



SURGERY IN CHILDREN (INCLUDING INTERVENTIONAL PROCEDURES)

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

Anaesthetic Questionnaire

CONFIDENTIAL

Hospital number of patient:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

DETAILS OF CLINICIAN COMPLETING THIS QUESTIONNAIRE:

Grade: (please specify) _____

Involvement with patient:

- Most senior anaesthetist present for the primary procedure Clinical Lead/Director
- Named consultant but not present Other (please specify) _____

What is this study about?

NCEPOD is examining remediable factors in the process of care for children (17 years or younger) who died following surgery.

Who should complete this questionnaire?

The anaesthetist who was involved in the patients' primary procedure of the final admission should complete the questionnaire.

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: paediatricsurgery@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 Spring 2011.

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.

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 patient's notes

Specific inclusions

Specific inclusions

All patients 17 or younger that died within 30 days of an operation (including interventional procedures) carried out under a regional or general anaesthetic.

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

FOR NCEPOD USE ONLY

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|



DEFINITIONS

| | |
|--|---|
| American Society of Anesthesiologists (ASA) classification of physical status | <p>ASA 1: A normal healthy patient</p> <p>ASA 2: A patient with a mild systemic disease</p> <p>ASA 3: A patient with a severe systemic disease</p> <p>ASA 4: A patient with a severe systemic disease that is a constant threat to life</p> <p>ASA 5: A moribund patient who is not expected to survive without the operation</p> <p>ASA 6: A declared brain-dead patient who's organs are being removed for donor purposes</p> |
| Appropriate | The expected health benefits 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 unintended 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 permanent impairment or disability to the patient at the time of discharge. |
| Critical incident | Any incident or event which has caused or could have caused an adverse outcome for the patient |
| Initial assessment (excluding triage) | The patient's first assessment by a healthcare member of staff (medical or nursing) to identify healthcare needs. |
| Level of care | <p>Level 1: Normal ward care in an acute hospital e.g. General paediatric ward (mixed medical and surgical, medical paediatric ward, surgical paediatric ward)</p> <p>Level 2: High Dependency Unit for 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 e.g. stand alone HDU, designated beds within a PICU, NICU or SCBU.</p> <p>Level 3: For patients requiring advanced respiratory support alone or monitoring and support for two or more organ systems including all complex support for multi-organ failure e.g. Paediatric Intensive Care Unit, Neonatal Intensive Care Unit, Special Care Baby Unit</p> |
| 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 across various specialties (CDU, AAU, etc). |
| Minimum standards of monitoring | "Pulse oximeter, non invasive blood pressure monitor, electrocardiograph, airway gases: oxygen, carbon dioxide and vapour and airway pressure. The following must also be available; a nerve stimulator whenever a muscle relaxant is used and a means of measuring the patient's temperature" Association of Anaesthetists of Great Britain and Ireland, 2007. |
| 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 |
| Primary operation | The operation or procedure undertaken for which the patient was admitted to hospital (this includes interventional procedures). |
| 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. |
| Track & Trigger | The periodic observation of selected basic physiological signs ('tracking') with predetermined calling or response criteria ('trigger') for requesting the attendance of staff who have specific competencies in the management of acute illness and/or critical care. (National Institute for Health and Clinical Excellence, 2007) |
| Urgency of admission | Elective: A planned or booked admission; Emergency: All non elective admissions |



A. PATIENT DETAILS

1. What was the gender of the patient? Male Female
2. Date of birth
d d m m y y y y
- 3a. Was the patient less than one year of age at the time of the primary operation? Please see definitions Yes No Unknown
- 3b. If answered 'YES', were they born at less than 37 weeks gestation? Yes No Unknown
- 3c. If answered 'YES', what was the gestational age at birth? Weeks Days
4. To which type of hospital was this patient admitted at the time of death?
- District General Hospital: ≤500 beds District General Hospital: >500 beds
- University Teaching Hospital Specialist Paediatric Hospital
- Stand alone single specialty centre (please state) Please use national specialty codes listed on page 16
- Private Hospital Other (please specify)
- Unknown
5. What was the date and time of death?
d d m m y y y y
- h h m m



B. CASE SUMMARY

6. 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 separate sheet.

