

**The CARE-PREOP1 Study  
CLINICAL EXAMINATION  
DATA COLLECTION FORM**

Patient ID: \_\_\_\_\_ Investigator ID: \_\_\_\_\_

**1. HISTORY**

Age: \_\_\_\_\_ Height (cm) : \_\_\_\_\_ Weight(kg): \_\_\_\_\_

Sex:.....M \_\_\_\_\_ F \_\_\_\_\_

Smoking status:

never smoked..... Yes \_\_\_\_\_ No \_\_\_\_\_

still smoking..... Yes \_\_\_\_\_ No \_\_\_\_\_

quit smoking..... Yes \_\_\_\_\_ No \_\_\_\_\_

if 'Yes' to quit smoking, indicate when patient quit:

< 2 months ago..... Yes \_\_\_\_\_ No \_\_\_\_\_

(if < 2 months ago, specify # of weeks since stopped: \_\_\_\_\_)

2-6 months ago..... Yes \_\_\_\_\_ No \_\_\_\_\_

6-12 months ago..... Yes \_\_\_\_\_ No \_\_\_\_\_

> 12 months ago..... Yes \_\_\_\_\_ No \_\_\_\_\_

total # of pack/years: \_\_\_\_\_

Recent URTI (within 4 weeks of planned operation): Yes \_\_\_\_\_ No \_\_\_\_\_

If 'Yes', was the URTI:

< 2 weeks ago..... Yes \_\_\_\_\_ No \_\_\_\_\_

2-4 weeks ago..... Yes \_\_\_\_\_ No \_\_\_\_\_

Length of stay in hospital pre-op (in days): \_\_\_\_\_  
(only for inpatients)

Self-reported history of COPD (i.e. previously told they have emphysema, chronic bronchitis, or obstructive airways disease OR receiving bronchodilators chronically for COPD)..... Yes \_\_\_\_\_ No \_\_\_\_\_

if 'Yes' to hx of COPD, is it:

currently active?..... Yes \_\_\_\_\_ No \_\_\_\_\_

currently inactive?..... Yes \_\_\_\_\_ No \_\_\_\_\_

History of asthma (i.e. previously told they have asthma or reversible obstructive airways disease OR receiving bronchodilators or inhaled steroids chronically for asthma)..... Yes \_\_\_\_\_ No \_\_\_\_\_

if 'Yes' to hx of asthma, is it:

currently active?..... Yes \_\_\_\_\_ No \_\_\_\_\_

currently inactive?..... Yes \_\_\_\_\_ No \_\_\_\_\_

History of daily cough..... Yes\_\_\_\_\_ No\_\_\_\_\_

if 'Yes' to daily cough, is it:

dry?..... Yes\_\_\_\_\_ No\_\_\_\_\_

productive?..... Yes\_\_\_\_\_ No\_\_\_\_\_

Exercise capacity: (whichever is greater)

< 1 flight of stairs or 2 blocks Yes\_\_\_\_\_ No\_\_\_\_\_

≥ 1 flight of stairs or 2 blocks Yes\_\_\_\_\_ No\_\_\_\_\_

## 2. PHYSICAL EXAMINATION

Cough test..... +ve\_\_\_\_\_ -ve\_\_\_\_\_

Wheeze test..... +ve\_\_\_\_\_ -ve\_\_\_\_\_

Forced expiratory time:

< 9 seconds..... Yes\_\_\_\_\_ No\_\_\_\_\_

≥ 9 seconds..... Yes\_\_\_\_\_ No\_\_\_\_\_

Maximum laryngeal height:

< 4 cm..... Yes\_\_\_\_\_ No\_\_\_\_\_

≥ 4 cm..... Yes\_\_\_\_\_ No\_\_\_\_\_

Wheezing on auscultation.....+ve\_\_\_\_\_ -ve\_\_\_\_\_

### 3. INVESTIGATIONS

- a) Pre-op spirometry (*MANDATORY*)

FEV<sub>1</sub>(ml): \_\_\_\_\_

FVC (ml): \_\_\_\_\_

- b) Oxygen saturation on room air (*OPTIONAL-only done if part of routine workup*)

\_\_\_\_\_ %

- c) Arterial blood gases on room air (*OPTIONAL-only done if part of routine workup*)

pH: \_\_\_\_\_

pCO<sub>2</sub>: \_\_\_\_\_

pO<sub>2</sub>: \_\_\_\_\_

HCO<sub>3</sub>: \_\_\_\_\_

- d) Chest X-ray (*OPTIONAL-only done if part of routine workup*)

Normal CXR..... Yes \_\_\_ No \_\_\_

If CXR not normal, please specify findings:

\_\_\_\_\_

#### 4. OPERATIVE FACTORS

The operation is:

elective..... Yes \_\_\_\_\_ No \_\_\_\_\_  
urgent/emergent..... Yes \_\_\_\_\_ No \_\_\_\_\_

Site of operation:

upper abdominal (above umbilicus).. Yes \_\_\_\_\_ No \_\_\_\_\_  
lower abdominal (umbilicus and  
below, including inguinal)..... Yes \_\_\_\_\_ No \_\_\_\_\_  
laparoscopic intra-abdominal..... Yes \_\_\_\_\_ No \_\_\_\_\_  
orthopedic (lower/upper limbs, back) Yes \_\_\_\_\_ No \_\_\_\_\_  
arthroscopic orthopedic..... Yes \_\_\_\_\_ No \_\_\_\_\_  
urologic (e.g. TURPs)..... Yes \_\_\_\_\_ No \_\_\_\_\_  
neurosurgical (cerebral vs. spinal).... Yes \_\_\_\_\_ No \_\_\_\_\_  
other (ENT, plastics, ophthalmologic).. Yes \_\_\_\_\_ No \_\_\_\_\_

Length of operation (in hours): \_\_\_\_\_

Type of anaesthetic:

local..... Yes \_\_\_\_\_ No \_\_\_\_\_  
general..... Yes \_\_\_\_\_ No \_\_\_\_\_  
spinal..... Yes \_\_\_\_\_ No \_\_\_\_\_

**The CARE-PREOP1 Study  
OUTCOMES DATA COLLECTION FORM  
(REFERENCE STANDARD)**

Patient ID: \_\_\_\_\_ Investigator ID: \_\_\_\_\_

Did the patient experience a clinically significant postoperative pulmonary complication prior to discharge or postoperative day 7 (whichever comes first)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If 'Yes', indicate the type of complication:

1. Death..... Yes \_\_\_\_\_ No \_\_\_\_\_

If 'Yes', specify cause of death: \_\_\_\_\_

2. Respiratory failure requiring mechanical ventilation or BIBAP..... Yes \_\_\_\_\_ No \_\_\_\_\_

3. Pneumonia..... Yes \_\_\_\_\_ No \_\_\_\_\_  
if 'Yes', was the pneumonia treated with antibiotics..... Yes \_\_\_\_\_ No \_\_\_\_\_

4. Atelectasis of lung or lobe requiring intervention..... Yes \_\_\_\_\_ No \_\_\_\_\_

5. Pneumothorax or pleural effusion requiring intervention..... Yes \_\_\_\_\_ No \_\_\_\_\_

6. Delayed weaning from assisted ventilation (i.e.  $\geq$  48 hours after surgery).. Yes \_\_\_\_\_ No \_\_\_\_\_

Length of hospital stay: \_\_\_\_\_