



# PQRI Flow Sheet: Stomach Procedures

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: <b>43500, 43501, 43502, 43510, 43520, 43600, 43605, 43610, 43611, 43620, 43621, 43622, 43631, 43632, 43633, 43634, 43640, 43641, 43653, 43800, 43810, 43820, 43825, 43830, 43831, 43832, 43840, 43842, 43843, 43845, 43846, 43847, 43848, 43850, 43855, 43860, 43865, 43870, 43880?</b>	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>	YES	NO	4047F - IP

*Document medical reason:*

3. Prophylactic antibiotic NOT ordered to be delivered within 60 minutes, no reason specified	YES	NO	4047F - 8P
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### Antibiotic Selection

If Yes, Report

1. Cefazolin or cefuroxime ordered for antibiotic prophylaxis	YES	NO	4041F
2. Cefazolin or cefuroxime NOT ordered for <u>medical reason</u> (allergy, antibiotic resistance, etc)	YES	NO	4041F - IP

*Document medical reason:*

3. Cefazolin or cefuroxime NOT ordered, no reason specified	YES	NO	4041F - 8P
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### Antibiotic Discontinuation

If Yes, Report

1. Prophylactic antibiotic ordered to be discontinued (or discontinued) within 24 hours of surgery end-time	YES	NO	4049F <b>AND</b> 4046F
2. Prophylactic antibiotic NOT ordered to be discontinued within 24 hours for a <u>medical reason</u>	YES	NO	4049F - IP <b>AND</b> 4046F

*Document medical reason:*

3. Prophylactic antibiotic NOT ordered to be discontinued within 24 hours, no reason specified	YES	NO	4049F - 8P <b>AND</b> 4046F
4. Prophylactic antibiotic NOT administered for procedure	YES	NO	4042F

### 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: <b>43500, 43501, 43502, 43510, 43520, 43605, 43610, 43611, 43620, 43621, 43622, 43631, 43632, 43633, 43634, 43640, 43641, 43644, 43645, 43651, 43652, 43653, 43770, 43771, 43772, 43773, 43774, 43800, 43810, 43820, 43825, 43830, 43832, 43840, 43842, 43843, 43845, 43846, 43847, 43848, 43850, 43855, 43860, 43865, 43870, 43880, 43886, 43887, 43888?</b>	YES	NO	

### VTE Prophylaxis

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>	YES	NO	4044F - IP

*Document medical reason:*

3. VTE prophylaxis NOT ordered, no reason specified	YES	NO	4044F - 8P
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