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

C. ADMISSION DETAILS

- 7a. What was the date of admission?

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d | d | m | m | y | y |

- 7b. What was the time of admission

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| h | h | m | m |

8. What was the urgency of the admission?

Elective

Emergency

Unknown



D. HOSPITAL TRANSFERS

If the patient was transferred from another hospital prior to the primary operation, please complete this section. If the patient was not transferred from another hospital, please proceed to SECTION E

9. Was the patient:

- Transferred using the referring hospital's team?
- Retrieved from the referring hospital by a team from this hospital?
- Transferred using a dedicated specialist retrieval service Please see definitions
(separate from either hospital involved)?
- Unknown

10a. In your opinion was there a significant deterioration in the patient's condition during transfer? Yes No Unknown

10b. If answered 'YES', please provide details.

11a. In your opinion was the care given to the patient during the transfer appropriate? Yes No Unknown

11b. If answered NO, please provide details.

12a. Was this transfer delayed at any stage? Yes No Unknown

12b. If answered 'YES', please provide details.

13a. If the transfer was delayed did this, in your opinion, affect the outcome? Yes No Unknown

13b. If answered 'YES', please provide details.

14. Following the transfer, on arrival at the receiving hospital, what was the physiological status of the patient?

- No physiological disturbance
- Respiratory compromise
- Circulatory compromise
- Cardiorespiratory compromise
- Unknown

15. Was a formal scoring system used to assess the severity of illness during the transfer? (e.g. Paediatric Index of Mortality) Yes No Unknown



E. PRE-ADMISSION REVIEW

For EMERGENCY admissions go to section F

For ELECTIVE admissions:

16. Did any medical comorbidities exist prior to admission? Yes No Unknown
17. If answered 'YES', was the anaesthetist who anaesthetised the patient for the primary operation informed regarding these comorbidities? Yes No Unknown
- 18a. If comorbidities existed and the anaesthetist who anaesthetised the patient for the primary operation was not informed, did this, in your opinion, affect the patient's outcome? Yes No Unknown
- 18b. If answered 'YES', please provide details.
-
- 19a. Was the patient reviewed in a pre-admission clinic? Yes No Unknown
- 19b. If answered 'YES', was there any anaesthetic input into the clinic? Yes No Unknown

F. PRE-OPERATIVE RISK ASSESSMENT

20. Were formal Paediatric Early Warning Scoring (Track and Trigger systems) employed for the patient pre-operatively? Please see definitions Yes No Unknown
- 21a. Did the patient suffer from any comorbidities affecting the following systems prior to the operation?
- | | | |
|--|--|--|
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Genetic abnormality or syndrome |
| <input type="checkbox"/> Renal | <input type="checkbox"/> Haematological | <input type="checkbox"/> Gastrointestinal |
| <input type="checkbox"/> Vascular | <input type="checkbox"/> Sepsis | <input type="checkbox"/> Neurological |
| <input type="checkbox"/> Endocrine | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Other (please specify) <input type="text"/> | <input type="checkbox"/> Unknown | |
| <input type="checkbox"/> None | | |
- 21b. If YES, which specialties, other than the surgical team, were involved in managing the comorbidities?
- | | | | |
|--------------------------------------|--------------------------------|-------------------------------------|--|
| Paediatricians | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Anaesthetists | <input type="checkbox"/> Adult | <input type="checkbox"/> Paediatric | <input type="checkbox"/> Neonatologist |
| Intensivists | <input type="checkbox"/> Adult | <input type="checkbox"/> Paediatric | <input type="checkbox"/> Neonatologist |
| Cardiologists | <input type="checkbox"/> Adult | <input type="checkbox"/> Paediatric | <input type="checkbox"/> Neonatologist |
| Other <input type="text"/> | <input type="checkbox"/> Adult | <input type="checkbox"/> Paediatric | <input type="checkbox"/> Neonatologist |
| Unknown | <input type="checkbox"/> Adult | <input type="checkbox"/> Paediatric | <input type="checkbox"/> Neonatologist |
| No additional specialty involvement | <input type="checkbox"/> | | |
| Not applicable - emergency admission | <input type="checkbox"/> | | |



H. PRE-OPERATIVE CARE

22a. In your opinion was there a delay in the decision to undertake the primary operation? Yes No Unknown

22b. If YES, did the delay affect the outcome? Yes No Unknown

22c. If YES, please provide details.

