The South Australian Anaesthetic Mortality Committee

Confidential Report

You are requested to report any death resulting from surgery anaesthesia or related procedure. For the purposes of the Committee, no time period is designated. Many perioperative deaths are inevitable outcomes of the disease process. For completeness it would be appreciated if these are reported.

Please note that any information provided to this Committee is not admissible in any proceedings, as this Committee is endorsed by the Health minister and approved to work under Section 7 of The Health Care Act 2008. The report is assessed by the Committee and the confidential opinion reported in local and national reports. The Committee will make every effort to report the opinion to an individual making part of the report, if so requested.

If you wish to receive a report from the Committee, please include your name and contact details here:

Name: _____

Address: _____

_____

Please attach copies of pre-op assessment, anaesthetic record, surgical details and postoperative notes (where relevant).

Please return to: The Chairman
SAAMC
PO Box 737
North Adelaide SA 5006

Reports to the SA Anaesthetic Mortality committee are recognised by ANZCA Continuing Professional Development as a Category 3 Level 1 activity entitled to 2 points/hour.

1 Patient details

(Please omit details only where already clearly indicated on attached documentation)

Name: _____

Hospital: _____

UR number: _____

Date and time of death: _____

Place of death: _____

Date of Birth (or age): _____

Ethnic origin: _____

Date of Admission: _____

Date of procedure: _____

Time and date of Assessment: _____

Weight (or BMI): _____

Preoperative diagnosis: _____

Assessment

Preoperative anaesthetic assessment performed: Yes ☐ No ☐

Adequacy of pre-op evaluation: Adequate ☐ Inadequate ☐

Assessment performed by: Anaesthetist for procedure ☐ Other (please detail): _____

When was assessment performed: _____

ASA rating: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Elective or emergency surgery: Elective ☐ Emergency ☐

Co-morbidities present: _____

_____

_____

Previous anaesthetic problems: Yes ☐ No ☐

If yes, please specify:

_____

Do you consider pre-operative workup adequate: Yes ☐ No ☐

If not, please specify

_____

Fasting period: _____

Investigations appropriate? Yes ☐ No ☐

If not, please specify

_____

Abnormal pre-op results—please specify:

_____

2 Pre-op procedures

(Please omit details only where already clearly indicated on attached documentation)

Fluid resuscitation

Invasive monitoring lines

Regional anaesthesia

Other

Any required but not undertaken? Yes ☐ No ☐

Specify:

3 Details of Surgeon or Proceduralist (optional)

Name:_____

Specialty: _____

Level of training: _____

4 Details of anaesthetist or sedationalist

Name:_____

Year of birth: _____

Status

Specialist Yes ☐ No ☐

Staff Specialist ☐ VMO ☐ Private practitioner ☐

Trainee anaesthetist Yes ☐ No ☐

Dental Practitioner Yes ☐ No ☐

General Practitioner Yes ☐ No ☐

Qualifications (e.g. MBBS 1985, FANZCA 1993)

_____

Time and date of duty commenced: _____

Number of hours of duty prior to event: _____

Supervision? Yes ☐ No ☐ N/A ☐

Supervisor notified? Yes ☐ No ☐ N/A ☐

Before incident ☐

When incident occurred ☐

Following ☐

Location of supervisor

In theatre/procedure room ☐

Theatre suite ☐

Hospital ☐

Elsewhere available ☐

Elsewhere unavailable ☐

Assisted by

Anaesthetic Nurse ☐

Registered Nurse ☐

Student ☐

Enrolled ☐

Medical Practitioner ☐

No assistance ☐

Present at

Induction ☐

Extubation ☐

Readily available at other times ☐

Satisfactory Assistance: _____

Was the communication between the surgeon and anaesthetist: Good ☐ Satisfactory ☐ Poor ☐ ?

5 Details of the procedure

(Please omit details only where already clearly indicated on attached documentation)

Date of surgery: _____

Time of induction: _____

Time of surgery commencing: _____

Duration of surgery: _____

Time of incident/death: _____

Proposed procedures:

Completed procedures:

Abandoned procedures:

Location of procedure (in hospital)

- Operating theatre ☐
- Recovery unit ☐
- Procedure Room ☐
- Accident and Emergency ☐
- Radiology ☐
- Endoscopy suite ☐
- Cardiology ☐
- Intensive Care unit ☐
- General Ward ☐
- Labour Ward ☐
- Day Surgery unit ☐

Other, specify: _____

Out of hospital

- Private Rooms ☐
- Dental Surgery ☐

Other, specify: _____

Patient Positioning

- Supine ☐
- Prone ☐
- Lateral ☐

Other, specify: _____

Where was the patient when the incident/death occurred?

At what point in the procedure did the incident/death occur?

- Pre-induction ☐
- Induction ☐
- Maintenance ☐
- Emergence ☐
- Recovery ☐
- After discharge from theatre suite ☐

6 General anaesthetic or sedation

Pre-operative drugs:

Drug	Dose	Time	Route
_____	_____	_____	_____

Induction drug:

Drug	Dose	Time	Route
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Maintenance drugs:

Drug	Dose	Time	Route
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Gas/Inhalational agents:

Gas mixture: _____ Flow rates:_____

Anaesthetic circuit used—Specify: _____

Airway management

Mask ☐ Airway ☐

Laryngeal Mask Airway (LMA) ☐

Endotracheal tube (ET): Type and size: _____

Nasal Cuffed ☐ Uncuffed ☐

Oral Cuffed ☐ Uncuffed ☐

Airway difficulties—Specify:_____

Anaesthetic Machine Checked Yes ☐ No ☐

(By whom—note status) _____

Any difficulties with equipment Yes ☐ No ☐

Specify:_____

Equipment (lack or malfunction) likely to have been a contributory factor in the death: Yes ☐ No ☐

Specify:_____

If yes, date of last service: _____

Airway confirmation:

Capnograph ☐ Visual ☐

Auscultation ☐ X-Ray ☐

Reversal Drugs:

Specify:_____

Time:_____

7 Local anaesthesia details

Epidural ☐ Site: Thoracic ☐ Lumbar ☐ Caudal ☐

Spinal ☐

Combined Epidural/Spinal ☐

Regional ☐

Infiltration ☐

Drugs Used: _____ Milligram dosage: _____

_____ Milligram dosage: _____

_____ Milligram dosage: _____

Vasoconstrictor Yes ☐ No ☐

Details: _____

IV Access

Before Block ☐

After Block ☐

After incident ☐

None ☐

Oxygen used Yes ☐ No ☐

Other drugs including sedation and narcotics

Drug	Dose	Time	Route
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Monitors (GA or LA)	Yes	No
Separate oxygen source	☐	☐
Disconnection	☐	☐
Oxygen failure	☐	☐
Noninvasive BP Manual Automatic	☐	☐
Invasive BP	☐	☐
Pulse	☐	☐
CVP	☐	☐
ECG	☐	☐
Oximeter	☐	☐
Capnograph	☐	☐
Temperature	☐	☐
Pulmonary artery catheter	☐	☐
Peripheral nerve stimulator	☐	☐
Agent monitor	☐	☐
BIS monitor	☐	☐

Any monitor you would have liked but not available

Specify: _____

Fluids given—Type: _____ Volume _____

Blood

- Cross matched ☐
- '0' neg ☐
- Group specific ☐
- Blood products ☐

Blood Loss

- Measured ☐
- Estimated ☐

Fluid Losses: _____

8 Post-operative

Immediate transfer to:

- Recovery ☐
- ICU ☐
- Ward ☐
- Inter hospital ☐

Conscious on arrival: Yes ☐ No ☐

Position

- Supine ☐
- Lateral ☐
- Prone ☐
- Other: _____

Presence of experienced Recovery Nurse Yes ☐ No ☐

Patient cared for by:

- Registered Midwife ☐
- Registered Nurse ☐
- Student Nurse ☐
- Enrolled Nurse ☐
- Other: _____

Adequate resuscitation available? Yes ☐ No ☐

Monitors

- ECG ☐
- Oximeter ☐
- Non invasive BP ☐
- Invasive BP ☐
- CV line ☐
- Pulse ☐
- Capnograph ☐
- Other: _____

9 Summary

Please explain the circumstances perceived to contribute to the patient's death

Perceived likely cause of death

Thank you for taking the time to complete this report.