



# PQRI Flow Sheet: Genitourinary

ANTIBIOTIC PROPHYLAXIS

VTE PROPHYLAXIS

**Patient Name**

**Practice Medical Record Number**

**Birth Date (mm/dd/yyyy)**

**Male / Female Gender**

**National Provider Identifier (NPI)**

**Date of Service**

**CPT Code for Procedure**

**Auditing**

All orders must be documented and can include:

- Written Orders
- Verbal Orders
- Standing Orders

**VTE Prophylaxis**

Includes at least one of the following:

- Low Molecular Weight Heparin
- Low-Dose Unfractionated Heparin
- Adjusted-Dose Warfarin
- Fondaparinux
- Mechanical Prophylaxis

**Eligibility**

PQRI does not include Medicare managed care plans. The program is only applicable to traditional Medicare.

**Patient Eligibility**

1. Is the patient entitled to traditional Medicare?	YES	NO	If NO is circled for any question, STOP. Do not report quality data for antibiotic measures.
2. Is the patient's procedure included in the following list: 51550, 51555, 51565, 51570, 51575, 51580, 51585, 51590, 51595, 51596, 51920, 51925, 52450, 52601, 52612, 52614, 52620, 52630, 52647, 52648, 54401, 54405, 54406, 54408, 54410, 54415, 54416, 55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845?	YES	NO	

**Antibiotic Timing**

If Yes, Report

1. Prophylactic antibiotic ordered to be administered (or administered) within 60 minutes prior to incision or start time *2 hours if fluoroquinolone or vancomycin	YES	NO	4047F
2. Prophylactic antibiotic NOT ordered to be delivered within 60 minutes for <u>medical reason</u> <i>Document medical reason:</i>	YES	NO	4047F - IP
3. Prophylactic antibiotic NOT ordered to be delivered within 60 minutes, no reason specified	YES	NO	4047F - 8P

**Patient Eligibility**

1. Is the patient entitled to traditional Medicare?	YES	NO	If NO is circled for any question, STOP. Do not report quality data for VTE measures.
2. Is the patient's procedure included in the following list: 50020, 50220, 50225, 50230, 50234, 50236, 50240, 50320, 50340, 50360, 50365, 50370, 50380, 50543, 50545, 50546, 50547, 50548, 50715, 50722, 50725, 50727, 50728, 50760, 50770, 50780, 50782, 50783, 50785, 50800, 50810, 50815, 50820, 50947, 50948, 51550, 51555, 51565, 51570, 51575, 51580, 51585, 51590, 51595, 51596, 51597, 51800, 51820, 51900, 51920, 51925, 51960, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55866?	YES	NO	

**VTE Prophylaxis** (click [here](#) for additional information)

If Yes, Report

1. VTE prophylaxis ordered or delivered within 24 hours prior to incision or start time or within 24 hours of surgery end time	YES	NO	4044F
2. VTE prophylaxis NOT ordered for <u>medical reason</u> <i>Document medical reason:</i>	YES	NO	4044F - IP
3. VTE prophylaxis NOT ordered, no reason specified	YES	NO	4044F - 8P