



Anaesthetic Pro Forma - 2010

Study number

2010/

Please return this form to –

Scottish Audit of Surgical Mortality
2nd Floor
Cirrus
Marchburn Drive
Abbotsinch
Paisley
PA3 2SJ

Tel: 0141 282 2280

Fax: 0141 282 2007

Email: NSS.isdSASM@nhs.net

Scottish Audit of Surgical Mortality

If this form cannot be completed due to the non-availability of case notes by the 30th June 2011, please have it co-signed here by the Medical Records Officer and the Medical Director (or their deputies), and return it to the SASM office.

Medical Records Officer:

Signature:

Name: (PLEASE PRINT)

Medical Director:

Signature:

Name: (PLEASE PRINT)

WWW.SASM.ORG.UK

Supported by the Medical Royal Colleges and Surgical and Anaesthetic Associations
within Scotland

ALL IDENTIFIERS WILL BE REMOVED BEFORE 'FIRST LINE' ASSESSMENT

PLEASE COMPLETE THIS SECTION IN BLACK INK FOR ALL PATIENTS

Name of patient _____

Hospital _____

Hospital unit number _____

CHI number _____

Date of birth/age _____

Consultant surgeon _____

Email Address _____ @nhs.net

Date of Admission _____

Date of 1st operation _____

Date of 2nd operation _____

Date of death _____

Anaesthetists(s) involved in all operations during last admission

[Please provide name(s)] _____

Name of consultant anaesthetist(s) responsible for care of this patient

[Please provide name(s)] _____

Name of any additional anaesthetist(s) **particularly trainees** to whom feedback should be sent

(Feedback for trainees will be sent to the responsible consultant for forwarding to the trainee).

Feedback will be sent automatically to the above named if any areas of concern or for consideration are identified on peer review. Please tick here if you wish feedback even if no areas of concern or for consideration are identified.

In the case of multiple anaesthetics, the person completing the form should be the person administering the last anaesthetic

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2 Status of anaesthetist completing form

Consultant 1 *Specialist trainee 7 *Associate Specialist 6
*Staff grade 4 *Other (specify) 19 _____

Did you anaesthetise the patient Yes 1 No 2

If no, in what capacity are you filling in the form _____

Has the responsible consultant anaesthetist seen this completed form Yes 1 No 2 NA 3 Unknown 9

3 Significant co-existing factors increasing risk of death (please tick appropriate boxes)

None 2 or

Cardiovascular 1 Respiratory 1 Renal 1
Hepatic 1 Neurological/psychiatric 1 Advanced malignancy 1
Obstructive jaundice 1 Obesity 1 Diabetes 1
Other (specify) 19 _____

4

Do you consider that preoperative assessment could have been improved Yes 1 No 2

If yes, in what areas could pre-op assessment have been improved

Cardiovascular assessment 1 Respiratory assessment 2
Assessment of fluid balance 3 Renal assessment 4
Other (specify) 19 _____

5 Description of most significant operation(s)

1st operation

(Office use only)

Code:

2nd operation

(Office use only)

Code:

Date

D	D	M	M	Y	Y
---	---	---	---	---	---

Date

D	D	M	M	Y	Y
---	---	---	---	---	---

6 ASA grades (Please consider carefully. For definitions, see back page)

	1st operation	2nd operation
ASA1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
ASA2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
ASA3	<input type="checkbox"/> 1	<input type="checkbox"/> 1
ASA4	<input type="checkbox"/> 1	<input type="checkbox"/> 1
ASA5	<input type="checkbox"/> 1	<input type="checkbox"/> 1

7 Anaesthetist's view (before surgery) of overall risk of death

Minimal 1 Small 2 Moderate 3 Considerable 4 Expected 5

8

Time into anaesthetic room (24 hour clock)

Duration of anaesthetic (hours)

1st operation : : 2nd operation : :

9

Type of anaesthetic (may be combined eg local anaesthesia + sedation)

1st operation2nd operation

General anaesthesia

 1 1

Regional anaesthesia (spinal/epidural)

 2 2

Local anaesthesia (field block/infiltration)

 4 4

Sedation

 5 5

10 Grade(s) of anaesthetist(s) at operation and immediately available

(Please ensure that the responsible consultant is named on the inside front cover of this form)

1st operation2nd operation

At Operation

Immediately Available

At Operation

Immediately Available

Consultant

 1 1

Specialist Trainee

 7 7

Associate Specialist

 6 6

Staff grade

 4 4

Other (including e.g. Specialist Trainees)

 19 19

If the anaesthetist was not a consultant, how many years has he/she been in present grade

If a consultant, do you have a routine list in this specialty

1st operationYes 1No 22nd operationYes 1No 2

If a trainee alone, was he/she appropriately trained for this level of responsibility

Yes 1No 2Yes 1No 2

If a trainee alone, did he/she discuss the case with a consultant pre-operatively

Yes 1No 2Yes 1No 2

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Optimisation

Would the patient have benefited from a period of optimisation

Yes 1 No 2

Did you attempt to optimise the condition of the patient

Yes 1 No 2

If yes, in what areas:

Fluid balance

Oxygenation (e.g. physio, diuresis, bronchodilators, CPAP etc)

Heart rate/arrhythmia

Blood pressure

Other (specify) _____

Yes (1)

No (2)

12

Do you consider that the decision to operate on this patient at this time was correct

Yes (1)

No (2)

If no, did you voice your concerns at the time

13

Was appropriate monitoring available

Yes 1 No 2

14 Anaesthetic technique

Using tick boxes and free text please give a description of the anaesthetic, sufficient to help the assessor's review. If you wish, you may attach an anonymised version of the anaesthetic chart

	1 st operation			2 nd operation	
	Yes (1)	No (2)		Yes (1)	No (2)
Mask/LMA	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
ET tube	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Spont vent	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
IPPV	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Regional/LA	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Sedation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Please give details of drugs, agents and technique used

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Were there problems with any of the following

	Yes (1)	No (2)
Intubation and control of the airway	<input type="checkbox"/>	<input type="checkbox"/>
Control of blood pressure perioperatively	<input type="checkbox"/>	<input type="checkbox"/>
Control of heart rate/rhythm perioperatively	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of oxygenation perioperatively	<input type="checkbox"/>	<input type="checkbox"/>
Fluid balance perioperatively	<input type="checkbox"/>	<input type="checkbox"/>
Choice of anaesthetic	<input type="checkbox"/>	<input type="checkbox"/>
Anaesthetic assistance	<input type="checkbox"/>	<input type="checkbox"/>

16

Anaesthetist's view (after surgery) of overall risk of death

Minimal 1 Small 2 Moderate 3 Considerable 4 Expected 5

17

Were there any areas of concern with the recovery room for this patient

	1 st operation			2 nd operation	
	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2		Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2
If yes, specify _____					

Were there any other areas of concern in the patient's care in the first 24 hours post-op after discharge from recovery

1st operation
 Yes 1 No 2

2nd operation
 Yes 1 No 2

If yes, specify _____

Did these areas of concern contribute to or cause death

1st operation
 Yes 1 No 2

2nd operation
 Yes 1 No 2

If yes, specify _____

Use of ICU/HDU resources (for definitions please see back page)

Did this patient **receive** ICU care during this admission Yes 1 No 2

If no, did this patient need ICU care during this admission Yes 1 No 2

Did this patient **receive** HDU care during this admission Yes 1 No 2

If no, did this patient need HDU care during this admission Yes 1 No 2

Was critical care available at time of need ICU Yes 1 No 2 Not Applicable 3

HDU Yes 1 No 2 Not Applicable 3

If **no** why not None in hospital 1 Unit full 2 Other (specify) 3 _____

Were there any concerns in the ICU/HDU management of this patient Yes 1 No 2

Specify _____

20

Could post-op care have been improved

1st operation
Yes 1 No 2

2nd operation
Yes 1 No 2

If yes, specify

Please give details of any problems in the post-op period

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Which statement best describes the *management* of this case? (for definitions please see back page)

- There were no areas of concern or for consideration in the management of this patient 3
- There were areas for consideration but they made no difference to the eventual outcome 4
- There were areas of concern but they made no difference to the eventual outcome 5
- There were areas of concern which may have contributed to this patient's death 1
- There were areas of concern which CAUSED the death of this patient who would have been expected to survive 2

Please comment (Use back page if more space required)

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In retrospect, could anything have been done differently

Yes 1 No 2

If 'Yes', please specify (Use back page if more space required)

Does your hospital have a multidisciplinary M & M Meeting?

Yes 1 No 2

If so, has this case been discussed?

Yes 1 No 2

It will be in the future 3

If yes, what conclusions were reached and what changes will be/have been instituted

Does your local department have an M & M Meeting?

Yes 1 No 2

If so, has this case been discussed?

Yes 1 No 2

It will be in the future 3

If yes, what conclusions were reached and what changes will be/have been instituted

24 Additional comments:

Definitions:

An **ICU** is an area to which patients are admitted for treatment of actual or impending organ failure that may require technological support (including mechanical ventilation of the lungs and/or invasive monitoring).

An **HDU** is an area for patients who require more intensive observation and/or nursing than would be expected in a general ward. Patients who require mechanical ventilation or other organ support would not be admitted to this area.

ASA grades

ASA1 The patient has no organic, physiological, biochemical or psychiatric disturbance. The pathological process for which operation is to be performed is localised and does not entail a systemic disturbance.

ASA2 Mild to moderate systemic disturbance caused by either the condition to be treated surgically or by other pathophysiological processes.

ASA3 Severe systemic disturbance of disease from whatever cause, even though it may not be possible to define the degree of disability with finality.

ASA4 Severe systemic disorders that are already life threatening, not always correctable by operation.

ASA5 The moribund patient who has little chance of survival but is submitted to operation in desperation.

An **area of concern** is where it is believed that areas of care should have been better.

An **area for consideration** is where it is believed that areas of care could have been improved whilst recognising that there may be issues for debate.