South Australian Audit of Surgical Mortality

Anaesthetic Case Form

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.

Royal Australasian College of Surgeons

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SA Health

ALL IDENTIFIERS WILL BE REMOVED BEFORE 'FIRST LINE' ASSESSMENT
PLEASE COMPLETE THIS SECTION IN BLACK INK **FOR ALL PATIENTS**

Study ID

1. Patient

First name | Last name | UR number

Hospital/ Health Service | Age

Date of Admission (DD/MM/YYYY) | Date of Birth (DD/MM/YYYY) | Gender ☐ Female ☐ Male

Date of Operation (DD/MM/YYYY) | Date of Death (DD/MM/YYYY)

2. Consultant surgeon (Please provide name)

First name | Last name

3. Anaesthetist(s)

First name | Last name

First name | Last name

First name | Last name

Name of consultant anaesthetist responsible for care of this patient

First name | Last name

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

First name | Last name

First name | Last name

First name | Last name

Feedback will be sent automatically to the aboved 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 ☐ Metro public non-teaching ☐ Rural public other

☐ Private hospital ☐ Rural-based ☐ Day care

☐ Metro public teaching

6. Location of Death

☐ Operating theatre ☐ Recovery room/PACU ☐ General Ward

☐ Induction room ☐ Procedural room ☐ Not specified

☐ ICU/HDU

Study ID

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 wither 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 ☐ Echocargiogram ☐ 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

Date (DD/MM/YYYY)

Time into anaesthetic room (24hr clock)

Duration of anaesthetic (hrs)

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

Study ID

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 ☐ Trainee/Registrar ☐ Operator

☐ Non-Specialist ☐ Resident

☐ Other (specify)

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 **Spont vent** ☐ Yes ☐ No

ET tube ☐ Yes ☐ No **IPPV** ☐ Yes ☐ No

Please give details of drugs, agents and technique used

Study ID

17. Untoward events (Intra Operative)

	Were there any untoward events		If so, did they influence outcome	
Arrhythmia	☐ Yes	☐ No	☐ Yes	☐ No
Significant hypoxia	☐ Yes	☐ No	☐ Yes	☐ No
Significant hypotension	☐ Yes	☐ No	☐ Yes	☐ No
Hypothermia	☐ Yes	☐ No	☐ Yes	☐ No
Adverse drug reaction	☐ Yes	☐ No	☐ Yes	☐ No

Other (specify)

Monitoring
Were the following monitored

SpO2	☐ Yes	☐ No	**NIPBP**	☐ Yes ☐ No
ECG	☐ Yes	☐ No	**Capnograph**	☐ Yes ☐ No
Vapour analyser	☐ Yes	☐ No	**Nerve stimulator**	☐ Yes ☐ No
Body temperature	☐ Yes	☐ No	**Urine output**	☐ Yes ☐ No
Intra-arterial pressure	☐ Yes	☐ No	**CVP**	☐ Yes ☐ No
Cardiac output measurement	☐ Yes	☐ No		

Other (specify)

Were there any clinically adverse effects as a result of invasive monitoring? ☐ Yes ☐ No

If yes, specify

Did a lack of monitoring affect the outcome? ☐ Yes ☐ No

If yes, specify

18. Untoward events (Recovery Room)

	Were there any untoward events		If so, did they influence outcome	
Arrhythmia	☐ Yes	☐ No	☐ Yes	☐ No
Significant hypoxia	☐ Yes	☐ No	☐ Yes	☐ No
Significant hypotension	☐ Yes	☐ No	☐ Yes	☐ No
Hypothermia	☐ Yes	☐ No	☐ Yes	☐ No
Adverse drug reaction	☐ Yes	☐ No	☐ Yes	☐ No

Other (specify)

Were recovery facilities adequate for this patient ☐ Yes ☐ No

If no, specify

Were there any other areas of concern in the patient's peri-operative care ☐ Yes ☐ No

If yes, specify

Did these areas of concern contribute to or cause death ☐ Yes ☐ No

If yes, specify

Study ID

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.*

Did this patient receive ICU/HDU care during this admission ☐ Yes ☐ No

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

Was critical care available at time of need
ICU ☐ Yes ☐ No ☐ N/A
HDU ☐ Yes ☐ No ☐ N/A

If no, why not? ☐ None in hospital ☐ Unit full

Were there any concerns in the ICU/HDU management of this patient ☐ Yes ☐ No

If yes, specify

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

☐ Minimal ☐ Small ☐ Moderate ☐ Considerable ☐ Expected

Could post-op care have been improved ☐ Yes ☐ No

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 clinican'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 ☐ Yes ☐ No

If yes, specify

Study ID

Additional comments:

Please do not provide any identifiable information

Thank you for your participation in this important improvement initiative.