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ACUTE KIDNEY INJURY STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Advisor Assessment Form (AF)

Questionnaire number ☐☐☐☐☐☐

INSTRUCTIONS FOR COMPLETION

Please complete all questions with either block capitals or a bold cross inside the boxes provided. If you make a mistake, please "black-out" the box and re-enter the correct information. Unless indicated, please mark only one box per question.

A. PATIENT AND ADMISSION DETAILS

1. Age ☐☐☐ Weight ☐☐☐ kg

☐ Not recorded

2. Gender ☐ Male ☐ Female

3. a. Time of arrival (24hr clock) ☐☐ : ☐☐ (h h m m) Date ☐☐ / ☐☐ / ☐☐☐☐ (d d m m y y y y)

☐ Not recorded Day of week ☐☐☐ (MON, TUE, etc)

b. Time of admission (24hr clock) ☐☐ : ☐☐ (h h m m) Date ☐☐ / ☐☐ / ☐☐☐☐ (d d m m y y y y)

☐ Not recorded Day of week ☐☐☐ (MON, TUE, etc)

4. a. Grade of admitting doctor:

☐ FY1 ☐ Staff grade
☐ FY2 ☐ Consultant
☐ SHO/ST1-2 ☐ Other
☐ FTSTA ☐ Not documented
☐ SpR/ST3 or higher ☐ Insufficient data

b. Specialty of admitting doctor: ☐☐☐

5. a. Time of Death (24hr clock) ☐☐ : ☐☐ (h h m m) Date of death ☐☐ / ☐☐ / ☐☐☐☐ (d d m m y y y y)

☐ Not recorded length of hospital episode ☐☐☐ Days

b. Specialty of doctor at time of death: ☐☐☐

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B. RESULTS OF INVESTIGATIONS ON ADMISSION

6. a. What was the patients first recorded pulse, BP and temperature?

Pulse ☐☐☐ bpm

BP ☐☐☐ / ☐☐☐

Temp ☐☐.☐ ºC

☐ Not recorded ☐ ID

b. Time and date of measurements ☐☐ : ☐☐ (h h m m) ☐☐ ☐☐ ☐☐ (d d m m y y)

7. a. What were the patients first ABG measurements?

pH ☐.☐☐

Pa 02 ☐☐.☐ kPa

Pa C02 ☐☐.☐ kPa

Base excess ☐☐.☐ meq/l

HCO3- ☐☐.☐ mmol/l

☐ Not recorded ☐ ID

b. Time and date of measurements ☐☐ : ☐☐ (h h m m) ☐☐ ☐☐ ☐☐ (d d m m y y)

8. a. What were the patients first FBC measurements?

Hb ☐☐.☐ g/dL

WCC ☐☐.☐ 10^9 /L

Neut ☐☐.☐ 10^9 /L

Platelets ☐☐☐ 10^9 /L

☐ Not recorded ☐ ID

b. Time and date of measurements ☐☐ : ☐☐ (h h m m) ☐☐ ☐☐ ☐☐ (d d m m y y)

9. a. What were the patients first U+Es and eGFR during this admission?

Na ☐☐☐ mmol/L

K ☐☐.☐ mmol/L

Urea ☐☐.☐ mmol/L

Creatinine ☐☐☐ umol/L

eGFR ☐☐☐ ml/min

☐ Not recorded ☐ ID

b. Time and date of measurements ☐☐ : ☐☐ (h h m m) ☐☐ ☐☐ ☐☐ (d d m m y y)

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10. Was the patient in renal failure on admission? ☐ Yes ☐ No
If Yes go to question 22 ☐ Unknown ☐ ID

C. RESULTS OF INVESTIGATIONS ON RECOGNITION OF AKI

11. a. What was the patient's pulse, BP and temperature at the time of AKI recognition?

Pulse ☐☐☐ bpm
BP ☐☐☐ / ☐☐☐
Temp ☐☐.☐ ºC
☐ Not recorded ☐ ID

b. Time and date of measurements ☐☐ : ☐☐ (h h m m) ☐☐ ☐☐ ☐☐ (d d m m y y)

12. a. What were the patients ABG measurements at the time of AKI recognition?

pH ☐.☐☐
Pa 02 ☐☐.☐ kPa
Pa C02 ☐☐.☐ kPa
Base excess ☐☐.☐ meq/l
HCO3- ☐☐.☐ mmol/l
☐ Not recorded ☐ ID

b. Time and date of measurements ☐☐ : ☐☐ (h h m m) ☐☐ ☐☐ ☐☐ (d d m m y y)

13. a. What were the patients FBC measurements at the time of AKI recognition?

Hb ☐☐.☐ g/dL
WCC ☐☐.☐ 10^9 /L
Neut ☐☐.☐ 10^9 /L
Platelets ☐☐☐ 10^9 /L
☐ Not recorded ☐ ID

b. Time and date of measurements ☐☐ : ☐☐ (h h m m) ☐☐ ☐☐ ☐☐ (d d m m y y)

14. a. What were the patients U+Es and eGFR at the time of AKI recognition?

Na ☐☐☐ mmol/L
K ☐☐.☐ mmol/L
Urea ☐☐.☐ mmol/L
Creatinine ☐☐☐ umol/L
eGFR ☐☐☐ ml/min
☐ Not recorded ☐ ID

b. Time and date of measurements ☐☐ : ☐☐ (h h m m) ☐☐ ☐☐ ☐☐ (d d m m y y)

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D. POST-ADMISSION AKI

15. In your opinion was the renal failure that developed post-admission:
(answers may be multiple)

- ☐ Predictable
- ☐ Avoidable
- ☐ Unpredictable
- ☐ Unavoidable
- ☐ Unknown
- ☐ ID

Please explain your answer:

16. a. Was there adequate assessment of risk factors for AKI?

- ☐ Yes
- ☐ No
- ☐ ID

b. If No which of the following risk factors were not adequately assessed?
(answers may be multiple)

- ☐ Age
- ☐ Sepsis
- ☐ Co-morbidity
- ☐ Biochemistry
- ☐ Medication
- ☐ Urinalysis
- ☐ Previous CKD
- ☐ Weight
- ☐ Hypovolaemia
- ☐ Nutritional state
- ☐ Other

17. a. Was there an unacceptable delay in recognising the onset of AKI?

- ☐ Yes
- ☐ No

b. If Yes how long was the delay?

☐☐ days ☐☐ hours

c. Was the delay due to?

- ☐ Inadequate observations
- ☐ Lack of clinician experience
- ☐ Inadequate investigations
- ☐ Lack of clinical reviews
- ☐ Other

19. a. If the patient developed AKI post-admission, in your opinion could this have been due to a delay in a required surgical procedure?

- ☐ Yes
- ☐ No

b. If yes please expand on your answer

20. a. If the patient developed AKI post-admission was this in the postoperative period?

- ☐ Yes
- ☐ No

b. If yes what procedure was performed?

c. If yes what grade was the surgeon?

☐☐☐☐

d. If yes how long post-op?

☐☐ days ☐☐ hours

e. In your opinion was this directly related to:
(answers may be multiple)

- ☐ Poor surgical technique
- ☐ Complications of surgery
- ☐ Timeliness of surgery
- ☐ Poor post-operative management
- ☐ Other
- ☐ Unknown

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21. a. Were risk factors contributory to the AKI appreciated and recognised? ☐ Yes ☐ No

b. If No which risk factors were missed?

- ☐ Sepsis
- ☐ Drugs
- ☐ Hypovolaemia
- ☐ Recent use of contrast
- ☐ Contributory co-morbidty
- ☐ Other

E. ASSESSMENT & MANAGEMENT OF AKI

22. a. Was investigation of the patient's AKI adequate? ☐ Yes ☐ No

b. If No what was omitted?

- ☐ Fluid balance
- ☐ Urinalysis
- ☐ USS
- ☐ CT
- ☐ MRI
- ☐ Radioisotopes
- ☐ Sepsis recognition
- ☐ Acid base balance
- ☐ Renal biopsy
- ☐ other

23. a. What definitive diagnosis was made to explain the patient's AKI?

- ☐ definitive diagnosis not documented
- ☐ ID

b. If a definitive diagnosis was made, in your opinion was it correct? ☐ Yes ☐ No ☐ ID

c. If no what would your diagnosis be?

24. a. Was the patient's AKI managed adequately? ☐ Yes ☐ No

b. If No; what was omitted?

- ☐ TPR chart
- ☐ Fluid balance chart
- ☐ Catheter
- ☐ Hourly urine output measurements
- ☐ CVP
- ☐ Correction of hypovolaemia
- ☐ Close monitoring of biochemistry
- ☐ Cessation of nephrotoxic drugs (excluding diuretics)
- ☐ Administration of diuretics
- ☐ Cessation of diuretics
- ☐ Medications altered to 'renal doses'
- ☐ Review by renal dietitian or nutrition team
- ☐ Daily weight chart
- ☐ Interventional radiology
- ☐ Surgery
- ☐ Other

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F. REFFERAL & SUPPORT

25. a. Was the patient referred to a nephrologist? ☐ Yes ☐ No

b. If No, should they have been referred? ☐ Yes ☐ No

c. If Yes - why?
- ☐ Clinical opinion
- ☐ Advanced management of AKI (without RRT)
- ☐ RRT
- ☐ Other

d. If the patient was referred to a nephrologist, in your opinion was this timely? ☐ Yes ☐ No

e. If No please expand on your answer:

26. a. If the patient was referred to a nephrologist, was this appropriate? ☐ Yes ☐ No

b. Was the advice given appropriate? ☐ Yes ☐ No

c. If No please expand on your answer:

d. Was there documented evidence of difficulty getting nephrology advice? ☐ Yes ☐ No

27. a. Was the patient transferred to:
- ☐ a Renal unit
- ☐ Level 3 care
- ☐ Level 2 care
- ☐ other
- ☐ not transferred

b. If transferred was this appropriate? ☐ Yes ☐ No

c. If No - why?
- ☐ Did not require escalation in care
- ☐ Patient too sick to transfer
- ☐ Other

d. If transferred were there difficulties in achieving this? ☐ Yes ☐ No

e. If the patient was not transferred to a Renal unit or level 2/3 care should they of been? ☐ Yes ☐ No

f. If Yes would this be for: (mark all that apply)
- ☐ More acute care
- ☐ RRT
- ☐ Cardio-respiratory support
- ☐ Other

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28. a. If transferred to level 2/3 care was there documented input from a renal team post transfer? ☐ Yes ☐ No ☐ NA

b. If Yes was this adequate? ☐ Yes ☐ No

c. If No please expand on your answer:

29. a. Did the patient receive RRT? ☐ Yes ☐ No

b. If yes what type of RRT?

- ☐ Intermittent Haemodialysis
- ☐ Continuous Haemodialysis
- ☐ Intermittent Haemofiltration
- ☐ Continuous Haemofiltration
- ☐ Peritoneal dialysis

c. Was RRT (or the type) appropriate for this patient? ☐ Yes ☐ No ☐ Yes but type not appropriate

d. If RRT (or the type) was not appropriate, why not?

e. If the patient did NOT receive RRT should they have? ☐ Yes ☐ No

f. If Yes please expand on your answer:

G. COMPLICATIONS OF AKI

30. Which complications of AKI did the patient develop? (answers may be multiple)

- ☐ Hyperkalaemia
- ☐ Acidosis
- ☐ Oedema
- ☐ Sepsis
- ☐ Serositis
- ☐ Encephalopathy
- ☐ Other

31. a. Were all the complications indicated above recognised? ☐ Yes ☐ No

b. If No which were missed? (answers may be multiple)

- ☐ Hyperkalaemia
- ☐ Acidosis
- ☐ Oedema
- ☐ Sepsis
- ☐ Serositis
- ☐ Encephalopathy
- ☐ Other

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32. a. Were all the complications of AKI managed appropriately? ☐ Yes ☐ No

b. If No please expand on your answer:

33. a. Were any of the complications avoidable? ☐ Yes ☐ No

If Yes please expand on your answer:

H. DECISION TO TREAT

34. If there was a decision NOT to actively treat the patient's AKI, was this:

a. made with reference to relevant clinical opinions? ☐ Yes ☐ No ☐ NA

b. discussed with the patient? ☐ Yes ☐ No ☐ NA

c. discussed with the patient's relatives? ☐ Yes ☐ No ☐ NA

d. appropriate? ☐ Yes ☐ No ☐ NA

If No please expand on your answer:

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I. OVERALL ASSESSMENT

35. Overall assessment of care for this patient (please select one category only)

- ☐ Good practice - a standard of care you would expect from yourself, your trainess and your institution
- ☐ Room for improvement: aspects of **clinical** care that could have been better
- ☐ Room for improvement: aspects of **organisational** care that could have been better
- ☐ Room for improvement: aspects of **clinical and organisational** care that could have been better
- ☐ Less than satisfactory: several aspects of **clinical and/or organisational** care that were well below a standard that you would expect from yourself, your trainees and institution
- ☐ Insufficient data

Please provide reasons for assigning this grade:

Are there any particular issues which you feel should be highlighted in the final report? ☐ Yes ☐ No

If yes, please specify:

Cause for concern cases

Occasionally NCEPOD will refer cases that have been identified as 5 (Less than satisfactory) when it is felt that further feedback to the Trust concerned is warranted. This is usually due to an area of concern particular to the hospital or clinician involved, and not for issues being highlighted across the body of case notes. In cases that are referred, the advisors have concerns that the pattern of practice fell below a standard, which indicates that the practitioner or team or Trust is likely to put future patients at risk, if not addressed. This process has been agreed by the NCEPOD Steering Group and the GMC. The Medical Director of the Trust is written to by the Chief Executive of NCEPOD explaining our concerns. This process has been in operation for four years and the responses received have always been positive in that they feel we are dealing with concerns in the most appropriate manner.

If you feel that this case should be considered for such action please check this box: ☐

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