EMERGENCY AND ELECTIVE SURGERY IN THE ELDERLY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

Anaesthetic Questionnaire CONFIDENTIAL

Hospital number of patient: | | | | | | | | | | | | | | | |

Name of NCEPOD Local Reporter: _____

Specialty of doctor completing form: _____

What is this study about?

NCEPOD is examining remediable factors in the process of care for elderly patients (80 years or older) who died within 30 days of surgery.

Who should complete this questionnaire?

The anaesthetist who was involved in the patients' first procedure of the final admission should complete the questionnaire. The name of the anaesthetist has been supplied to us by the surgeon who was responsible for carrying out the procedure.

To ensure confidentiality of the data, completed questionnaires must be returned directly to NCEPOD, and not via your clinical audit department or similar.

You must not copy any part of this form.

Please use the SAE provided.

Questions or help?

If you have any queries about the study or this questionnaire, please contact NCEPOD at:
Email: surgery@ncepod.org.uk

Telephone: 020 7631 3444

Thank you for taking the time to complete this questionnaire. The findings of the full study will be published in Autumn 2010.

How to complete this questionnaire?

Information will be collected using two methods: Box cross and free text, where your clinical opinion will be requested.

This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either block capitals or a bold cross inside the boxes provided e.g.

Does this hospital admit patients as:

☒ Inpatients ☐ Outpatients

If you make a mistake, please "black-out" the incorrect box and re-enter the correct information, e.g.

■ Inpatients ☒ Outpatients

Unless indicated, please mark only one box per question.

Please return the completed questionnaire to NCEPOD in the SAE provided.

A copy MUST NOT be kept in the patients notes

CPD Accreditation

Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. Completion of questionnaires also provides an opportunity for consultants to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual consultants. Consequently, NCEPOD recommends that consultants who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence of internal/ self directed Continuous Professional Development in their appraisal portfolio.

Specific inclusions

Specific inclusions

All patients 80 years or older who died within 30 days of a surgical procedure.

Definitions are provided on the next page. Space is also provided on the back page for your comments.

FOR NCEPOD USE ONLY | | | | | | |

8 448198 493792

DEFINITIONS

Medical assessment unit (MAU, SAU, etc)	An area where emergency patients are assessed and initial management undertaken by inpatient hospital teams. The patient is only in this area while initial assessment is made and then moved to another ward or discharged. The working of these units varies; some are purely for medical or surgical cases (MAU, SAU etc) while some function accross various specialties (CDU, AAU, etc).
Recovery area	An area to which patients are admitted following an operation or procedure, and where they remain until consciousness is regained, respiration and circulation are stable, and post operative analgesia is established.
Level of care	Level 0: Patients whose needs can be met through normal ward care in an acute hospital. Level 1: Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care whose needs can be met on an acute ward with additional advice and support from the critical care team. Level 2: (e.g. HDU) Patients requiring more detailed observation or intervention including support for a single failing organ system or post operative care, and those stepping down from higher levels of care. Level 3: (e.g. ICU) Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organs. This level includes all complex patients requiring support for multi-organ failure.
Initial assessment (excluding triage)	The patient's first assessment by a healthcare member of staff (medical or nursing) to identify healthcare needs.
Appropriate	The expected health benefit's to an average patient exceed the expected health risks by a sufficiently wide margin to make the intervention worthwhile and that intervention is superior to alternatives (including no intervention)
Clinical adverse events	An unitended injury caused by medical management rather than by the disease process and which is sufficiently serious to lead to prolongation of hospitalisation or to temporary or permenant impairment or disability to the patient at the time of discharge.
Other adverse events	e.g. fall off trolley
Critical incident	Any incident or event which has caused or could have caused an adverse outcome for the patient
American Society of Anaesthesiologists (ASA) classification of physical status	ASA 1: A normal healthy patient ASA 2: A patient with a mild systemic disease ASA 3: A patient with a severe systemic disease ASA 4: A patient with a severe systemic disease that is a constant threat to life ASA 5: A moribund patient who is not expected to survive without the operation ASA 6: A declared brain-dead patient who's organs are being removed for donor purposes
NCEPOD theatre	A staffed (medical, nursing and ancillary) emergency operating theatre available on a 24-hour basis; Trusts admitting urgent and emergency cases ,must ensure they are provided
Patient-related risk factors for venous thromboembolism, (National Institute for Health & Clinical Excellence)	Active cancer or cancer treatment; active heart or respiratory failure; acure medical illness; age over 60 years; antiphospholipid syndrome; Bechte's disease; central venous catheter in situ; continuous travel of 3+ hours 4 weeks before or after surgery; immobility; irritable bowel disease; myeloproliferative diseases; nephrotic syndrome; obesity; paraproteinaemia; paraproteinaemia; paroxysmal nocturnal haemoglobinuria; personal or family history of VTE; pregnancy or puerperium; recent myocardial infarction or stroke; severe infection; use or oral contraceptives or hormone replacement therapy; varicose veins with associated phlebitis; & inherited thrombophilias.

