

Supplementary file: CRF

EPIC I Study

Consent given  Yes  No

**Preoperative data capture**

Age  years      Gender  M  F      Current smoker  Y  N

Ethnicity:  Black       Coloured       Asian       Caucasian

Height  cm      Weight  kg

ASA  I  II  III  IV  V

Most recent formal blood results (no more than 3 months before surgery): No recent formal bloods

Haemoglobin	<input type="text"/> <input type="text"/> .	<input type="text"/>	g/dL	HbA1c	<input type="text"/> <input type="text"/> .	<input type="text"/>	%	s - Ferritin	<input type="text"/> <input type="text"/> .	<input type="text"/>	µg/L
MCV	<input type="text"/> <input type="text"/> .	<input type="text"/>	%	Creatinine	<input type="text"/> <input type="text"/> .	<input type="text"/>	µmol/L	Transferrin	<input type="text"/> <input type="text"/> .	<input type="text"/>	%
								saturation			

Chronic co-morbid disease (tick all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Coronary artery disease              | <input type="checkbox"/> Heart failure               | <input type="checkbox"/> Advanced retinopathy |
| <input type="checkbox"/> Stroke or Transient ischaemic attack | <input type="checkbox"/> COPD / Asthma               | <input type="checkbox"/> Known HIV / AIDS     |
| <input type="checkbox"/> Known hypertension                   | <input type="checkbox"/> Chronic renal disease       | <input type="checkbox"/> Current TB           |
| <input type="checkbox"/> Diabetes (without insulin)           | <input type="checkbox"/> Peripheral arterial disease | <input type="checkbox"/> Previous PTB         |
| <input type="checkbox"/> Diabetes (requiring insulin)         |  |   |

Functional status:

- Totally independent       Partially dependent       Totally dependent

Surgical procedure category (select *single* most appropriate):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Anorectal   | <input type="checkbox"/> Aortic                     | <input type="checkbox"/> Bariatric                        |
| <input type="checkbox"/> Brain   | <input type="checkbox"/> Breast                     | <input type="checkbox"/> ENT (except thyroid/parathyroid) |
| <input type="checkbox"/> Foregut (hepatopancreaticobiliary) <input type="checkbox"/> Gallbladder, appendix, adrenal, spleen <input type="checkbox"/> Hernia (ventral, inguinal, femoral) |   |   |
| <input type="checkbox"/> Intestinal  | <input type="checkbox"/> Neck (thyroid/parathyroid) | <input type="checkbox"/> Gynaecology                      |
| <input type="checkbox"/> Orthopaedic/ nonvascular extremity  | <input type="checkbox"/> Other abdominal            | <input type="checkbox"/> Peripheral vascular              |
| <input type="checkbox"/> Skin  | <input type="checkbox"/> Spine                      | <input type="checkbox"/> Non-oesophageal thoracic         |
| <input type="checkbox"/> Vein  | <input type="checkbox"/> Urology                    | <input type="checkbox"/> Eye surgery                      |

Current medications i.e. taking for at least 30 days prior to hospital admission (tick all that apply):

- Any Sulfonylurea (glibenclamide/ glimepiride/ glipizide/ glyburide/ gliclazide)
- |                                    |                                  |                                |
|------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Metformin | <input type="checkbox"/> Insulin |                                |
| <input type="checkbox"/> Iron      | <input type="checkbox"/> Folate  | <input type="checkbox"/> Other |

EPIC I unique patient ID

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Patient name: \_\_\_\_\_

DOB

d	d	m	m	y	y	y	y
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Patient hospital number : \_\_\_\_\_

**Drug compliance (tick all that apply)? :**

- 1) Do you ever forget to take your medication?  Y  N
- 2) Are you careless at times about taking your medication?  Y  N
- 3) When you feel better, do you sometimes stop taking your medication?  Y  N
- 4) Sometimes if you feel worse when you take the medicine, do you stop taking it?  Y  N

This questionnaire applies to:  Both diabetic and anaemia therapy  Anaemia only  Diabetic therapy only

Reasons for non-drug compliance (only answer if 2 or more drug compliance questions above marked 'Yes'):

Health system  Condition  Patient  Therapy  Socioeconomic

**Perioperative data capture**

Surgery performed:  Yes  No:

If No, state reason for cancellation  Poor diabetic control  Low haemoglobin  Other reason

