

# Supplemental Information

**SUPPLEMENTAL TABLE 5** Risk Factors and Definitions

Risk Factors	Definitions
DNR	“YES” is entered if the patient has had a DNR order written in the physician’s order sheet of the patient’s chart and it has been signed or cosigned by an attending physician in the 30 d before surgery.
Ventilation	“YES” is entered if a preoperative patient required ventilator-assisted respiration at any time during the 48 h preceding surgery.
Oxygen support	“YES” is entered for patients who require supplemental oxygen support at the time of surgery.
Previous cardiac intervention	“YES” is entered if the patient has had cardiac surgery or a catheter-based intervention for the repair, replacement, or reconstruction of a congenital or acquired structural or functional lesion of the heart and/or great vessels.
Cerebrovascular injury	“YES” is entered if patient has a history of a cerebrovascular accident (embolic, thrombotic, or hemorrhagic) with persistent residual motor, sensory, or cognitive dysfunction. (eg, hemiplegia, hemiparesis, aphasia, sensory deficit, or impaired memory). Includes patients with central apnea.
Wound infection	“YES” is entered for patients with evidence of an open wound (including surgical wounds) existing before the operation that communicates to the air by direct exposure, with or without cellulitis or purulent exudate. This does not include osteomyelitis or localized abscesses.
Bleeding disorder	“YES” is entered for patients with any condition that places the patient at risk for excessive bleeding requiring hospitalization because of a deficiency of blood clotting elements (eg, vitamin K deficiency, hemophilia, thrombocytopenia, or chronic anticoagulation therapy that has not been discontinued before surgery).
Hematologic disorder	“YES” is entered for patients with an underlying acquired or congenital hematologic disorder such as sickle cell disease, thalassemia, hereditary spherocytosis, thrombocytopenia, idiopathic thrombocytopenic purpura, neutropenia, Henock-Schonlein disease, anemia (hemolytic, hypoproliferative, macrocytic, microcytic, normocytic, or pernicious), basophilia, dysfibrinogenemia, or eosinophilia.
Sepsis	SIRS, sepsis, or septic shock within 48 h before surgery.
Inotropic support	“YES” is entered if patient required intravenous inotropic pharmacologic support at time of surgery.
Transfusion	“YES” is entered for patients with any transfusion of whole blood or packed red blood cells during the 48 h before surgery, including any blood transfusion in the emergency department.
Malignancy	Current cancer, active treatment, or past history of cancer
Emergent case	Surgical case is scheduled and usually performed within 12 h of surgical evaluation. Report the case as emergent if the anesthesiologist and surgeon report the case as emergent.
Urgent case	Surgical case is scheduled and usually performed within 24 h of surgical evaluation. Report the case as urgent if the anesthesiologist
Neonate	“YES” is entered when the neonate type is “term neonate” and operation date is <29 d after date of birth or the neonate type is “premature neonate” and gestational age (at time of surgery) is <51 wk.

DNR, do not resuscitate; SIRS, systemic inflammatory response syndrome.