A. CASE SUMMARY

1. Please use this section to provide a brief summary of this case, adding any additional comments or information you feel relevant. (Please write clearly for the benefit of the specialist advisory group who will be reviewing the questionnaires). You may also type on a seperate sheet.

NCEPOD attaches great importance to this summary. Please give as much information as possible about the care of this patient.

B. ADMISSION DETAILS

2. Date of admission ☐☐ ☐☐ ☐☐ (d d m m y y)

C. PRE-OPERATIVE DETAILS

3a. If surgery was elective, was the patient seen at an anaesthetic pre-asssessment clinic? ☐ Yes ☐ No ☐ Unknown

3b. If YES to Q3a, was the patient seen by a consultant or a staff and associate specialist (SAS) grade anaesthetist? ☐ Yes ☐ No ☐ Unknown

3c. If YES to Q3a, was the reviewing anaesthetist involved in the final anaesthetic? ☐ Yes ☐ No ☐ Unknown

4. If the patient was seen at pre-assessment, did they undergo formal pre-operative assessment of cardiopulmonary reserve (for example, CPX testing?) ☐ Yes ☐ No ☐ Unknown

5a. Is there evidence an anaesthetist attended a pre-operative MDT meeting for this patient? ☐ Yes ☐ No ☐ Unknown

5b If NO, was there evidence that there was a discussion about this patient between a surgeon and anaesthetist pre-operatively? ☐ Yes ☐ No ☐ Unknown

6. Please indicate wheter there were there delays in any of the following, and where there were delays please indicate whether these were due to clinical or organisational factors, and give further details where appropriate. (Answers may be multiple)

	Delay			Further details
a) The decision to operate	☐ Yes - clinical	☐ Yes - organisational	☐ Yes - both	
b) Pre-operative stabilisation	☐ Yes - clinical	☐ Yes - organisational	☐ Yes - both	
c) Obtaining routine tests	☐ Yes - clinical	☐ Yes - organisational	☐ Yes - both	
d) Obtaining specialist investigations	☐ Yes - clinical	☐ Yes - organisational	☐ Yes - both	
e) Obtaining a medical specialist opinion	☐ Yes - clinical	☐ Yes - organisational	☐ Yes - both	
f) Access to an operating theatre	☐ Yes - clinical	☐ Yes - organisational	☐ Yes - both	
g) Admission to HDU/ICU	☐ Yes - clinical	☐ Yes - organisational	☐ Yes - both	
h) Availability of surgeon	☐ Yes - clinical	☐ Yes - organisational	☐ Yes - both	
i) Availability of anaesthetist	☐ Yes - clinical	☐ Yes - organisational	☐ Yes - both	
j) Recovery	☐ Yes - clinical	☐ Yes - organisational	☐ Yes - both	

7. At what date and time did the anaesthetist consider the patient fit for surgery?

☐☐ ☐☐ ☐☐ ☐☐ ☐☐

d d m m y y h h m m

D. PHYSICAL STATUS

8. Did the patient undergo a formal nutritional assessment on admission, i.e. seen by a dietician or Mini Nutritional Assessment (MNA) completed? ☐ Yes ☐ No ☐ Unknown