Blood/products ordered for theatre:  Group & Screen only  Blood Cross-matched  Blood in theatre

Major surgery:  Y  N

Expected blood loss > 500 mL:  Y  N

**Ward results** (only if done preoperatively in ward)

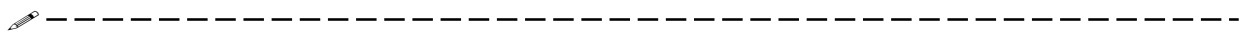
Haemoglobin	<input type="text"/> <input type="text"/> <input type="text"/>	g/dL	Glucose	<input type="text"/> <input type="text"/> <input type="text"/>	mmol/L
Blood transfusion prior to surgery (on this admission): <input type="checkbox"/> Y <input type="checkbox"/> N					
If known diabetic, was the patient on a perioperative sliding scale <input type="checkbox"/> Y <input type="checkbox"/> N					

**Pre-induction finger-prick blood results**

Haemoglobin	<input type="text"/> <input type="text"/> <input type="text"/>	g/dL	Glucose	<input type="text"/> <input type="text"/> <input type="text"/>	mmol/L
If Haemoglobin $\leq$ 13 g/dL (M) or $\leq$ 12 g/dL (F) - <input type="checkbox"/> Purple and Yellow top blood samples taken					
If Glucose $\geq$ 6.5 g/dL - <input type="checkbox"/> Purple top blood samples taken					
<b>NB! Document the PID number here</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Note: if bloods taken for both anaemia and diabetes, there need to be two separate 'Purple top' tubes please					

**Postoperative follow-up of formal blood results (to be completed by EPIC Investigators)**

Haemoglobin	<input type="text"/> <input type="text"/> <input type="text"/>	g/dL	Transferrin saturation	<input type="text"/> <input type="text"/> <input type="text"/>	% s - Ferritin	<input type="text"/> <input type="text"/> <input type="text"/>	$\mu$ g/L
MCV	<input type="text"/> <input type="text"/> <input type="text"/>	%	HbA1c	<input type="text"/> <input type="text"/> <input type="text"/>	%		
EPIC I unique patient ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							



Patient name: \_\_\_\_\_  
Patient hospital number : \_\_\_\_\_

DOB

## Guidance for use of paper Case Record Form (CRF)

1. Baseline data on page one and consent should be collected on the preoperative anaesthetic visit the day before surgery.
2. Baseline data on page two should be collected by the anaesthetist who provides the anaesthetic for the patient.
3. Ward blood results are referring to the routine ward Hb and glucose performed by the ward staff and documented on the preoperative checklist form.
4. 'Finger-prick' blood and samples to be taken pre-induction at time of intravascular access.

Additional blood sample for formal blood results should be collected if:

- a. Haemoglobin  $\leq 13$  g/dL (M) or  $\leq 12$  g/dL (F) for formal HB, MCV (purple top tube) and transferrin saturation and ferritin (yellow top tube)
- b. Glucose  $\geq 6.5$  g/dL for formal HbA1c (purple top tube)

Please Note: i) Remember to copy the Patient ID nr (PID) on the blood sample tubes and this CRF

ii) Bloods taken for both anaemia and diabetes, there need to be two separate 'purple top' tubes

iii) Follow-up of these formal bloods (bottom of page 2) will be done by the EPIC investigators

5. Definitions:
  - a. **Major surgery:** defined as aortic and other major vascular surgery, peripheral vascular surgery, or intraperitoneal or intrathoracic surgery with major fluid shifts
  - b. **Non-drug compliance definitions;<sup>2</sup>**
    - i. **Health system:** Poor quality of provider-patient relationship; poor communication; lack of access to healthcare; lack of continuity of care
    - ii. **Condition:** Asymptomatic chronic disease (lack of physical cues); mental health disorders (e.g, depression)
    - iii. **Patient:** Physical impairments (e.g, vision problems or impaired dexterity); cognitive impairment; psychological/behavioural; younger age)
    - iv. **Therapy:** Complexity of regimen; side effects
    - v. **Socioeconomic:** Low literacy; higher medication costs; poor social support
6. Please ensure complete data capture. If blood results are not available at the time of the preoperative anaesthetic assessment, please can the anaesthetist for the operative procedure complete these data.

Patient hospital number : \_\_\_\_\_