



# ICU Pro Forma - 2010

2010/

Study number

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

E-mail: [NSS.isdSASM@nhs.net](mailto:NSS.isdSASM@nhs.net)

## Scottish Audit of Surgical Mortality

[WWW.SASM.ORG.UK](http://WWW.SASM.ORG.UK)

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

THE SMALL NUMBERS AT THE BOXES ARE FOR OFFICE USE AND SHOULD BE IGNORED  
SECTIONS 1-4 MUST BE COMPLETED

**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(s) \_\_\_\_\_

Name of Intensivist completing form for this patient

[Please provide name]

\_\_\_\_\_

*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.*

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