9. What were the patients FBC measurements prior to surgery? (closest measurement to procedure)

Hb:	☐☐.☐	g/L	☐ Not measured
WCC:	☐☐.☐	10^9/L	☐ Not measured
Neut:	☐☐.☐	10^9/L	☐ Not measured
Platelets:	☐☐☐	10^9/L	☐ Not measured

10. What were the patients blood gases prior to surgery? (closest measurement to procedure)

pH	☐.☐☐		☐ Not measured
pCO2	☐☐.☐	kPa	☐ Not measured
pO2	☐☐.☐	kPa	☐ Not measured
BE	☐☐.☐	mmol/L	☐ Not measured

11. What were the patients clotting screen measurements? (closest measurement to procedure)

PT:	☐☐	s	☐ Not measured
INR:	☐.☐		☐ Not measured

12. Were any LFT's abnormal? ☐ Yes ☐ No ☐ Unknown

13. What were the patients urea and electrolyte measurements pre-operatively? (closest measurement to procedure)

Creatinine:	☐☐☐	umol/L	☐ Not measured
Urea:	☐☐.☐	mmol/L	☐ Not measured
Na:	☐☐☐	mmol/L	☐ Not measured
K:	☐☐.☐	mmol/L	☐ Not measured

14. What was the patients serum albumin? ☐☐ g/L ☐ Not measured

E. PRE-OPERATIVE DRUG TREATMENT & PAIN MANAGEMENT

15. Please state which medications the patient was on prior to surgery, and whether the medication was stopped pre-operatively (Answers may be multiple)

Drug name	Taking prior to surgery		Stopped prior to surgery		
Clopidogrel	☐ Yes	☐ No	☐ Yes	☐ No	☐ Unknown
LMW Heparin	☐ Yes	☐ No	☐ Yes	☐ No	☐ Unknown
Donepezil	☐ Yes	☐ No	☐ Yes	☐ No	☐ Unknown
Galantamine	☐ Yes	☐ No	☐ Yes	☐ No	☐ Unknown
Memantime	☐ Yes	☐ No	☐ Yes	☐ No	☐ Unknown
Paliperidone	☐ Yes	☐ No	☐ Yes	☐ No	☐ Unknown

E. PRE-OPERATIVE DRUG TREATMENT & PAIN MANAGEMENT

15. (Continued)

Drug name	Taking prior to surgery		Stopped prior to surgery		
L-Dopa	☐ Yes	☐ No	☐ Yes	☐ No	☐ Unknown
Pergolide	☐ Yes	☐ No	☐ Yes	☐ No	☐ Unknown
Cabergoline	☐ Yes	☐ No	☐ Yes	☐ No	☐ Unknown
Ropinirole	☐ Yes	☐ No	☐ Yes	☐ No	☐ Unknown
Pramipexole	☐ Yes	☐ No	☐ Yes	☐ No	☐ Unknown
Selegiline	☐ Yes	☐ No	☐ Yes	☐ No	☐ Unknown
Amantadine	☐ Yes	☐ No	☐ Yes	☐ No	☐ Unknown

16. Were prophylactic antibiotics administered to cover the procedure either pre-operatively, on induction, or during the operation? ☐ Yes ☐ No ☐ Unknown

17. Was the patient prescribed thromboprophylaxis, i.e. heparin, in appropriate doses pre-operatively? ☐ Yes ☐ No ☐ Unknown

18. Was the patient referred to an acute pain team? ☐ Yes ☐ No ☐ Unknown

19. In the case of emergency surgery, did the patient receive analgaesia pre-operatively? ☐ Yes ☐ No ☐ Unknown

20. Were techniques of post operative analgaesia discussed with the patient pre-operatively? ☐ Yes ☐ No ☐ Unknown

21. Were possible complications of advanced analgaesia techniques discussed pre-operatively? ☐ Yes ☐ No ☐ Unknown

22a. Were there any complications of the analgesia regimen? ☐ Yes ☐ No ☐ Unknown

22b. If YES, please give details

F. PRE-OPERATIVE FLUID MANAGEMENT

23. Was the patients pre-operative hydration status documented? ☐ Yes ☐ No ☐ Unknown

24. Was the hourly urine documented? ☐ Yes ☐ No ☐ Unknown

25. Was there clinical evidence of pre-operative dehydration? ☐ Yes ☐ No ☐ Unknown

26a. Did the patient receive bowel preparation pre-operatively? ☐ Yes ☐ No ☐ Unknown

