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.
**ALL IDENTIFIERS WILL BE REMOVED BEFORE ‘FIRST LINE’ ASSESSMENT**

**PLEASE COMPLETE THIS SECTION IN BLACK INK FOR ALL PATIENTS**

<table>
<thead>
<tr>
<th>Name of patient</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td></td>
</tr>
<tr>
<td>Hospital unit number</td>
<td></td>
</tr>
<tr>
<td>Date of birth/age</td>
<td></td>
</tr>
<tr>
<td>Consultant surgeon</td>
<td></td>
</tr>
</tbody>
</table>

**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.*

<table>
<thead>
<tr>
<th>Date of admission</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of operation</td>
<td></td>
</tr>
<tr>
<td>Date of death</td>
<td></td>
</tr>
</tbody>
</table>

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

Type of Hospital

- Public Hospital [ ]
- Private Hospital [ ]
- Day Care Facility [ ]

Location of Death

- Operating theatre [ ]
- Induction room [ ]
- Recovery room [ ]
- Procedural room [ ]
- ICU/High dependency [ ]
- General Ward [ ]
- Not specified [ ]

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

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 □  

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 □  

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

Minimal □ 1  Small □ 2  Moderate □ 3  Considerable □ 4  Expected □ 5  

Do you consider that pre-op management/preparation Could have been improved. If yes please specify

Yes □  No □  

--------------------------------------------------------------------------------------  
--------------------------------------------------------------------------------------  
--------------------------------------------------------------------------------------
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 ☐
### 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.

<table>
<thead>
<tr>
<th>Anaesthetic Method</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mask/LMA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ET tube</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spont vent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IPPV</td>
<td></td>
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</tbody>
</table>

Please give details of drugs, agents and technique used

<table>
<thead>
<tr>
<th>Details of Drugs, Agents and Technique Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>........................................................................</td>
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<td>........................................................................</td>
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<td>........................................................................</td>
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</tbody>
</table>

### Untoward events (Intra Operative)

<table>
<thead>
<tr>
<th>Event</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrhythmia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significant hypoxia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significant hypotension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypothermia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adverse drug reaction</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If so, did they influence outcome

<table>
<thead>
<tr>
<th>Event</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrhythmia</td>
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<td></td>
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<tr>
<td>Adverse drug reaction</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>

### Monitoring

Were the following monitored

<table>
<thead>
<tr>
<th>Monitoring Method</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>SpO2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECG</td>
<td></td>
<td></td>
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<tr>
<td>NIBP</td>
<td></td>
<td></td>
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<tr>
<td>Capnograph</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vapour analyser</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body temperature</td>
<td></td>
<td></td>
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<tr>
<td>Nerve stimulator</td>
<td></td>
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<tr>
<td>Urine output</td>
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<td></td>
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<tr>
<td>CVP</td>
<td></td>
<td></td>
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<tr>
<td>Intra-arterial pressure</td>
<td></td>
<td></td>
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<tr>
<td>Cardiac output measure</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Other Event</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
**Did a lack of monitoring affect the outcome**

<table>
<thead>
<tr>
<th>Yes □</th>
<th>No □</th>
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<tbody>
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</table>

Describe

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**Untoward events (Recovery Room)**

<table>
<thead>
<tr>
<th>Were there any untoward events</th>
<th>If so, did they influence outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □</td>
<td>No □</td>
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<td>□</td>
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</tbody>
</table>

**Other**

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

**Were recovery facilities adequate for this patient**

<table>
<thead>
<tr>
<th>Yes □</th>
<th>No □</th>
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<tr>
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</table>

If no, specify

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**Were there any other areas of concern in the patient's peri-operative care**

<table>
<thead>
<tr>
<th>Yes □</th>
<th>No □</th>
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<tbody>
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</table>

If yes, specify

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Did these areas of concern contribute to or cause death

Yes □ No □

If yes, specify

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

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

Minimal □ 1 Small □ 2 Moderate □ 3 Considerable □ 4 Expected □ 5

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