



Study number

ICU Pro Forma - 2006

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: sasm@isd.csa.scot.nhs.uk



*Scottish Intensive Care Society
Audit Group*

<http://www.scottishintensivecare.org>

Scottish Audit of Surgical Mortality

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

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

Date of birth/age

Consultant surgeon

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.

PLEASE RETURN THIS FORM TO THE SASM OFFICE

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

SASM study number

Ward Watcher number

	Yes (1)	No (2)
Was ICU admission planned before the patient's operation	<input type="checkbox"/>	<input type="checkbox"/>
Were there airways problems in the ICU:		
Upper airway obstruction	<input type="checkbox"/>	<input type="checkbox"/>
Tube blockage	<input type="checkbox"/>	<input type="checkbox"/>
Unscheduled extubation	<input type="checkbox"/>	<input type="checkbox"/>
Re-intubation	<input type="checkbox"/>	<input type="checkbox"/>
Tracheostomy complications	<input type="checkbox"/>	<input type="checkbox"/>
Were there problems with central lines in the ICU:		
Arterial puncture	<input type="checkbox"/>	<input type="checkbox"/>
Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>
Misplacement	<input type="checkbox"/>	<input type="checkbox"/>
Displacement	<input type="checkbox"/>	<input type="checkbox"/>
Infection	<input type="checkbox"/>	<input type="checkbox"/>
Were there untoward events in ICU with respect to any other factors <i>(please specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> <hr/> <hr/> <hr/>		
Was the patient discharged early	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above questions is "yes", please give more details on the back of this form.

Please complete the above form, then:

- Attach a copy of the discharge summary
- Attach a copy of the SASM/SICSAG report from the Ward Watcher system
- Return all of the above to the SASM office

Additional comments:

Many thanks for your help