26b. If YES, was the patient weighed pre and post bowel preparation? ☐ Yes ☐ No ☐ Unknown

27. Did the patient require fluid to resuscitate prior to surgery? ☐ Yes ☐ No ☐ Unknown

28. Did the patient receive blood or blood products pre-operatively? ☐ Yes ☐ No ☐ Unknown

G. CONSENT

29. Were possible anaesthetic risks and complications documented e.g. on the anaesthetic chart or consent form? ☐ Yes ☐ No ☐ Unknown

30. Was there documentation indicating that invasive anaesthetic procedures had been discussed with the patient? ☐ Yes ☐ No ☐ Unknown

31. Was an advanced directive in place that limited peri-operative anaesthetic care? ☐ Yes ☐ No ☐ Unknown

32. If the patient did NOT give WRITTEN consent to surgery and anaesthesia, is there a record of consent having been given by the patient verbally? ☐ Yes ☐ No ☐ Unknown

33. If the patient gave neither written nor verbal consent, was this because they were:

☐ Unconscious ☐ Conscious but lacked capacity

34. If the patient lacked capacity to give consent, what was the basis of this decision?

35. Was there a record of attempted or actual contact between the anaesthetic team and next of kin to discuss treatment? ☐ Yes ☐ No ☐ Unknown

36. Was there documentation that the appropriateness of HDU/ICU was discussed pre-operatively with the following:

☐ Patient ☐ Surgeon

☐ Next of kin ☐ Intensivist/Consultant in charge of HDU/ICU

☐ Other (Please specify)

H. THE ANAESTHETIST

37a. Were you or the anaesthetist who gave the anaesthetic for this patient involved in the decision to operate? ☐ Yes ☐ No ☐ Unknown

37b. Do you believe the decision to operate was appropriate? ☐ Yes ☐ No ☐ Unknown

37c. If NO, please explain why:

38a. Did you or another anaesthetist make a pre-operative assessment of this patient before their operation? ☐ Yes ☐ No ☐ Unknown

38b. If NO, please explain why:

38c. If YES, where did the assessment take place?

☐ Ward ☐ Outpatient department

☐ Emergency department ☐ ICU/HDU

☐ Other (Please specify)

38d. If YES, when was the patient reviewed?

- ☐ On the day of surgery
- ☐ The day prior to surgery
- ☐ Pre-assessment clinic
- ☐ Other (please specify) ☐

38e. If YES, was this the anaesthetist present at the start of the operation? ☐ Yes ☐ No ☐ Unknown

39a. What was the grade of the anaesthetist providing the anaesthetic?

- ☐ Consultant
- ☐ Senior specialist trainee (SpR 3+ or ST3+)
- ☐ Staff grade or Associate Specialist
- ☐ Junior specialist trainee (SpR 1&2 or ST 1&2)
- ☐ Trainee with CCT
- ☐ Basic grade (FY, HO, SHO or CT)
- ☐ Other (please specify) ☐

39b. Was this a locum appointment? ☐ Yes ☐ No ☐ Unknown

40a. Were other anaesthetists present in theatre? ☐ Yes ☐ No ☐ Unknown

40b. What grade was the most senior anaesthetist in theatre at the start of the anaesthetic?