23a. Did an anaesthetist obtain consent for anaesthesia for this patient for the primary operation? Yes No Unknown

23b. If answered 'YES', was this the same anaesthetist who administered the anaesthetic for the primary operation? Yes No Unknown

23c. If answered 'YES' when was this obtained?

Out patients

Pre-admission clinic

Following admission for surgery

Other (please specify)

Unknown

23d. What was the grade of the anaesthetist who obtained consent?

Consultant

Staff grade of Associate specialist

Trainee with CCT

Senior specialist trainee (SpR 3+ or ST5+)

Junior specialist trainee (SpR 1&2)

Basic grade (ST1 & ST2, FY, or CTs)

Unknown

Other (please specify)

24. Were the recognised complications of the anaesthetic documented in the casenotes? Yes No Unknown

25a. Was death listed as a potential risk of the anaesthetic? Yes No Unknown

25b. If answered 'YES', was a percentage risk given? Yes No Unknown

26. Was written information about the proposed anaesthetic provided to the patient/parents or guardian? Yes No Unknown

(If available please include a copy of the information leaflet with this form)

27. What medical support was employed pre-operatively?

None

Added inspired oxygen

CPAP

IPPV

Inotropic support

Invasive cardiovascular monitoring

Renal support

Metabolic support

Unknown

Other (please specify)



28a. Were intravenous fluids administered prior to surgery? Yes No Unknown

- 28b. If answered 'YES' what were the general indications?
- Maintenance IV fluids only, as patient was nil by mouth
 - Correction of electrolyte imbalance (including endocrine)
 - Intravascular IV fluid resuscitation
 - Parenteral nutrition
 - Unknown

28c. If answered 'YES' to 28a, what type of fluid was administered? (answers may be multiple)

- | | | |
|--|---|--|
| <input type="checkbox"/> 0.45% saline + dextrose | <input type="checkbox"/> 0.9% saline | <input type="checkbox"/> 5% dextrose |
| <input type="checkbox"/> 10% dextrose | <input type="checkbox"/> Hartmann's solution | <input type="checkbox"/> 0.18% saline/4% dextrose |
| <input type="checkbox"/> Human albumin | <input type="checkbox"/> Gelatine solution | <input type="checkbox"/> 1% dextrose/Hartmann's solution |
| <input type="checkbox"/> Starch solution | <input type="checkbox"/> Blood | <input type="checkbox"/> Blood products |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other (please specify) | <input type="text"/> |

29a. In your opinion was the pre-operative preparation of the patient adequate? Yes No Unknown

29b. If answered 'NO', what additional preparation should have been undertaken?

29c. If answered 'NO' to 29a, did this affect the patient's outcome? Yes No Unknown

29d. If answered 'YES', please provide details.

H. OPERATION

30. What was the date of the primary operation?

31. What operation was performed? (PLEASE PRINT) d d m m y y y y



32. What was the urgency of the surgery at the time that the primary operation was performed?

- IMMEDIATE: Immediate life or limb saving surgery. Resuscitation simultaneous with surgical treatment
- URGENT: Acute onset or deterioration of conditions that threaten life, limb or organ survival; fixation of fractures; relief of distressing symptoms including acute surgical admissions not requiring an operation.
- EXPEDITED: Stable patient requiring early intervention for a condition that is not an immediate threat to life, limb or organ survival.
- ELECTIVE: Surgical procedure planned or booked in advance of routine admission to hospital

33a. In your opinion were there any deficiencies in specialised equipment that reduced the ability to perform the anaesthetic? Yes No Unknown

33b. If answered 'YES', please provide details.

