

[dd/mm/yyyy]

Chief Health Officer
Department of Health
PO Box 8172
Perth, WA, 6849

Dear Sir/Madam:

Re:

**CONFIDENTIAL REPORT TO THE STATE INVESTIGATOR
ANAESTHETIC MORTALITY COMMITTEE**

Patient label (If available)

ABLSOLUTE REPORTING REQUIREMENTS: *Basic information*

ABLSOLUTE REPORTING REQUIREMENTS: <i>Basic information</i>		
Patient Name		
Address		
Date of Birth		
Gender		
URN		
Hospital/Site		
Operation		
Patient's ASA: 1-5 (E)		
Date of Operation		
Time anaesthetic commenced		
Time anaesthetic ended		
Date deceased		
Time deceased		
Duration from induction to death		
Anaesthetist/s		Name plus details re: Specialist Trainee (level) GP Non-specialist IMGS
Surgeon/s /proceduralist		Name plus details re: Specialist (Specialty) Trainee GP/ non-specialist VMO/ IMGS RMO/ Intern dentist
Presumed cause of death		
Location of Procedure		(Induction room, theatre, recovery procedure room, A&E, medical imaging, endoscopy unit, cardiology, ICU, HDU, general ward, labour ward, day surgical unit, Out of hospital site (private rooms, dental surgery, non- hospital Day surgery unit), other)
Location of Death		

ABLSOLUTE REPORTING REQUIREMENTS: *Summary of case*

See guidelines below, please include timing of events. Use extra pages as necessary

Pre-operative Assessment and Management:

Intraoperative details:

Post-operative details:

Anaesthetic assistance:

Other issues, information or comments:

Yours sincerely,

[name/contact details]

Guidelines for completing a detailed summary of case:

Details to include (where relevant.)

Preoperative assessment

- Date of admission
- Comorbidities, past surgical history. Previous anaesthetic problems. Other relevant history. Allergies
- Fasting status
- Patient height/weight or BMI
- Preoperative condition/observations
- Presumed diagnosis
- Relevant investigations/abnormal results
- Advanced care planning, NFR (Not For Resuscitation) orders

Preoperative management

- Resuscitation
- Monitoring
- Regional analgesia/ pain management
- Other management
- Premedication/ Other Drugs

Intraoperative details

- Type of anaesthetic (GA, sedation, regional, local)
- Regional or local anaesthesia -details
- Positioning
- Monitoring (note any issues with monitoring)
- Drugs – (all drugs given: name, dose, route, timing)
- Airway management - (Airway difficulties, pre-oxygenation, cricoid pressure, equipment used.)
- Ventilation type/management/circuit
- Intraoperative observations
- Intraoperative events (anaesthetic and surgical)
- Intraoperative investigations
- Fluid loss/fluid administration
- Intraoperative difficulties
 - Cardiovascular/ Respiratory/ Equipment/ CNS
 - Cardiac arrest (type – VF, VT, asystole, PEA)
 - Anaphylaxis,
 - MH
 - Other
- Resuscitation management
- Case/specialty specific issues (e.g. tourniquet time/ clamp time)

Post-operative details

- Location of Immediate transfer to – recovery/ ICU/HDU/ inter-hospital, other (specify)
- ICU/HDU planned admission Y/N
- Issues in recovery (CNS, neuromuscular, temperature, cardiovascular, respiratory/airway, bleeding, vomiting)
- Postoperative observations/ monitoring
- Postoperative management
- Postoperative investigations
- Duration of stay in recovery
- Ward or ICU management and issues

Anaesthetic assistance

- Qualification/Type of assistant.
- Availability of assistant

Other information

- Underlying pathology/ findings at operation
- Coroner's report findings

Other issues

- Organisational
- Communication issues
- Fatigue

Other comments

American Society Of Anaesthesiologists (ASA) Physical Status Classification	
1	A normal health patient
2	A patient with mild systemic disease
3	A patient with severe systemic disease
4	A patient with severe systemic disease that is a constant threat to life
5	A moribund patient who is not expected to survive without the operation
E	Patient requires emergency procedure