



Neurosurgical Pro Forma - 2007

Study number

2007/

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 Audit of Surgical Mortality

If this form cannot be completed due to the non-availability of case notes by the 31st July 2008, 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

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 _____

Email Address _____

Names of all consultants/trainees with whom care was shared, e.g. surgeons referring from other hospitals/physicians/Hospital At Night (HAN) team. (Those named will also receive a copy of the feedback, addressed to your hospital, unless otherwise informed).

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

Anaesthetists(s)

[Please provide name(s)]

Responsible consultant anaesthetist

[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.

2
 Male 1 Female 2 Age years Study number

3 **Admission details**

Time of admission 08.00 - 17.00 1
 17.00 - 22.00 2
 22.00 - 08.00 3

Date of admission

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

 Date of death

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

 Date of referral to surgical Team

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

If elective, time from out-patient to admission
 Months Days

Was admission Delayed Yes (1) No (2)
 Cancelled

Was this patient transferred from another hospital
 Yes 1 No 2 Not applicable 3

Type of admission to hospital
 Elective 1
 Urgent 3
 Emergency 2

If yes, please provide details of consultants involved on facing sheet.

4 **Main surgical diagnosis on admission** (as suspected by clinicians after initial assessment) _____ Code: (Office use only)

Confirmed main surgical diagnosis (taking into account test results, operations, PM etc) _____

Cause of death (taking all information into account, including PM)

I a) _____
 I b) _____
 I c) _____
 II _____

Was death discussed with Procurator Fiscal Yes 1 No 2

5 **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 Other (specify) 19 _____

6 Did this patient **receive** ITU care during this admission Yes 1 No 2
 If no, did this patient need ITU 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 **ITU** 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 ITU/HDU management of this patient Yes 1 No 2
 Specify _____

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Was an operation performed during the patient's last admission

Yes 1 No 2

If no, why was no operation/procedure performed (Tick as many boxes as necessary)

Patient was inappropriately placed in a surgical specialty 1 No operational / procedural option 1

Operation/procedure possible, but:

Rapid death 1 Patient refused surgery 1 Surgery would not have affected outcome 1

If decision was made that surgery would not have affected outcome, was this a consultant decision Yes 1 No 2

Would this patient's care have been more appropriately delivered by another specialty Yes 1 No 2

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GCS

	Best pre-op/ no operation	Immediately pre-operation	Best post-operation
eye opening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
motor response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
verbal response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pupils reacting			
both pupils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
one pupil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
both unreactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Operation(s) carried out

1st Operation _____ 2nd Operation _____

Date

(Office use only)
Code:

Date

(Office use only)
Code:

10 Grade(s) of anaesthetist(s) present (Tick as many boxes as necessary)

1 st operation			2 nd operation		
		Locum			Locum
None	<input type="checkbox"/> 9	<input type="checkbox"/> 1	None	<input type="checkbox"/> 9	<input type="checkbox"/> 1
Consultant	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Consultant	<input type="checkbox"/> 1	<input type="checkbox"/> 1
SpR	<input type="checkbox"/> 2	<input type="checkbox"/> 1	SpR	<input type="checkbox"/> 2	<input type="checkbox"/> 1
SHO	<input type="checkbox"/> 3	<input type="checkbox"/> 1	SHO	<input type="checkbox"/> 3	<input type="checkbox"/> 1
Associate Specialist	<input type="checkbox"/> 6	<input type="checkbox"/> 1	Associate Specialist	<input type="checkbox"/> 6	<input type="checkbox"/> 1
Staff grade	<input type="checkbox"/> 4	<input type="checkbox"/> 1	Staff grade	<input type="checkbox"/> 4	<input type="checkbox"/> 1
Other (including e.g. Specialist Trainees)	<input type="checkbox"/> 5	<input type="checkbox"/> 1	Other (including e.g. Specialist Trainees)	<input type="checkbox"/> 5	<input type="checkbox"/> 1

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Grade(s) of surgeon(s) making decision, operating, assisting and present in theatre

	1 st operation				2 nd operation			
	Deciding	Operating	Assisting	In theatre	Deciding	Operating	Assisting	In theatre
Consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1
SpR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2
SHO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3
Associate Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 6
Staff grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4
Other (including e.g. Specialist Trainees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5

Was the lead surgeon a locum

If consultant not present :

- 1) Was the consultant aware of the operation
- 2) If the surgeon was not a consultant, how many years has he/she been in the present grade
- 3) Was the non-consultant operator suitably trained for this procedure

1 st operation		2 nd operation	
Yes	No	Yes	No
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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Clinical Summary of Case

13

Issues of concern discussed at meeting

1

2

3

14

Conclusions reached and action taken on above issues

1

2

3

15

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

Minimal 1

Small 2

Moderate 3

Considerable 4

Expected 5

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Was this a death within 24 hours of surgery

Yes 1

No 2

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Hospital infection

Yes (1)

No (2)

Was this patient transferred to your care with a hospital acquired infection

Did this patient develop a hospital acquired infection after transfer to your care

Was this a surgical site infection

Was hospital acquired infection MRSA+

Was hospital acquired infection Clostridium Difficile

Did infection contribute to or cause death

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Was a decision made to limit treatment

At outset

Yes 1

No 2

Subsequently

Yes 1

No 2

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Was a Post Mortem performed

Yes - hospital 1

Yes - Fiscal 2

No 3

Refused 4

If yes, did the PM contribute additional information which, if known, may have changed management

Yes 1

No 2

If yes, please specify _____

20 Secondary factors probably contributing to death

Outwith NSU

Yes (1) No (2)

- Delayed referral to or from primary hospital Yes (1) No (2)
- Inadequate resuscitation/inappropriate treatment prior to transfer Yes (1) No (2)
- Inappropriate referral to NSU Yes (1) No (2)
- Other (If yes, please specify) _____ Yes (1) No (2)

Within NSU

- Delay in evacuation of a mass lesion Yes (1) No (2)
- Other delay in management Yes (1) No (2)
- Inappropriate management Yes (1) No (2)
- Post traumatic meningitis Yes (1) No (2)
- Other (If yes, please specify) _____ Yes (1) No (2)
- SAH, re-bleed Yes (1) No (2)
- SAH, delayed ischaemia, not operated Yes (1) No (2)
- SAH, hydrocephalus Yes (1) No (2)
- Other (If yes, please specify) _____ Yes (1) No (2)
- Inappropriate grade of surgeon doing operation Yes (1) No (2)
- Inadequate level of supervision of operation Yes (1) No (2)
- Non availability of ITU Yes (1) No (2)
- Non availability of HDU Yes (1) No (2)
- Inadequate documentation Yes (1) No (2)
- Inter-staff communication failure Yes (1) No (2)
- Other (If yes, please specify) _____ Yes (1) No (2)
- Delay in the delivery of appropriate imaging pre-operatively Yes (1) No (2)
- Delay in the delivery of appropriate imaging post-operatively Yes (1) No (2)
- Did this delay have an impact on outcome Yes (1) No (2)
- Did this delay have an impact on outcome Yes (1) No (2)

Peri-operative intracranial complication:-

- Infection Yes (1) No (2)
- Operative/post-operative haematoma Yes (1) No (2)
- Ischaemia/infarction Yes (1) No (2)
- Other (If yes, please specify) _____ Yes (1) No (2)

Peri-operative extracranial complication:-

- Infection Yes (1) No (2)
- Pulmonary embolism Yes (1) No (2)
- Myocardial infarction Yes (1) No (2)
- Other (If yes, please specify) _____ Yes (1) No (2)
- Other unspecified factors Yes (1) No (2)

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Date anaesthetic form passed to Anaesthetist

D	D	M	M	Y	Y
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Signature of Chairman of Meeting _____