



# SURGERY IN CHILDREN

## (INCLUDING INTERVENTIONAL PROCEDURES)

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

### Surgical Questionnaire

**CONFIDENTIAL**

Hospital number of patient:

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#### DETAILS OF CLINICIAN COMPLETING THIS QUESTIONNAIRE:

Grade: (please specify)

Involvement with patient: \_\_\_\_\_

Specialty: (please specify) \_\_\_\_\_

- Most senior surgeon 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 Consultant surgeon 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](mailto:paediatricsurgery@ncepod.org.uk)

Telephone: 020 7631 3444

Thank you for taking the time to complete this questionnaire.

#### 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 patients' notes

The findings of the full study will be published in Spring 2011.

#### 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

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## DEFINITIONS

<b>American Society of Anesthesiologists (ASA) classification of physical status</b>	<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>
<b>Appropriate</b>	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)
<b>Clinical adverse events</b>	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.
<b>Clinical network</b>	"A linked group of health professionals and organisations from primary, secondary and tertiary care and social care and other services working together in a coordinated manner with clear governance and accountability arrangements". (Department of Health Collaborative, 2004)
<b>Critical incident</b>	Any incident or event which has caused or could have caused an adverse outcome for the patient
<b>Initial assessment (excluding triage)</b>	The patient's first assessment by a healthcare member of staff (medical or nursing) to identify healthcare needs.
<b>Level of care</b>	<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>
<b>Medical assessment unit (MAU, SAU, etc)</b>	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).
<b>Minimum standards of monitoring</b>	"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.
<b>NCEPOD theatre</b>	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
<b>Primary operation</b>	The operation or procedure undertaken for which the patient was admitted to hospital. This can include interventional procedures
<b>Recovery area</b>	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.
<b>Track &amp; Trigger</b>	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)
<b>Urgency of admission</b>	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 24
- 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
- 6a. How many patients have been admitted to this hospital for the same or equivalent diagnosis of this patient in the last year?
- 6b. Is this number derived from audit data or is it an estimate?  Audit  Estimate  Unknown



## B. CASE SUMMARY

7. 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

- 8a. What was the date of admission?

d	d	m	m	y	y	y	y

- 8b. What was the time of admission?

h	h	m	m

9. What was the urgency of the admission?     Elective             Emergency             Unknown

10. Was this admission? (Multiple boxes can be ticked)

- |                                                                                       |                                                     |
|---------------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Planned                                                      | <input type="checkbox"/> An intra hospital transfer |
| <input type="checkbox"/> Direct from GP                                               | <input type="checkbox"/> An inter hospital transfer |
| <input type="checkbox"/> Via Emergency Department/<br>Children's acute admission unit | <input type="checkbox"/> Other (please specify)     |



Please see definitions

11. To what level of care was the patient first admitted?

Level 1    Level 2    Level 3    Unknown

Other (please specify)

12. What was the specialty of admitting consultant?

Please use national specialty codes listed on page 24

13a. In your opinion, was the specialty of the first admission the most appropriate for the patient?    Yes    No    Unknown

13b. If answered 'NO', which specialty should the patient have been admitted? Please provide details:

14. In your opinion, was there any delay in transfer to the specialty performing surgery?    Yes    No    Unknown

15. Please tick the patient's health status at the time of admission? (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

## D. DIAGNOSIS

16. What was the primary pre-operative diagnosis in this patient prior to the time of the primary operation? (PLEASE PRINT)

17. When was the diagnosis made?

Antenatally

Prior to admission to hospital for the primary operation

Following admission to hospital for the primary operation

18a. In your opinion was there a delay in making the diagnosis of the patient?    Yes    No    Unknown

18b. If answered 'YES', in your opinion, did the delay affect the outcome?    Yes    No    Unknown



- 19a. In your opinion was there a delay in the referral of the patient to the surgical team?  Yes  No  Unknown
- 19b. If answered 'YES', in your opinion did the delay affect the outcome?  Yes  No  Unknown

**Please answer questions 20-24 if the patient required surgery up to 68 weeks post gestational age**

- 20a. If diagnosis was made antenatally, at how many weeks gestation was the diagnosis made?
- 20b. Were any other fetal abnormalities picked up at this time?  Yes  No  Unknown
- 20c. Was there a plan for post-natal care?  Yes  No  Unknown
- 21a. If the diagnosis was not made antenatally, could it have been?  Yes  No  Unknown
- 21b. If answered 'YES', please provide details:

- 22a. Was the baby delivered in the hospital where the primary operation was carried out?  Yes  No  Unknown

22b. If answered 'NO', why was this?

