

The South Australian Anaesthetic Mortality Committee

Confidential Report

Information supplied by surgeon or proceduralist

Confidential Case Information

Name of Patient: _____

Name of Hospital: _____

Hospital UR Number: _____

Name of Surgeon/Proceduralist: _____

Name of Proceduralist completing form: _____

(If different from above)

The above information is strictly confidential and is for the sole purpose of the Mortality Committee. Any such information is not admissible in any proceedings.

If the surgeon or proceduralist wishes to request information from the subcommittee following its study of the case, please indicate below. Every effort will be made by the Subcommittee to respond to each request.

Information requested by surgeon or proceduralist: Yes No

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Surgeon or Proceduralist Information

Year of birth: _____

Year of graduation: _____

Year of obtaining specialist qualifications: _____

Status of proceduralist

Specialist Surgeon

Specialist Physician

Specialist Obs/Gynaecol

Registrar

Dentist

General Practitioner

Other, specify: _____

Qualifications:

Administrative information

Date of commencement
of duty for the day: _____

Time duty commenced for the day: _____ am/pm

No. of hours of surgical duty prior
to incident: _____ hours

Operation or Procedure information

Was the operative procedure performed under
supervision? Yes No

If yes, where was the supervisor?

Theatre/procedure room

Theatre suite

Hospital

Elsewhere: available

Elsewhere: unavailable

Surgical assessment of patient's fitness:

Good Fair Poor

Degree or urgency of procedure:

Immediate

Within 4 hours

Within 24 hours

Greater than 24 hours

Elective

Identified surgical incident: Yes No

If 'Yes', specify:

Perceived problems associated with death

(e.g. drugs, hypoxia, haemorrhage)

Please give details:

Identified problems associated with death

(e.g. personnel, equipment, experience, fatigue, etc.)

Please give details:

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Additional information

Please record any further information regarding the sequence of events leading to the fatal episode and its management which could be of importance to the Mortality Committee.