**Gynaecology data collection sheet**

***This form is to be filled in for all patients on discharge.* Please print and write legibly. Select more than one option where applicable. Complete all sections**. **Form to be handed to responsible registrar at the morning meeting**

**Date of birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hospital number\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age** \_\_\_\_\_\_\_\_\_\_\_

**Date of admission \_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_**

**Name & Surname**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Emergency

Elective surgery

**Admission:**

**Firm:**

ONC

G3

G2

G1

Elective other

Specify: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

High Care

ICU

**Admission to:**

Ward 14

Ward 10

Other:

Neg

Pos

CD4:

**HIV:**

E

M

G

P

Decline

**Date of discharge \_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_**

Total number of days in hospital: **\_\_\_\_\_\_\_\_\_\_\_\_**

Days in High Care**:\_\_\_\_\_\_\_\_\_\_\_**

Days in ICU**: \_\_\_\_\_\_\_\_\_\_\_**

Days in Ward: **\_\_\_\_\_\_\_\_\_\_\_**

**Final diagnosis on discharge (ICD 10 code) (Provide more than one ICD 10 code if appropriate)**

**Diagnosis: (tick more than one box if required)**

**BBA**

**Other**

Unruptured

Complete

Vagina

Vulva

Ovarian

Endometrium

Cervix

Chorio/GTD

ASO IV

ASO III

**Salpingitis**

**Ectopic**

**Miscarriage**

Septic

**I**ncomplete

ASO I

Ruptured

Threatening

**Oncology**

ASO II

**Post-operative complications in patients who had any type of surgery:**

Vascular injury

Ureteric injury

Bowel injury

Bladder injury

None

Anaesthetic complication

Procedure not completed

Bleeding requiring unplanned blood transfusion

**Specify**: other complications or reasons for non completion or anaesthetic complication:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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