Important

1) Please do not destroy or copy this form.
2) Completion of this form can be delegated to your Registrar only.
3) Please return this form to SAASM in the envelope provided within 14 days.
### 1. Patient

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
<th>UR number</th>
<th>Date of Birth (DD/MM/YYYY)</th>
<th>Date of Admission (DD/MM/YYYY)</th>
<th>Date of Operation (DD/MM/YYYY)</th>
<th>Age</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

### 2. Consultant surgeon (Please provide name)

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
</tr>
</thead>
</table>

### 3. Anaesthetist(s)

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
</tr>
</thead>
</table>

**Name of consultant anaesthetist responsible for care of this patient**

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
</tr>
</thead>
</table>

**Name of any additional Anaesthetist(s) involved to whom individual feedback should be sent**

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
</tr>
</thead>
</table>

*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.*

### 4. Status of anaesthetist completing form

- [ ] Specialist
- [ ] Non-Specialist
- [ ] Trainee/Registrar
- [ ] Operator
- [ ] Other (specify)

**Did you anaesthetise the patient?**

- [ ] Yes
- [ ] No

**If no, in what capacity are you filling the form**

**Has the responsible consultant anaesthetist seen this completed form?**

- [ ] Yes
- [ ] No

### 5. Type of Hospital

- [ ] Public hospital
- [ ] Private hospital
- [ ] Metro public teaching
- [ ] Metro public non-teaching
- [ ] Rural public other
- [ ] Rural-based
- [ ] Day care

### 6. Location of Death

- [ ] Operating theatre
- [ ] Recovery room/PACU
- [ ] General Ward
- [ ] Induction room
- [ ] Procedural room
- [ ] Not specified
- [ ] ICU/HDU
### 7. ASA Grade - Definition

- **ASA 1** - The patient has no organic, physiological, biochemical or psychiatric disturbance. The pathological process for which operation is to be performed is localised and does not entail a systemic disturbance.
- **ASA 2** - Mild to moderate systemic disturbance caused by either the condition to be treated surgically or by other pathophysiological processes.
- **ASA 3** - Severe systemic disturbance of disease from whatever cause, even though it may not be possible to define the degree of disability with finality.
- **ASA 4** - Severe systemic disorders that are already life threatening, not always correctable by operation.
- **ASA 5** - The moribund patient who has little chance of survival but is submitted to operation in desperation.
- **E** - Emergency procedure.

### 8. Patient factors

- Cardiovascular
- Obstructive jaundice
- Respiratory
- Renal
- Hepatic Other
- Neurological/psychiatric
- Advanced malignancy
- (specify)

### 9. Investigations performed pre-operatively

- Chest X-Ray
- Echocardiogram
- ECG
- Estimate of exercise tolerance
- Cardiologist opinion
- Other (specify)

**Do you consider the pre-operative assessment was adequate?**

- Yes
- No

### 10. Anaesthetist’s view of overall risk of death (before surgery)

- Minimal
- Small
- Moderate
- Considerable
- Expected

### 11. Operative Procedure

**Operation 1**

<table>
<thead>
<tr>
<th>Date (DD/MM/YYYY)</th>
<th>Time into anaesthetic room (24hr clock)</th>
<th>Duration of anaesthetic (hrs)</th>
</tr>
</thead>
</table>

**Type of surgery or procedure**

- Abdominal
- Neurosurgery
- Urology
- ENT/Head and Neck
- Renal
- Vascular
- Orthopaedic
- General (non-abdominal)
- Gynaecological
- Eye
- Cardiothoracic

**Non-invasive procedural**

- Endoscopy
- Radiological
- Cardiac

**Other**

- Invasive monitoring
- Resuscitation
- Pain management
- Obstetric

### 12. Do you consider that pre-op management/preparation could have been improved

- Yes (specify)
- No
13. Anaesthetist(s) at operation

(please ensure that the responsible consultant is named on the inside front cover of this form)

- [ ] Specialist
- [ ] Non-Specialist
- [ ] Trainee/Registrar
- [ ] Operator
- [ ] Other (specify)

If the anaesthetist was not a specialist, how many years has he/she been in present grade. __________ Years

- Was the lead anaesthetist a locum [ ] Yes [ ] No
- If a specialist, do you have a routine list in this specialty [ ] Yes [ ] No
- If a trainee alone, was he/she appropriately trained for this level of responsibility [ ] Yes [ ] No
- If a trainee alone, did he/she discuss the case with a specialist pre-operatively [ ] Yes [ ] No

14. Grade(s) of surgeon(s) present

- [ ] Specialist
- [ ] Non-Specialist
- [ ] Trainee/Registrar
- [ ] Operator
- [ ] Other (specify)
- [ ] Resident

Was there a dedicated assistant for the anaesthetist [ ] Yes [ ] No

If yes, specify ____________________________________________________________

15. Type of anaesthetic (may be combined eg. local anaesthesia + sedation)

- [ ] General anaesthesia
- [ ] Regional anaesthesia alone
- [ ] Sedation
- [ ] Local anaesthesia
- [ ] General & regional anaesthesia

16. Anaesthetic technique

Using tick boxes and free text please give a description of the anaesthetist, sufficient to help the assessor's review. If you wish, you may attach an anonymous version of the anaesthetic chart.

- [ ] Mask/LMA [ ] Yes [ ] No
- [ ] ET tube [ ] Yes [ ] No
- [ ] Spont vent [ ] Yes [ ] No
- [ ] IPPV [ ] Yes [ ] No

Please give details of drugs, agents and technique used

__________________________________________________________
### Untoward events (Intra Operative)

<table>
<thead>
<tr>
<th>Event</th>
<th>Were there any untoward events</th>
<th>If, so did they influence outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrhythmia</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Significant hypoxia</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Significant hypotension</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Hypothermia</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Adverse drug reaction</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

**Other (specify)**

**Monitoring**

Were the following monitored?

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Were monitored</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>SpO2</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECG</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vapour analyser</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body temperature</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intra-arterial pressure</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac output measurement</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NIPBP</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capnograph</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nerve stimulator</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine output</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CVP</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other (specify)**

Were there any clinically adverse effects as a result of invasive monitoring?

<table>
<thead>
<tr>
<th>Were there any clinically adverse effects</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, specify

Did a lack of monitoring affect the outcome?

<table>
<thead>
<tr>
<th>Did a lack of monitoring affect the outcome</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, specify

### Untoward events (Recovery Room)

<table>
<thead>
<tr>
<th>Event</th>
<th>Were there any untoward events</th>
<th>If, so did they influence outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrhythmia</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Significant hypoxia</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Significant hypotension</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Hypothermia</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Adverse drug reaction</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

**Other (specify)**

Were recovery facilities adequate for this patient?

<table>
<thead>
<tr>
<th>Were recovery facilities adequate for this patient</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If no, specify

Were there any other areas of concern in the patient's peri-operative care?

<table>
<thead>
<tr>
<th>Were there any other areas of concern in the patient's peri-operative care</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, specify

Did these areas of concern contribute to or cause death?

<table>
<thead>
<tr>
<th>Did these areas of concern contribute to or cause death</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
### 19. Use of ICU/HDU resources

An **ICU** is an area to which patients are admitted for treatment of actual or impending organ failure that may require technological support (including mechanical ventilation of the lungs and/or invasive monitoring).

An **HDU** is an area for patients who require more intensive observation and/or nursing than would be expected in a general wards. Patients who require mechanical ventilation or other organ support would not be admitted to this area.

<table>
<thead>
<tr>
<th>Was critical care available at time of need</th>
<th>ICU</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDU</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

If no, why not?

- None in hospital
- Unit full

<table>
<thead>
<tr>
<th>Were there any concerns in the ICU/HDU management of this patient</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, specify

<table>
<thead>
<tr>
<th>Did this patient receive ICU/HDU care during this admission</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If no, did this patient need ICU/HDU care during this admission

<table>
<thead>
<tr>
<th>Was critical care available at time of need</th>
<th>ICU</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDU</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

If no, why not?

<table>
<thead>
<tr>
<th>Were there any concerns in the ICU/HDU management of this patient</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, specify

### 20. Anaesthetist’s view of overall risk of death (after surgery)

- Minimal
- Small
- Moderate
- Considerable
- Expected

<table>
<thead>
<tr>
<th>Could post-op care have been improved</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, specify

### 21. Which statement best describes the management of this case?

- An **area of concern** is where the anaesthetist believes that areas of care **should** have been better.
- An **area for consideration** is where the anaesthetist wishes to draw the clinician’s attention to areas of care that he/she believes **could** have been improved, but recognises that it may be an area of debate.

- There were no areas of concern or for consideration in the management of this patient.
- There were areas for consideration but they made no difference to the eventual outcome.
- There were areas of concern but they made no difference to the eventual outcome.
- There were areas of concern which may have contributed to this patient's death.
- There were areas of concern which CAUSED the death of this patient who could have been expected to survive.

Please comment

In retrospect, would you have done anything differently

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, specify

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Study ID

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Thank you for your participation in this important improvement initiative.