34a. In your opinion was there adequate competency of the anaesthetic assistance provided in the care of this patient? Yes No Unknown

34b. If answered 'NO', please provide details.

35. Please tick the patient's health status immediately prior to the primary operation: (please tick one box only)

- 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 the operation

36. What was the grade of the most senior anaesthetist present at induction for the primary operation?

- | | |
|--|--|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Staff grade of Associate specialist |
| <input type="checkbox"/> Trainee with CCT | <input type="checkbox"/> Senior specialist trainee (SpR 3+ or ST5+) |
| <input type="checkbox"/> Junior specialist trainee (SpR 1&2) | <input type="checkbox"/> Basic grade (ST1 & ST2, FY, or CTs) |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other (please specify) <input style="width: 150px;" type="text"/> |



37. If the most senior anaesthetist at induction was not a consultant, what was the level of supervision by a consultant?

- In the operating theatre complex but not in the anaesthetic room or theatre
- In the hospital but not in the theatre complex
- Not in hospital but contactable by telephone
- Not available
- Unknown

Please see definitions

38a. Were the minimum standards for monitoring employed during the anaesthetic for the patient? Yes No Unknown

38b. If answered 'NO', what were the deficiencies?

39. If additional monitoring was employed over and above the minimum standard (e.g. direct arterial blood pressure, BIS), what were these? Please list:

40a. With the benefit of hindsight, do you consider that the monitoring of the patient was adequate? Yes No Unknown

40b. If NO, please provide details

41a. Was temperature measured during the intra-operative period? Yes No Unknown

41b. If answered 'YES', what routes of measurement were used?

- Oesophageal
- Nasopharyngeal
- Rectal
- Skin
- Other (please specify)

42. What were the methods used to maintain the patients temperature during the primary operation? (Answers may be multiple)

- None
- Over head radiant temperature
- Forced air warming devices
- Unknown
- Not applicable
- Increased theatre temperature
- Warmed humidified gases
- Warmed IV fluids
- Other (please specify)

43a. Were there problems in maintaining the patient's temperature during the peri-operative period? Yes No Unknown



43b. If answered 'YES', please provide details.

44a. Did the patient receive IV fluids? Yes No Unknown

44b. If answered 'YES', what type of fluid was administered? (Answers may be multiple)

- | | | |
|--|---|--|
| <input type="checkbox"/> 0.45% saline + dextrose | <input type="checkbox"/> 0.9% saline | <input type="checkbox"/> 5% dextrose |
| <input type="checkbox"/> 10% dextrose | <input type="checkbox"/> Hartmann's solution | <input type="checkbox"/> 0.18% saline/4% dextrose |
| <input type="checkbox"/> Human albumin | <input type="checkbox"/> Gelatine solution | <input type="checkbox"/> 1% dextrose/Hartmann's solution |
| <input type="checkbox"/> Starch solution | <input type="checkbox"/> Blood | <input type="checkbox"/> Blood products |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other (please specify) | <div style="border: 1px solid black; width: 150px; height: 15px;"></div> |

I. ANAESTHETIC

45. What type of anaesthesia was used? (Please specify regional technique where appropriate)

- | | | |
|--|---|--|
| <input type="checkbox"/> General alone | <input type="checkbox"/> General and regional | <div style="border: 1px solid black; width: 150px; height: 15px;"></div> |
| <input type="checkbox"/> General and local infiltration | <input type="checkbox"/> Regional alone | <div style="border: 1px solid black; width: 150px; height: 15px;"></div> |
| <input type="checkbox"/> Sedation and local infiltration | <input type="checkbox"/> Regional and sedation | <div style="border: 1px solid black; width: 150px; height: 15px;"></div> |
| <input type="checkbox"/> Sedation alone | <input type="checkbox"/> Local infiltration alone | |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other (please specify) | <div style="border: 1px solid black; width: 150px; height: 15px;"></div> |

46a. Were there any problems with airway maintenance? Yes No Unknown

46b. If answered 'YES', please provide details.

47a. Were there any problems with ventilation during anaesthesia? Yes No Unknown

47b. If answered 'YES', please provide details.

48a. In your opinion was the anaesthetic technique used for the patient appropriate? Yes No Unknown

48b. If answered 'NO', please provide details.



J. POST OPERATIVE CARE

49a. What was the first ward location of the patient after recovery following the primary operation?

- Level 1 Please state specialty if appropriate: Please use national specialty codes listed on page 16
- Level 2 Level 3 Other (please specify)
- N/A e.g. patient died in the operating theatre/ recovery area Unknown

49b. In your opinion, was this location appropriate? Yes No
 Not applicable

49c. If answered 'NO' to 49b, where should the patient have gone?

- Level 1 Please state specialty if appropriate: Please use national specialty codes listed on page 16
- Level 2 Level 3 Other (please specify)

49d. If answered 'NO' to 49b, please provide details

49e. If answered 'NO' to 49b, did this, in your opinion, affect the outcome? Yes No Unknown

49f. If answered 'YES', please provide details

50. Which specialties participated in the medical management in the post operative period?

Please use national specialty codes listed on page 16

-
- Not applicable Other (please specify)

51a. At any stage during the post operative period, was it considered that an upgrade of care was required to another area? Yes No Unknown

51b. If answered 'YES', was the patient transferred to another area? Yes No Unknown

51c. If answered 'YES', to which level of care was the patient transferred?

- Level 3 Level 2
- Specialist ward General ward
- Unknown Other (please specify)

51d. If answered 'NO' to 51b, why was the patient not transferred?

- Lack of a Level 2 bed Lack of a Level 3 bed Unknown
- Other (Please specify)



K. COMPLICATIONS AND CRITICAL INCIDENTS

COMPLICATIONS

52a. During the admission did any complications occur, (e.g. sepsis)? Yes No Unknown

If answered 'NO', please go to question 53

52b. If answered 'YES', when did these occur in relation to the primary operation:

- Pre-operatively Intra-operatively
 Post operatively Unknown

52c. Please provide details of any complications and how they were managed

If a complication arose as a result of the operation:

52d. In your opinion, could any pre-operative therapeutic manoeuvres have been undertaken to prevent these complications? Yes No Unknown

52e. If answered 'YES', please provide details

52f. With the benefit of hindsight, could these complications have been avoided by performing an alternative operation? Yes No Unknown

52g. If answered 'YES', please provide details.

52h. If answered 'YES' to 52f, do you think this might have altered the outcome? Yes No Unknown

52i. If answered 'YES', please provide details.

CRITICAL INCIDENTS

53a. During the admission were there any unexpected critical incidents prior to the patient's death Please see definitions Yes No Unknown

If answered 'NO', please go to question 54

53b. If answered 'YES', when did these occur in relation to the primary operation:

- Pre-operatively Intra-operatively
 Post operatively Unknown



53c. If answered 'YES', please provide details of the critical incident(s) and how they were managed.

53d. If answered 'YES', in your opinion did the critical incident(s) affect the outcome? Yes No Unknown

53e. If answered 'YES', please provide details:

M. DEATH

54. Where did the patient die?

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Level 1 | <input type="checkbox"/> Level 2 | <input type="checkbox"/> Level 3 |
| <input type="checkbox"/> Operating theatre/recovery room | <input type="checkbox"/> Emergency department | |
| <input type="checkbox"/> Other (please specify) <input style="width: 150px;" type="text"/> | <input type="checkbox"/> Unknown | |

N. AUDIT

55a. Was this death discussed at a Morbidity & Mortality (M&M) meeting? Yes No Unknown

55b. If answered 'YES', who was present? (Answers may be multiple)

- | | |
|--|--|
| <input type="checkbox"/> Patient's consultant surgeon | <input type="checkbox"/> Other consultant surgeons from the same speciality |
| <input type="checkbox"/> Other member of surgical team | <input type="checkbox"/> Consultants from other surgical specialities |
| <input type="checkbox"/> Consultant anaesthetist | <input type="checkbox"/> Paediatric medicine |
| <input type="checkbox"/> Paediatric cardiologist | <input type="checkbox"/> Neonatologist |
| <input type="checkbox"/> Oncologist | <input type="checkbox"/> Medico-legal team |
| <input type="checkbox"/> Hospital management team | <input type="checkbox"/> Other (please specify) <input style="width: 150px;" type="text"/> |
| <input type="checkbox"/> Unknown | |

55c. If YES, what conclusions were reached at the M&M meeting?