- ☐ Consultant
- ☐ Senior specialist trainee (SpR 3+ or ST3+)
- ☐ Staff grade or Associate Specialist
- ☐ Junior specialist trainee (SpR 1&2 or ST 1&2)
- ☐ Trainee with CCT
- ☐ Basic grade (FY, HO, SHO or CT)
- ☐ Other (Please specify) ☐

40c. Was this a locum appointment? ☐ Yes ☐ No ☐ Unknown

41. Which higher diplomas in anaesthesia were held by the most senior anaesthetist at the time of the operation?

- ☐ No qualification
- ☐ FRCA qualification
- ☐ Post FRCA qualification

42. If the most senior anaesthetist at the start of the anaesthetic was NOT a consultant, where was consultant help available?

- ☐ Called to theatre before the end of procedure
- ☐ By telephone
- ☐ In operating suite but not directly involved
- ☐ Not available
- ☐ In the hospital but not present in the operating suite
- ☐ Other (please specify) ☐

43a. Was advice sought at any time, from another anaesthetist who was not present during the anaesthetic? ☐ Yes ☐ No ☐ Unknown

43b. If YES, from which grade of anaesthetist was advice sought?

- ☐ Consultant
- ☐ Senior specialist trainee (SpR 3+ or ST3+)
- ☐ Staff grade or Associate Specialist
- ☐ Junior specialist trainee (SpR 1&2 or ST 1&2)
- ☐ Trainee with CCT
- ☐ Basic grade (FY, HO, SHO or CT)
- ☐ Other (please specify) ☐

43c. Was this a locum appointment? ☐ Yes ☐ No ☐ Unknown

44. When was this advice sought?

☐ Before the anaesthetic ☐ During the operation ☐ After the operation

45. How many changes of anaesthetic personnel were there during the procedure? ☐☐

46a. What was the grade of the person who completed the anaesthetic?

☐ Consultant
☐ Senior specialist trainee (SpR 3+ or ST3+)
☐ Staff grade or Associate Specialist
☐ Junior specialist trainee (SpR 1&2 or ST 1&2)
☐ Trainee with CCT
☐ Basic grade (FY, HO, SHO or CT)
☐ Other (please specify) _____

46b. Was this a locum appointment? ☐ Yes ☐ No ☐ Unknown

I. FLUID MANAGEMENT DURING THE PROCEDURE

47. Which aspects of fluid management were documented intra-operatively?

☐ Fluid input ☐ Urine output

48. How was fluid status monitored intra-operatively? (Please mark all that apply)

☐ Urinary catherterisation
☐ Blood pressure
☐ Central Venous Pressure measurement
☐ Heart rate
☐ Other (please specify) _____

49. If a urinary catheter was inserted, were prophylatic antibiotics given? ☐ Yes ☐ No ☐ Unknown

50. During surgery was any further monitoring used to control fluid administration? ☐ Yes ☐ No ☐ Unknown

51. Was urine output adequate throughout the operative period? (i.e. >0.5mls/kg/hr) ☐ Yes ☐ No ☐ Unknown

J. TYPE OF ANAESTHETIC

52. What type of anaesthetic was used? (Answers may be multiple)

☐ GA alone
☐ GA plus regional
☐ Spinal alone
☐ Regional or neuraxial block plus sedation
☐ Nerve (neuraxial block)
☐ Other (please specify) _____

53. If the patient was sedated for a local or regional technique, what drugs were used by the anaesthetist?

☐ Benzodiazepine
☐ Ketamine
☐ Opiates
☐ Propofol
☐ Other (please specify) _____
☐ Not applicable

54. If the patient was sedated, was there a need to reverse sedation? ☐ Yes ☐ No ☐ Unknown

55. What additional monitoring (i.e. above minimal recommended) did the patient receive?

- ☐ Arterial BP
- ☐ Cardiac output
- ☐ CVP
- ☐ Blood gases
- ☐ Depth of anaesthesia
- ☐ Temperature
- ☐ Other near patient testing e.g. blood sugar, haematocrit
- ☐ None

56a. Did the patient receive blood or blood products intra-operatively? ☐ Yes ☐ No ☐ Unknown

56b. If YES, were there delays in obtaining blood or blood products? ☐ Yes ☐ No ☐ Unknown

56c. If YES, was there evidence that the patient had peri-operative near patient blood testing e.g. Hb, Blood gases to guide transfusion requirements? ☐ Yes ☐ No ☐ Unknown

