



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 ACTASM in the envelope provided within 14 days.

ACTASM

Royal Australasian College of Surgeons
Unit 3/13, Napier PI
Deakin ACT 2600
Ph: +61 2 6285 4558
Fax: +61 2 6285 3366
Email: actasm@surgeons.org



ALL IDENTIFIERS WILL BE REMOVED BEFORE 'FIRST LINE' ASSESSMENT

PLEASE COMPLETE THIS SECTION IN BLACK INK FOR ALL PATIENTS

Name of patient _____

Hospital _____

Hospital unit number _____

Date of birth/age _____

Consultant surgeon _____

Anaesthetists(s)
[Please provide name(s)] _____

Name of consultant anaesthetist responsible for care of this patient
[Please provide name] _____

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

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.

Date of admission

--	--	--	--	--	--

Date of operation

--	--	--	--	--	--

Date of death

--	--	--	--	--	--

THE SMALL NUMBERS AT THE BOXES ARE FOR OFFICE USE AND SHOULD BE IGNORED

Study number

3 Status of anaesthetist completing form

Specialist 1 Non-Specialist 2 Trainee / Registrar 3 Operator 6

Other (specify) 19 _____

Did you anaesthetise the patient Yes No

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

Has the responsible consultant anaesthetist seen this completed form Yes No

4 Type of Hospital

Public Hospital

Private Hospital

Day Care Facility

5 Location of Death

Operating theatre

Induction room

Recovery room

Procedural room

ICU/High dependency

General Ward

Not specified

6 Patient factors

Age _____

Sex M / F

ASA Status 1 2 3 4 5E

Cardiovascular Respiratory Renal

Hepatic Neurological/psychiatric Advanced malignancy

Obstructive jaundice Other (specify) _____

Anaesthetist's view of overall risk of death (before surgery)

Minimal 1 Small 2 Moderate 3 Considerable 4 Expected 5

7 Investigations performed pre-operatively

Chest X-ray _____

ECG _____

Estimate of exercise tolerance _____

Echocardiogram _____

Cardiologist opinion _____
 Other _____

Do you consider the pre-operative assessment was adequate? Yes No

8 Operative Procedure

Operation

.....

Type of surgery or procedure

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

Non-invasive procedural

- Endoscopy
- Cardiac
- Radiological

Other

- Obstetric
- Resuscitation
- Pain management
- Invasive monitoring

9

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

Minimal 1 Small 2 Moderate 3 Considerable 4 Expected 5

10

**Do you consider that pre-op management/preparation
 Could have been improved. If yes please specify** Yes No

.....

11

operation

Time into anaesthetic room (24 hour clock)

:

Duration of anaesthetic (hours)

:

12. 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 __

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

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

- Specialist
- Non-Specialist
- Trainee / Registrar
- Resident
- Other (specify)

Was there a dedicated assistant for the anaesthetist

Yes

No

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

- General anaesthesia
- Regional anaesthesia alone
- General + regional anaesthesia
- Local anaesthesia
- Sedation

15

Anaesthetic technique

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

	Yes	No
Mask/LMA	<input type="checkbox"/>	<input type="checkbox"/>
ET tube	<input type="checkbox"/>	<input type="checkbox"/>
Spont vent	<input type="checkbox"/>	<input type="checkbox"/>
IPPV	<input type="checkbox"/>	<input type="checkbox"/>

Please give details of drugs, agents and technique used

.....

16

Untoward events (Intra Operative)

	Were there any untoward events		If so, did they influence outcome	
	Yes	No	Yes	No
Arrhythmia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significant hypoxia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significant hypotension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypothermia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adverse drug reaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				

Monitoring

Were the following monitored

	Yes	No
SpO2	<input type="checkbox"/>	<input type="checkbox"/>
ECG	<input type="checkbox"/>	<input type="checkbox"/>
NIBP	<input type="checkbox"/>	<input type="checkbox"/>
Capnograph	<input type="checkbox"/>	<input type="checkbox"/>
Vapour analyser	<input type="checkbox"/>	<input type="checkbox"/>
Body temperature	<input type="checkbox"/>	<input type="checkbox"/>
Nerve stimulator	<input type="checkbox"/>	<input type="checkbox"/>
Urine output	<input type="checkbox"/>	<input type="checkbox"/>
CVP	<input type="checkbox"/>	<input type="checkbox"/>
Intra-arterial pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac output measurement	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____

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

Yes No

If yes, specify _____

Did a lack of monitoring affect the outcome

Yes No

Describe

.....
.....
.....

17

**Untoward events
(Recovery Room)**

Were there any untoward events

If so, did they influence outcome

	Yes	No	Yes	No
Arrhythmia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significant hypoxia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significant hypotension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypothermia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adverse drug reaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other

.....
.....

18

Were recovery facilities adequate for this patient

Yes No

If no, specify _____

.....
.....

19

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

.....
.....
.....
.....
.....

20

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 Not applicable
HDU Yes No Not applicable

If **no** why not None in hospital Unit full Other (specify)

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

Specify

.....
.....
.....
.....
.....
.....

21

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

Minimal 1 Small 2 Moderate 3 Considerable 4 Expected 5

22

Could post-op care have been improved

Yes No

If yes, specify

.....

Which statement best describes the *management* of this case?

An area of concern is where the assessor believes that areas of care **should** have been better.
 An area for consideration is where the assessor 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 would have been expected to survive

Please comment (*use back page if more space required*)

In retrospect, would you have done anything differently Yes No
If 'Yes', please specify (*Use back page if more space required*)

Definitions:

ASA grades

- ASA1** 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.
- ASA2** Mild to moderate systemic disturbance caused by either the condition to be treated surgically or by other pathophysiological processes.
- ASA3** Severe systemic disturbance of disease from whatever cause, even though it may not be possible to define the degree of disability with finality.
- ASA4** Severe systemic disorders that are already life threatening, not always correctable by operation.
- ASA5** The moribund patient who has little chance of survival but is submitted to operation in desperation.

add "E"	If emergency procedure
----------------	------------------------

Additional comments: