

Appendix A

Dehiscence Chart Review Abstraction Form

APHN: _____

RHRN: _____

DOB: _____

Age: _____

Sex: _____

Weight: _____

Coronary Artery Bypass Procedure: Y/N

Vein Graft: Y/N

Single thoracic artery graft: Y/N

Bilateral thoracic artery graft: Y/N

Diabetes: Y/N

Diabetic medication used on admission:

Metformin: Y/N

Glyburide: Y/N

Gliclazide: Y/N

Repaglinide: Y/N

Acarbose: Y/N

Rosiglitazone: Y/N

Pioglitazone: Y/N

Insulin: Y/N

Renal Status:

Creatinine level at time of diagnosis: _____

Dialysis at time of diagnosis: Y/N

Other post-op complications:

DVT: Y/N

Noscomial infection: Y/N

Pneumonia: Y/N

C Difficile: Y/N

Dehiscence:

Leg Wound Dehiscence: Y/N

Side affected (L or R): L/R

Sternal Dehiscence: Y/N _____

Superficial (Skin & subcutaneous tissue only) Y/N

Deep (Sternum non-union) Y/N

(If no here, reviewing of chart is complete)

Dehiscence Procedures:

VAC Placement: Y/N

Duration of VAC Therapy (days): _____

Flap for coverage for defect: Y/N

Type of flap (muscle and skin or skin alone): _____

Plastic Surgery Consultation: Y/N

Plastic Surgeon Name: _____

Date of Plastic Surgery: _____

Infectious Disease Consultation: Y/N

Infectious Disease Physician Name: _____

Date: _____

Blood Culture Performed: Y/N

Organisms isolated: Y/N

Species of Organism: _____

Resistance Pattern: _____

Bloodwork:

HbA1C: _____

WBC: _____

Platelets: _____