57. How was intra-operative analgesia provided? (Answers may be multiple)

- ☐ Opiate
- ☐ Intravenous non-opiate analgesia e.g. Ketamine
- ☐ Spinal opiate
- ☐ Peripheral nerve block
- ☐ Plexus block
- ☐ Epidural
- ☐ NSAID
- ☐ Paracetamol
- ☐ Other (please specify) ☐

58a. Were there any significant problems with blood pressure instability, (hypotension (SAP<90mmHg)) intra-operatively? ☐ Yes ☐ No ☐ Unknown

58b. If YES, how was this managed? (Answers may be multiple)

- ☐ Fluid bolus
- ☐ Vasoconstrictor bolus
- ☐ Inotrope infusions

59a. Was there suspected cardiac ischaemia intra-operatively, e.g. ST changes? ☐ Yes ☐ No ☐ Unknown

59b. If YES, how was this managed? (Answers may be multiple)

- ☐ IV nitrates
- ☐ HDU admission
- ☐ Other (please specify) ☐

60a. Were there any problems encountered with heart rate or rhythm intra-operatively? ☐ Yes ☐ No ☐ Unknown

60b. If YES, were these? (Answers may be multiple)

- ☐ Bradyarrhythmias
- ☐ Tachyarrhythmias

60c. If YES, were anti-arrhythmic drugs given intra-operatively? ☐ Yes ☐ No ☐ Unknown

60d. If YES, please specify:

- ☐ Beta Blocker
- ☐ Amioderone
- ☐ Digoxin
- ☐ Pacing
- ☐ Anticholinergic agent
- ☐ Other (please specify) ☐

61a. Were there problems with maintaining oxygenation? ☐ Yes ☐ No ☐ Unknown

61b. If YES, please specify ☐

K. POST OPERATIVE CARE

If patient DIED ON THE TABLE, please go to question 72

62. Immediately following surgery what do you consider were the patients clinical requirements? (Answers may be multiple)

- ☐ Intubation
- ☐ CPAP
- ☐ Oxygen therapy
- ☐ Assistance with respiration
- ☐ Circulatory support
- ☐ Re-warming
  - ☐ i) Fuids
  - ☐ Analgaesia
  - ☐ ii) Inotropes
  - ☐ Management of delirium
- ☐ Other (please specify) ____

63. Did the patient receive extended recovery? ☐ Yes ☐ No ☐ Unknown

64. After leaving the recovery area what level of care did you plan for the patient? Please see definitions, page 2

☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Unknown

65. After the recovery area what level of care did the patient receive? Please see definitions, page 2

☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Unknown

66. Was the post operative hydration status documented? ☐ Yes ☐ No ☐ Unknown

67. Was there clinical evidence of post operative dehydration? ☐ Yes ☐ No ☐ Unknown

68. Was the patient transferred to a lower level of care earlier than they should have been due to reasons other than clinical need? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

69a. Was the patient prescribed post operative oxygen therapy? ☐ Yes ☐ No ☐ Unknown

69b. If YES, for how many days? ☐☐

70. In the post-operative period which of the following methods of pain relief were administered to the patient? (Answers may be multiple)

- ☐ IV or IM bolus opioid
- ☐ Oral opioid analgaesia
- ☐ NSAID
- ☐ Paracetamol
- ☐ Patient contolled analgaesia
- ☐ Epidural
- ☐ Other (Please specify) ____

71. Were benzodiazepines or any other sedatives other than opiates admininstered postoperatively? ☐ Yes ☐ No ☐ Unknown

L. CRITICAL INCIDENTS

72a. Were there any anaesthetic critical incidents? ☐ Yes ☐ No ☐ Unknown

72b. If YES, please describe

M. DEATH

73. Did you attend a post operative multi-disciplinary mortality meeting for this patient? ☐ Yes ☐ No ☐ Unknown

N. ADDITIONAL COMMENTS

74. Please write clearly any additional observations you wish to report about the management of this patient.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

NCEPOD
4-8 Maple Street
London
W1T 5HD