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
Rosiglazone: 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: ____________