- No antenatal diagnosis indicating need for neonatal surgery
- No maternity unit in this hospital
- Insufficient cots in the hospital in which the baby was born
- Other (please specify)

23. If answered 'NO' to Q22a, was there appropriate planning for transfer to receiving tertiary unit?  Yes  No  Unknown
24. In your opinion did the time taken to transfer the baby affect the outcome?  Yes  No  Unknown

**To be completed for all patients:**

25. If the diagnosis was made prior to admission to the hospital of the primary operation (Q17b), then was the diagnosis made in:

- GP surgery
- Outpatients from the surgical team of the hospital where the primary operation was undertaken
- Outpatients from another specialty of the hospital where the primary operation was undertaken
- Outpatients from another specialty of a different hospital from that of the final admission

Please state specialty:

Please use national specialty codes listed on page 24

Please use national specialty codes listed on page 24

Please use national specialty codes listed on page 24

- Other (please specify)



26. If diagnosis was made following admission to the hospital of the primary operation ('Q17c'), was this as an:

Please state specialty:

- |                                                                                                                                   |                                                          |                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Inpatient from the surgical team of the hospital where the primary operation was undertaken              | Please use national specialty codes listed on page 24    | <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> Inpatient from another specialty of the hospital where the primary operation was undertaken              | Please use national specialty codes listed on page 24    | <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> Inpatient from another specialty of a different hospital than where the primary operation was undertaken | Please use national specialty codes listed on page 24    | <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> Other (please specify)                                                                                   | <input style="width: 400px; height: 20px;" type="text"/> |                                                                |

**E. 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 F.

27. On what date and at what time was the child admitted to the referring hospital or specialty?

d	d	m	m	y	y	y	y

h	h	m	m

28. On what date and at what time was the decision made that this child required transfer?

d	d	m	m	y	y	y	y

h	h	m	m

29. What was the reason(s) for requesting a transfer? (answers may be multiple)

- Severity of clinical condition
- For reasons of clinical expertise in the receiving hospital
- Transfer to a Regional Unit
- Lack of surgeons in required specialty at the referring hospital
- Lack of anaesthetists at the referring hospital
- Lack of critical care beds at the referring hospital
- Lack of other specialist members of staff at the referring hospital
- If answered 'Yes', to any of the options above, give details:

Other (please specify)



30a. What were the grades of clinicians who communicated with each other to make the decision to transfer the patient at the:

**Referring hospital?**

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

**30b. Receiving hospital?**

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

31a. In your opinion was the transfer appropriate?  Yes  No  Unknown

31b. If answered 'NO', please provide details:

32. Were the referring and receiving hospitals part of a children's clinical care network? Please see definitions  Yes  No  Unknown

33a. Are you aware of any difficulties that the referring hospital had in finding an appropriate recipient hospital?  Yes  No  Unknown

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

34. 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

35a. In your opinion was there a significant deterioration in the patient's condition during the transfer?  Yes  No  Unknown





35b. If answered 'YES', please provide details:

36a. In your opinion was the care given to the patient during transfer appropriate?  Yes  No  Unknown

36b. If answered 'NO', please provide details:

37a. Was this transfer delayed at any stage?  Yes  No  Unknown

37b. If answered 'YES', please provide details:

38a. If the transfer was delayed did this, in your opinion, affect the outcome?  Yes  No  Unknown

38b. If answered 'YES', please provide details:

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

- |                                                       |                                                       |
|-------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> No physiological disturbance | <input type="checkbox"/> Cardiorespiratory compromise |
| <input type="checkbox"/> Respiratory compromise       | <input type="checkbox"/> Unknown                      |
| <input type="checkbox"/> Circulatory compromise       |                                                       |

40. Was a formal scoring system used to assess the severity of the illness of the patient? (E.g. Paediatric Index of Mortality)  Yes  No  Unknown



## F. PRE-OPERATIVE RISK ASSESSMENT & DECISION MAKING

41. Who made the decision to perform the primary operation of the patient?

a. Specialty: Please use national specialty codes listed on page 24

- b. Grade:  Consultant  Junior specialist trainee (SpR 1&2)
- Staff Grade or Associate Specialist  Basic grade (ST1 & ST2, FY, or CTs)
- Trainee with CCT  Other (please specify)
- Senior specialist trainee (SpR 3+ or ST5+)  Unknown

42a. In your opinion was there a delay in the decision to undertake the primary operation?  Yes  No  Unknown

