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 TASM.

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In Collaboration with the Department of Health and Human Services

Endorsed by the University of Tasmania, Faculty of Health Science

Version 1.0

1

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. ☐

2

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

Metropolitan public teaching	☐	Rural public other	☐
Metropolitan non- teaching	☐	Private	☐
Rural base	☐	Day Care	☐

5 Location of the event which lead to the death

Operating theatre	☐	ICU/High dependency	☐
Induction room	☐	General Ward	☐
Recovery room	☐	Not specified	☐
Procedural room	☐		

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	☐	Trainee / Registrar	☐
Non-Specialist	☐	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	☐	Trainee / Registrar	☐
Non-Specialist	☐	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	☐	Local anaesthesia	☐
Regional anaesthesia alone	☐	Sedation	☐
General + regional anaesthesia	☐		

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	☐	☐
ET tube	☐	☐
Spont vent	☐	☐
IPPV	☐	☐

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	☐	☐	☐	☐
Significant hypoxia	☐	☐	☐	☐
Significant hypotension	☐	☐	☐	☐
Hypothermia	☐	☐	☐	☐
Adverse drug reaction	☐	☐	☐	☐

Other _____

Monitoring

Were the following monitored

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

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	☐	☐	☐	☐
Significant hypoxia	☐	☐	☐	☐
Significant hypotension	☐	☐	☐	☐
Hypothermia	☐	☐	☐	☐
Adverse drug reaction	☐	☐	☐	☐

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 _____

_____

_____

23 **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: