

WHO OPERATES WHEN II

This form will be electronically scanned. Please use a black pen. Please complete all questions with either printed capitals or a bold cross. If you make a mistake, please "black-out" the box and re-enter the correct information.

Section One - The patien	t		
1. Hospital no. of patient	2. Year of birth 3. Sex 3. Sex 5.	ī	
4. Date of admission	d d m m y y		
5. Admission type (please tick only one)	In patient – elective In patient - emergency Day case		
6. Date of procedure	7. ASA Status (1 to 6) d d m m y y (Note: We do not use the E sub-classification)		
Section Two – The theat	re session		
8. Theatre session type (please tick only one)	Scheduled Emergency Surgical Emergency Trauma Unscheduled 9. Classification of theatre case (please tick only one) Urgent Scheduled Elective		
10. Location of procedure (please tick only one)	Theatre suite Day case unit Other (please specify)		
Section Three – The pro	cedure		
11. Start time of anaesthesia	(please use the 24 hour clock, 00:00 to 23:59)		
12. Start time of surgery	(please use the 24 hour clock, 00:00 to 23:59)		
13. Type(s) of anaesthetic (may be multiple)	a. Local b. Epidural/Spinal c. Other regional d. General e. Sedation		
14. Indication for operation /			
surgical diagnosis			
15. Procedure(s) performed		_	
Section Four – The surgeon			
16. Name of most senior surgeresent during procedure		╝	
1 81	Surname		
17. Grade of most senior surgeon present during procedure (see attached information sheet for three digit codes)			

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18. Was the senior surgeon present a locum?	Y N	
19. Years in grade of senior surgeon present		
20. If senior surgeon present is a trainee, is he/she working (please tick only one)	An on-call rota - If on a rota, please specify - 1 in days A full shift A partial shift	
21. If senior surgeon is a consultant and the procedure was commenced out-of-hours	a. Was the surgeon on call?	
22. If senior surgeon present is not a	Mr / Mrs / Miss / Ms / Dr / Prof (please ring) Initials	
consultant, please state name of consultant surgeon in charge of patient	Surname NCEPOD use only	
23. Specialty of consultant surgeon in charge	(see attached information sheet for three digit codes)	
Section Five – The anaesthetist		
24. Name of most senior anaesthetist	Dr / Prof (please ring) Initials	
present during the procedure	Surname	
25. Grade of most senior anaesthetist present during procedure	(please see attached information sheet for three digit codes)	
26. Years in grade of senior anaesthetist present		
27. If senior anaesthetist present is a trainee, is he/she working (please tick only one)	An on-call rota - If on a rota, please specify - 1 in days A full shift A partial shift	
28. If senior anaesthetist is a consultant and the procedure was commenced out-of-hours	Will the anaesthetist have time off following out-of-hours duties?	
29. If senior anaesthetist present is not a consultant, please state name of duty, on–call or responsible consultant	Dr / Prof (please ring) Surname NCEPOD use only	
30. If senior anaesthetist is not a consultant, was	there	
Immediately available supervision	Local supervision Distant supervision (please tick only one)	
Section Six – Recovery and final destinat	ion	
31. Time patient out of theatre	(please use the 24 hour clock, 00:00 to 23:59)	
32. Would the arrangements for the recovery of	this patient prevent the start of another case (if required)?	
33. Was the patient sent to recovery? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	N 33a. Length of stay in recovery hrs mins	
leaving suite (please tick only one) IC CO A G	DU General medical ward Home CU Died in theatre ppropriate surgical specialty ward Other (see 34a below) eneral surgical ward	
34a. If "Other", please specify		

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