

PATIENT:

BADBIR ID:

HRN:

DOB:

BIOLOGIC / CONVENTIONAL TREATMENT:



**BIR**  
Biologic Interventions Register

**Event of Special Interest: Surgery (Overnight Hospitalisation)**

Operation performed:

Was the surgery elective or emergency?

Elective

Emergency

Indication for surgery:

Was this condition present pre-registration?

Yes /

No

(please circle)

Which Biologic / Conventional Therapy was the patient receiving at time of surgery? *Please specify if none* \_\_\_\_\_

Was this drug stopped temporarily for surgery?

Yes

No

N/A

If yes, when was the last given dose?

Was the drug restarted?

Yes

No

What was the date it was restarted?

Were there any post-operative infections?

  

Yes

No

If yes, did the patient require intravenous antibiotics?

  

Yes

No

Please provide further details of infection:

Did these complications prolong the hospital stay?

Yes

No

If yes, please provide details:

What was the total length of stay in hospital?

Days

**If you have any questions please call the Register office on: 0161 306 1911**

Form completed

By: \_\_\_\_\_

On: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please note this ESI form needs to be entered directly onto the BADBIR database in the adverse section