55d. Did discussion at the M&M meeting lead to any changes to departmental practice? Yes No Unknown



55e. If answered 'YES', please provide details.

56a. Was this patient's operation and/or death recorded on a database? Yes No Unknown

56b. If answered 'YES', was this:

- A departmental database A regional specialty database
 A national specialty data base (e.g. Central Cardiac Audit Database)
 Unknown Other (Please specify)

56c. If a NATIONAL specialty database was used, please specify which one:

O. COMMENTS

Please write here any additional comments you may have that have not been covered in this questionnaire:

Thank you for taking the time to complete this questionnaire.



NATIONAL SPECIALTY CODES

| | | | |
|--------------------------------------|--|---|--|
| S U R G I C A L | 100 = General Surgery | 160 = Plastic Surgery | 212 = Paediatric Transplantation |
| | 101 = Urology | 161 = Burns care | 214 = Paediatric Trauma and Orthopaedics |
| | 104 = Colorectal Surgery | 170 = Cardiothoracic Surgery | 215 = Paediatric Ear, Nose and Throat |
| | 105 = Hepatobiliary & Pancreatic Surgery | 171 = Paediatric Surgery | 217 = Paediatric Maxillo-Facial Surgery |
| | 106 = Upper Gastrointestinal Surgery | 172 = Cardiac Surgery | 218 = Paediatric Neurosurgery |
| | 107 = Vascular Surgery | 173 = Thoracic Surgery | 219 = Paediatric Plastic Surgery |
| | 110 = Trauma and Orthopaedics | 180 = Accident and Emergency | 220 = Paediatric Burns Care |
| | 120 = Ear, Nose & Throat (ENT) | 192 = Critical or Intensive Care Medicine | 221 = Paediatric Cardiac Surgery |
| | 130 = Ophthalmology | 211 = Paediatric Urology | 222 = Paediatric Thoracic Surgery |
| | 145 = Maxillo-Facial Surgery | | 242 = Paediatric Intensive Care |
| 150 = Neurosurgery | | | |
| M E D I C A L | 251 = Paediatric Gastroenterology | 321 = Paediatric Cardiology | 500 = Obstetrics and Gynaecology |
| | 253 = Paediatric Clinical Haematology | 320 = Dermatology | 501 = Obstetrics |
| | 258 = Paediatric Respiratory Medicine | 340 = Thoracic/Respiratory Medicine | 502 = Gynaecology |
| | 260 = Paediatric Medical Oncology | 360 = Genito-Urinary Medicine | 800 = Clinical Oncology |
| | 300 = General Medicine | 370 = Medical Oncology | 810 = Radiology |
| | 301 = Gastroenterology | 361 = Nephrology | 811 = Interventional Radiology |
| | 302 = Endocrinology | 400 = Neurology | 820 = General Pathology |
| | 306 = Hepatology | 401 = Clinical Neuro-Physiology | 821 = Blood Transfusion |
| | 307 = Diabetic Medicine | 420 = Paediatrics | 822 = Chemical Pathology |
| | 314 = Rehabilitation | 421 = Paediatric Neurology | 823 = Haematology |
| | 320 = Cardiology | 422 = Neonatology | 000 = Other (Medical or Surgical) |
| | | | |
| | | | |
| | | | |

Please supply photocopies of the following casenote extracts with your questionnaire

TIME PERIOD: PRE-ASSESSMENT TO DEATH

- Anaesthetic charts
- Pre-anaesthetic or pre-admission protocols/checklists
- Recovery room records
- Fluid balance charts



NCEPOD
4-8 Maple Street
London
W1T 5HD

