

Questionnaire Assessment Form
GI Therapeutic Endoscopy 2002/2003
Autopsy

Questionnaire No.

M

F

Age

Type of autopsy

Hospital

Coroner

Other

Please specify

Section A – Demographics/clinical history

1. Does the report include the following?
- | | | |
|--|---|---|
| <input type="checkbox"/> A Name | <input type="checkbox"/> D Date of death | <input type="checkbox"/> G Name of operator (if different) |
| <input type="checkbox"/> B Hospital number | <input type="checkbox"/> E Location of death | <input type="checkbox"/> H Location of autopsy |
| <input type="checkbox"/> C Date of birth | <input type="checkbox"/> F Name of consultant responsible | <input type="checkbox"/> I Coronial jurisdiction <input type="checkbox"/> n/a |
2. Is a clinical history provided? Yes No
- 2a. If present is it Good Satisfactory Unsatisfactory
- 2b. If unsatisfactory please specify why:

3. Is the description of external appearances Good Satisfactory Unsatisfactory

3b. If unsatisfactory please specify why:

4. Was the patient's height recorded? Yes No
5. Was the patient's weight recorded? Yes No

6. Were scars and incisions measured? Yes No
7. Were IV line insertion, tubes etc. listed Yes No

8. Was the autopsy Full Limited
- 8a. If limited, please state which areas were not examined

9. Which organs were NOT weighed?
- | | | |
|----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> A Brain | <input type="checkbox"/> C Heart | <input type="checkbox"/> E Spleen |
| <input type="checkbox"/> B Lungs | <input type="checkbox"/> D Liver | <input type="checkbox"/> F Kidneys |

Section B – Gross Anatomy

10. Is the gross description of internal organs Good Satisfactory Unsatisfactory

10a. If unsatisfactory please specify why:

Section C – Operation (endoscopy) Site

11. Is the operation (endoscopy) site described? Yes No

12. Was the gross examination of the operation site appropriate to the clinico-pathological problem? Yes No

12a. If No, please specify why:

Section D – Organ Retention

13. Were whole or part organs retained? Yes No

13a. If retained, were they itemised? Yes No

14. Is the consent basis for organ retention clear from the report? Yes No

15. Were samples taken for histology? Yes No

15a. Were other samples taken e.g. toxicology Yes No

15b. If other samples were taken, please state:

16. If autopsy histology samples were taken, is the report included with the PM report? Yes No

16a. If Yes, was it Good Satisfactory Unsatisfactory

16b. If unsatisfactory, please specify why:

16c. If not taken, did the lack of histology detract significantly from the report in its account of answering the questions raised by death? Yes No

Section E – Clinico-pathological Summary

17. Is there a summary of lesions present? Yes No
18. Is there a clinico-pathological correlation and summary present? Yes No
- 18a. If Yes, is it? Good Satisfactory Unsatisfactory
- 18b. If unsatisfactory, please specify why:

Section F – Cause of Death Statement

19. Is an ONS cause of death present? Yes No
- 19a. If Yes, does it follow ONS formatting rules Yes No
20. Does the cause of death in Parts 1 or 2 include reference to the operation (endoscopy) and its date? Yes No
21. Does the cause of death in Parts 1 & 2 take into appropriate account the clinical course (including the endoscopy) and the autopsy findings? Yes No
- 21a. If No, please specify why:

22. Please tick one of the following as the main cause of death (i.e. main pathology, Part 1 of ONS statement)

- | | |
|--|---|
| <input type="checkbox"/> A Sepsis or significant organ infections (e.g. HIV related) | <input type="checkbox"/> K Primary postoperative haemorrhage |
| <input type="checkbox"/> B Malignant disease | <input type="checkbox"/> L Trauma |
| <input type="checkbox"/> C Ischaemic heart disease | <input type="checkbox"/> M Cirrhosis |
| <input type="checkbox"/> D Pulmonary embolism | <input type="checkbox"/> N Medical intervention, including drug related |
| <input type="checkbox"/> E Other cardiovascular disease (non-malignant) | Please state: _____ |
| <input type="checkbox"/> F Cerebrovascular disease | _____ |
| <input type="checkbox"/> G Pneumonia | <input type="checkbox"/> O Other |
| <input type="checkbox"/> H Aspiration pneumonia | Please state: _____ |
| <input type="checkbox"/> I Other lung disease (non-malignant) | _____ |
| <input type="checkbox"/> J Gastrointestinal disease (non-malignant) | <input type="checkbox"/> P Not stated |

23. My overall score for this autopsy is:

A Excellent (meets all standards set by RCPATH booklet)

D Poor

B Good

E Unacceptable (laying the pathologist open to serious professional criticism)

C Satisfactory

Section G - Summary

24. Clinical Relevance – This autopsy report demonstrates (more than one answer will often apply):

A Confirmation of essential clinical findings.

B A discrepancy in the cause of death or in a major diagnosis, which if known, might have affected treatment, outcome or prognosis.

C A discrepancy in the cause of death or in a major diagnosis, which if known, would probably not have affected treatment, outcome or prognosis.

D A failure to explain some important aspect of the clinical problem, as a result of a satisfactorily performed autopsy.

E A failure to explain some important aspect of the clinical problem, as a result of an unsatisfactory autopsy (performance and/or report).

F A minor discrepancy.

G An interesting incidental finding.

25. Are there any features that might be quoted in the NCEPOD report?

Yes

No

25a. If Yes, please state:

Initials

Date