South Australian
Anaesthetic Mortality Committee
(SAAMC)

CONFIDENTIAL REPORT TO THE SOUTH AUSTRALIAN ANAESTHETIC MORTALITY COMMITTEE

Anaesthetist Report

You are requested to report any death resulting from surgical anaesthesia or related procedures. For the purposes of the Committee, no time period is designated. Many perioperative deaths are inevitable outcomes of the disease process. For completeness it would be appreciated if these are reported.

Please note that any information provided to this Committee is not admissible in any proceedings, as this Committee is endorsed by the Health Minister and approved to work under Section 7 of The Health Care Act 2008. The report is assessed by the Committee and the confidential opinion reported in local and national reports. The Committee will make every effort to report the opinion to an individual making part of the report, if so requested.

If you wish to receive feedback from the Committee, please include your name and contact details here:

Name:	
Preferred contact details	

Please attach copies of:

- ☐ Pre-op assessment (including relevant pre-op tests)
- ☐ Anaesthetic record
- ☐ Surgical record
- ☐ Other peri-operative notes (where relevant)

Please return to:
The Chair - CONFIDENTIAL

SA Anaesthetic Mortality Committee

c/- ANZCA SA & NT Regional Office

168 Ward Street, North Adelaide SA 5006

Reports to the SA Anaesthetic Mortality committee are recognised by ANZCA Continuing Professional Development as Incident Reporting under the Practice Evaluation category.

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1 Patient details

(Please omit details only where already clearly indicated on attached documentation)

Patient's name:	
Hospital:	
UR Number:	
Date and time of death:	
Place of death:	
Date of birth (or age)	
Ethnic origin:	
Date of Admission:	
Date of procedure:	
Time and date of assessment:	
BMI (or estimate):	

Preoperative diagnosis:

Pre-operative assessment:

Was the anaesthetic assessment performed by the anaesthetist doing the case?

☐ Yes
☐ No

Was pre-operative anaesthetic assessment adequate?

☐ Yes
☐ No

If no, why not?

Was fasting adequate? Yes ☐ No ☐

ASA rating:

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Was it an emergency?

- ☐ Yes
- ☐ No

Co-morbidities present:

Are there any other elements to the pre-operative assessment that are relevant to the case:

Pre-op preparation (eg fluid resuscitation, invasive lines, regional blockade).
Please provide details:

2 Staff involved

Surgeon or Proceduralist (optional)

Specialty: _____

Level of training:

- ☐ Specialist
- ☐ Trainee
- ☐ Other _____

Details of anaesthetist or seditionist

Level of training:

- ☐ Specialist
- ☐ Trainee
- ☐ GP / non-specialist
- ☐ Other _____

Qualifications (eg MBBS 20XX, FANZCA 20XX_____

For trainees:

Year level: _____

Level of supervision:

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

Number of hours of duty prior to event: _____

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Details of anaesthetic assistant

Assisted by:

- ☐ Nurse
- ☐ Technician
- ☐ No assistant
- ☐ Other _____

Was assistance adequate?

- ☐ Yes
- ☐ No

If no please explain:

Was the communication between the theatre team adequate?

- ☐ Yes
- ☐ No

If no, please explain:

Any other comments:

3 The procedure

Details of the surgery:

(Please omit details only where already clearly indicated on attached documentation)

Date of surgery:	
Time of induction:	
Duration of surgery:	
Proposed procedures:	

Was the procedure completed?

- ☐ Yes
- ☐ No

Location of procedure/anaesthetic

- ☐ Operating theatre (surgical)
- ☐ Technical suite (cardiology, gastro, radiology etc)
- ☐ Other (please explain)

Details of the surgical site:

Regarding the site where the procedure occurred, was it:

- ☐ Metropolitan
- ☐ Rural
- ☐ Remote

Was the hospital/site:

- ☐ Public
- ☐ Private
- ☐ Blended public/private

Tick which is appropriate as to maximum support of the patient at that site:

- ☐ ICU
- ☐ HDU
- ☐ 24/7 medical coverage
- ☐ Day stay only

Details of the anaesthetic:

Please attach a photocopy of the anaesthetic chart. If unable to do so, please provide as much detail as possible.

Please include details regarding all drugs administered, monitoring used, airway devices employed, local/regional anaesthetic techniques. Note where any problems may have occurred, and why.

4 Post-operative

Where was patient cared for post op?

- ☐ ICU
- ☐ HDU
- ☐ Ward care
- ☐ Discharged home

Was the post-op care adequate?

- ☐ Yes
- ☐ No

If no, please explain:

5 Events leading to the patient's death

Where was the patient when the incident leading to death occurred?

- ☐ Induction room
- ☐ Operating theatre
- ☐ PACU
- ☐ Procedure room
- ☐ ICU/HDU
- ☐ General ward
- ☐ Other _____

Where was the patient when they died?

- ☐ Induction room
- ☐ Operating theatre
- ☐ PACU
- ☐ Procedure room
- ☐ ICU/HDU
- ☐ General ward
- ☐ Other _____

6 Summary

Please explain the circumstances perceived to contribute to the patient's death:

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What, in your opinion, is the most likely cause of death?

Please post completed form to:

SAAMC Chair – Confidential
C/- ANZCA SA Regional Office
168 Ward Street
North Adelaide SA 5006

Enquiries can be made c/- sa@anzca.edu.au

Thank you for taking the time to complete the report.