42b. If answered 'YES', please provide details:

43. What was the grade of the most senior surgeon who reviewed this patient pre-operatively?

- Consultant  Basic grade (ST1 & ST2, FY, or CTs)
- Staff Grade or Associate Specialist  Other (please specify)
- Trainee with CCT
- Senior specialist trainee (SpR 3+ or ST5+)
- Junior specialist trainee (SpR 1&2)  Unknown

44a. Was the decision to operate on this patient made at an MDT meeting prior to the primary operation?  Yes  No  Unknown

44b. If answered 'YES', which specialties were represented?: Please use national specialty codes listed on page 24

			<input type="checkbox"/> Unknown

45. If answered 'NO' to 44a, did any informal discussion take place between clinicians either between or within the specialty of the surgeon who undertook the primary operation?  Yes  No  Unknown



46. How often does the surgical team who undertook the primary operation undertake formal MDT meetings?

47. Were formal Paediatric Early Warning Scoring (Track & Trigger systems) employed for the patient pre-operatively? Please see definitions

Yes  No  Unknown

48a. 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                                        |                                          |                                                          |

48b. If answered '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"/>            |                                        |

## G. CONSENT

49. From whom was consent for the primary operation obtained?

- |                                                                        |                                           |
|------------------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Patient                                       | <input type="checkbox"/> Next of kin      |
| <input type="checkbox"/> No consent obtained (please provide details:) | <input type="checkbox"/> Parent/ guardian |



50. If consent was not obtained from the patient, was this because:

- Patient lacked capacity       Patient was a ward of Court  
 Patient was too young       Other (please specify)  
 Patient was unconscious

51. If consent was not obtained from the patient or their next of kin, who signed the consent form:

- Patient advocate       Legal representative  
 Mental capacity advocate       Foster parent/carer  
 Social Services       Other (please specify)

52. When was consent obtained?

- Prior to admission       Other (please specify)   
 Post admission/ pre-operation       Not applicable (No consent obtained)

53. What was the specialty of the healthcare professional obtained consent for the operation?

Please use national specialty codes listed on page 24

What was the grade of healthcare professional who obtained consent for the operation?

54.

- Consultant       Junior specialist trainee (SpR 1&2)  
 Staff Grade or Associate Specialist       Basic grade (ST1 & ST2, FY, or CTs)  
 Trainee with CCT       Other (please specify)   
 Senior specialist trainee (SpR 3+ or ST5+)       Unknown

55. In your opinion, was the doctor obtaining consent:

- Capable of performing the operation unsupervised  
 Capable of performing the operation with an experienced assistant  
 Someone who had only observed the operation previously  
 Other (please specify)

56. Were the recognised complications of the operation documented?       Yes       No       Unknown



57a. Was death documented as a potential risk of this operation on the consent form?  Yes  No  Unknown

57b. If answered 'YES' was a percentage risk given?  Yes  No  Unknown

57c. If answered 'YES' to 57a was the risk of death during this operation:

Totally unexpected

Small Risk (<5%)

Major risk (5-25%)

High risk (25-50%)

Probable (>50%)

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

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

## J. PRE-OPERATIVE CARE

59. 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)

60a. Were intravenous fluids administered prior to surgery?  Yes  No  Unknown

60b. 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



60c. If answered 'YES' to 60a, 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"/>                                     |

61a. In your opinion was the pre-operative preparation of the patient adequate?  Yes  No  Unknown

61b. If answered 'NO', what additional preparation should have been undertaken?

61c. If answered 'NO' to 61a, did this affect the patient's outcome?  Yes  No  Unknown

61d. If answered 'YES', please provide details:

Please see definitions

62a. What was the last location of the patient prior to the primary operation?

- Level 1  Level 2  Level 3  Unknown
- Other (please specify)

62b. In your opinion was this the most appropriate location?  Yes  No  Unknown

62c. If answered 'NO', where should the patient have been located?

- Level 1  Level 2  Level 3  Unknown
- Other (please specify)

62d. If answered 'NO' to 62a, what was the reason for the patient not being in the appropriate location?

62e. In your opinion, did this affect the outcome?  Yes  No  Unknown

62f. If answered 'YES', please provide details:



# I. OPERATION

63. What was the date of the primary operation?

64. What operation was performed? (PLEASE PRINT)

d d m m y y y y

65. What was the specialty of surgeon performing surgery?

Please use national specialty codes listed on page 24

66. 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

67. How many days after admission did surgery occur?

68a. Was surgery delayed/ postponed?

