The South Australian Anaesthetic Mortality Committee

Confidential Report

Information supplied by surgeon or proceduralist

Confidential Case Informa	tion

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.		
Please return to the Chair:		
SAAMC c/- ANZCA 168 Ward Street North Adelaide SA 5006		
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	Operation or Procedure information
Year of birth: Year of graduation:	Was the operative procedure performed under
	supervision? Yes U No U
Year of obtaining specialist qualifications:	If yes, where was the supervisor?
Status of proceduralist	Theatre/procedure room
Specialist Surgeon \Box	Theatre suite
Specialist Physician	Hospital L
Specialist Obs/Gynaecol	Elsewhere: available
Registrar	Elsewhere: unavailable
Dentist \square	Surgical assessment of patient's fitness:
General Practitioner	Good Fair Poor P
Other, specify:	Degree or urgency of procedure:
Qualifications:	Immediate 🗆
	Within 4 hours
	Within 24 hours
Administrative information	Greater than 24 hours
Date of commencement	Elective
of duty for the day:	Identified surgical incident: Yes \square No \square
Time duty commenced for the day:am/pm	If 'Yes', specify:
No. of hours of surgical duty prior to incident: hours	
	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.