 digits)	

Date of Admission:

Date of Discharge:

Status at Admission

- (1) Transfer in
- (2) Emergency
- (3) Routine
- (4) Unplanned readmission (within 28 days of last admission)
- (5) Day case

Status at Discharge

- (1) Home
- (2) Transfer for convalescence
- (3) Transfer (referral)
- (4) DAMA
- (5) Death

DIAGNOSIS (in code) _____

For ONCOLOGY cases (circle as appropriate)

Old case / New case

Stage of Disease : Recurrent / Unstaged / Stage I / Stage II / Stage III / Stage IV

TREATMENT (in code) _____

COMPLICATIONS (Defaults are 'No')

1. Fever >38°C after first 24 hours (readings at least 4 hours apart; ONLY if no cause to account for the fever) *No / Yes
2. Bowel injury (ONLY if mucosa was involved) *No / Yes
3. Urinary tract injury (ONLY if mucosa was involved) *No / Yes
4. Perforation of uterus *No / Yes
5. Chest infection (there SHOULD be radiological OR bacteriological evidence) *No / Yes
6. Urinary tract infection (ONLY with positive culture IN ADDITION to fever or symptoms) *No / Yes
7. Wound complications (ONLY if presence of pus or gapping that required resuturing or burst abdomen) *No / Yes
8. Deep vein thrombosis (ONLY if anticoagulant therapy was required) *No / Yes
9. Cardiopulmonary arrest (Intra-operation) *No / Yes
10. Operative blood loss requiring transfusion (not for treatment of anaemia) *No / Yes
11. Postoperative haemorrhage requiring re-operation or transfusion *No / Yes
12. Major vascular injury *No / Yes
13. Conversion of laparoscopic procedure to laparotomy *No / Yes
14. Unplanned re-operation before discharge (specify) _____ *No / Yes
15. Cardiopulmonary arrest (Post-operation) *No / Yes
16. Others (specify) _____ *No / Yes