Yes  No  Unknown

68b. If answered 'YES' to 68a, was this because:

- |                                                               |                                                                   |
|---------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Further investigations were required | <input type="checkbox"/> Lack of appropriate theatre nurses       |
| <input type="checkbox"/> Period of resuscitation was required | <input type="checkbox"/> Lack of an appropriate ODP (anaesthetic) |
| <input type="checkbox"/> Lack of operating theatre time       | <input type="checkbox"/> No paediatric high dependency bed        |
| <input type="checkbox"/> Other more urgent case               | <input type="checkbox"/> No PICU bed                              |
| <input type="checkbox"/> Lack of an appropriate surgeon       | <input type="checkbox"/> Other (please specify)                   |
| <input type="checkbox"/> Lack of an appropriate anaesthetist  |                                                                   |

68c. If answered 'YES' to 68a, in your opinion did the delay affect the outcome?

Yes  No  Unknown



68d. If answered 'YES', please provide details:

69a. Were there any problems in team-working amongst the personnel in the operating theatre?  Yes  No  Unknown

69b. If answered 'YES', please provide details:

70a. In your opinion, were there any deficiencies in specialised equipment that reduced the ability to perform the operation?  Yes  No  Unknown

70b. If answered 'YES', please provide details:

71a. In your opinion was there competent theatre nursing support during the operation?  Yes  No  Unknown

71b. If answered 'NO', please provide details:

72a. In your opinion, with hindsight, was the correct operation performed?  Yes  No

72b. If answered 'NO', what operation should have been undertaken?

72c. If answered 'NO' to 72a, did this affect the patient's outcome?  Yes  No  Unknown

73. What was the patient's health status immediately prior to the primary operation (please tick one box only)

- |                                                                          |                                                                                                            |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> ASA 1: A normal healthy patient                 | <input type="checkbox"/> ASA 4: A patient with a severe systemic disease that is a constant threat to life |
| <input type="checkbox"/> ASA 2: A patient with a mild systemic disease   | <input type="checkbox"/> ASA 5: A moribund patient who is not expected to survive the operation            |
| <input type="checkbox"/> ASA 3: A patient with a severe systemic disease | <input type="checkbox"/> Unknown                                                                           |





74. What was the grade of the most senior operating surgeon at the primary operation (as distinct from surgeons present in an assisting or supervisory capacity):

	At the start of the operation (planned involvement)	If after difficulties were encountered intra-operatively (unplanned involvement)
Consultant	<input type="checkbox"/>	<input type="checkbox"/>
Staff Grade/ Associate Specialist	<input type="checkbox"/>	<input type="checkbox"/>
Trainee with CCT	<input type="checkbox"/>	<input type="checkbox"/>
Senior specialist trainee (SpR 3+ or ST5+)	<input type="checkbox"/>	<input type="checkbox"/>
Junior specialist trainee (SpR 1&2)	<input type="checkbox"/>	<input type="checkbox"/>
Basic grade (ST1 & ST2, FY, or CT's)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>

75. If the surgeon was not a consultant, how was any supervision given?

- Assisting – trainee scrubbed to assist but not taking a leading part in the operation itself, i.e. in the dissection, anastomosis.
- Supervised-trainer scrubbed – Trainee and supervisor scrubbed for the majority of the operation but the trainee taking a lead part in the majority of the surgery
- Supervised – trainer unscrubbed but in theatre – Trainee performing the operation with supervisor in theatre observing and available for advice
- Performed – Trainee performing operation without supervisor immediately available in theatre
- Training more junior trainee –trainee scrubbed as supervisor while a more junior trainee takes the leading role in the operation
- Not documented

## J. POST OPERATIVE CARE

76a. 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 24
- Level 2       Level 3       Other (please specify)
- N/A e.g. patient died in the operating theatre/ recovery area       Unknown

76b. In your opinion, was this location appropriate?

- Yes       No       Not applicable



76c. If answered 'NO', to 76b where should the patient have gone?

Level 1 Please state specialty if appropriate: Please use national specialty codes listed on page 24

Level 2       Level 3       Other (please specify)

76d. If answered 'NO' to 76b, please give details as to why this location was not appropriate?

76e. If answered 'NO' to 76b, did this, in your opinion, affect the outcome?       Yes       No       Not applicable

76f. If answered 'YES', please give details:

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

Please use national specialty codes listed on page 24

                    

Not applicable       Unknown       Other (please specify)

78a. At any stage during the postoperative period, was it considered that an upgrade of care was required to another area?       Yes       No       Unknown

79b. If answered 'YES', was the patient transferred to another area?       Yes       No       Unknown

79c. If answered 'YES', to which level of care was the patient transferred?

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

79d. If answered 'NO' to 79b, why was the patient not transferred?

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

80a. Did this patient undergo any other operations (in addition to the documented primary operation) as part of the same admission?       Yes       No       Unknown

80b. If answered 'YES', please provide details (PLEASE PRINT):



## K. COMPLICATIONS AND CRITICAL INCIDENTS

### COMPLICATIONS

81a. During the admission did any complications occur?  Yes  No  Unknown  
(E.g. Sepsis)

If answered 'NO', please go to question 82.

81b. If answered 'YES', when did these occur in relation to the primary operation:

- Pre-operatively?  Intra-operatively?  
 Postoperatively?  Unknown

81c. Please provide details of any complications and how they were managed:

If the complication(s) arose during the operation:

81d. In your opinion, could any pre-operative therapeutic manoeuvres have been undertaken to prevent them from occurring?  Yes  No  Unknown

81e. If answered 'YES', please provide details:

81f. With the benefit of hindsight, could any of these complications have been avoided by performing an alternative operation?  Yes  No  Unknown

81g. If answered 'YES', please provide details:

81h. If answered 'YES' to 81f, do you think this might have altered the outcome?  Yes  No  Unknown

81i. If answered 'YES', please provide details:



## CRITICAL INCIDENTS

Please see definitions

82a. During the admission, were there any unexpected critical incidents prior to the patient's death?

Yes  No  Unknown

If answered 'NO', please go to question 83.

82b. If answered 'YES', when did these occur in relation to the primary operation?

Pre-operatively  Intra-operatively  
 Postoperatively  Unknown

82c. If answered 'YES' to 82a, please provide details of the critical incident(s) and how they were managed?

82d. If answered 'YES', to 82a in your opinion did the critical incident(s) influence the outcome?

Yes  No  Unknown

82e. If answered 'YES', please provide details:

## L. DEATH

83. Where did the patient die?

Level 1  Level 2  Level 3  
 Operating theatre/recovery room  Emergency department  
 Other (please specify)   Unknown

84a. Was this case referred to a coroner?

Yes  No  Unknown

84b. If answered 'YES', was this case accepted by a coroner?

Yes  No  Unknown

84c. Was a coronial autopsy performed?

Yes  No  Unknown

84d. If answered 'NO', was a consented autopsy performed?

Yes  No  Unknown

85. If either autopsy was performed, did it confirm the diagnosis of this patient?

Yes  No  Unknown

86a. If an autopsy was performed, were any previously unidentified post-operative complications revealed?

Yes  No  N/A  Unknown



86b. If answered 'YES', please list these:

86c. If an autopsy was not performed, please explain why:

87a. Following the patient's death did the parents/guardians meet with a member of the surgical team?  Yes  No  Unknown

87b. If answered 'YES', which member of the team met the parents/guardians?

- |                                                              |                                                                                            |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <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"/> |

## M. AUDIT

88a. Was this death discussed at an Morbidity and Mortality (M&M) meeting?  Yes  No  Unknown

88b. If answered 'YES', who was present? (please tick more than 1 box if appropriate)

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

89. What conclusions were reached at the M&M meeting?

90a. Did discussion at the M&M meeting lead to any changes to departmental practice?  Yes  No  Unknown

90b. If answered 'YES', please provide details:



91a. Was this patient's operation and/or death recorded on a database?  Yes  No  Unknown

91b. If answered 'YES', was this:

A departmental database

Other (please specify)

A regional specialty database

A national specialty database  
(E.g. Central Cardiac Audit Database)

Unknown

91c. If a NATIONAL specialty database was used, please specify which one:

## N. COMMENTS

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

Thank you for taking the time to complete this questionnaire



Please supply photocopies of the following casenote extracts with your questionnaire:

TIME PERIOD: PRE-ASSESSMENT TO DEATH

- Inpatient and outpatient annotations from pre-admission to death
- Integrated care pathways
- Nursing notes
- Drug charts
- Imaging reports
- PICU / SCBU charts
- Fluid balance charts
- Operation notes
- Notes from MDT meetings
- Consent forms
- Pathology results
- Haematology (FBC), biochemistry results (LFT, U&E),
- Incident report form and details of outcome
- Post mortem report
- Discharge summary
- Operation notes
- Anaesthetic charts
- Pre-anaesthetic or pre-admission protocols/checklists
- Recovery room records
- DNAR documentation



## 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)



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