GASTROINTESTINAL BLEED STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

CLINICAL QUESTIONNAIRE

CONFIDENTIAL

DETAILS OF THE CLINICIAN COMPLETING THIS QUESTIONNAIRE

Grade: _____ **Specialty:** _____

What is this study about?

NCEPOD are undertaking a study to explore remediable factors in the processes of care of patients, aged 16 or over, who suffer a gastrointestinal bleed (GIB). Both upper and lower GI bleeds are included in the study.

Inclusions

Patients aged 16 years or older are included in the study if all of the following apply:

1) Admitted to hospital between 1st January 2013 and 30th April 2013 inclusive
2) Diagnosed with a GI bleed on/or during the admission
3) Received 4 or more units of blood during the admission

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.

If you (the clinician completing the questionnaire) would like email confirmation of the completion of this questionnaire for your records, please clearly supply your email address below.

How to complete the form:

Information will be collected using two methods; box cross and free text, where your 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.

Did the patient undergo an OGD?

☒ Yes ☐ No

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

■ Yes ☒ No

Questions or help?

If you have any queries about this study or this questionnaire, please contact

gih@ncepod.org.uk

Or telephone: 020 7251 9060

Thank you for taking the time to complete this questionnaire. The findings of the study will be published in June 2015.

NCEPOD number: | | | | | | |

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A. CASE SUMMARY

1. What type of GI bleed presentation was this?

☐ Acute admission with overt GI bleeding ☐ GI bleeding in established inpatient

2. What type of GI bleed did the patient have?

☐ Non variceal upper GI bleed ☐ Variceal upper GI bleed ☐ Lower GI bleed

☐ Other (please specify)

3. Please use the box below to provide a brief summary of this case, adding any comments or information you feel relevant. 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.

B. PATIENT DETAILS

4. Age at time of admission ☐☐☐ years

5. Gender ☐ Male ☐ Female

6a. Weight ☐☐☐ kg OR ☐☐ st ☐☐ lb ☐ Unknown

6b. BMI ☐☐☐

7a. Had the patient had a previous admission for a GI bleed? ☐ Yes ☐ No

7b. If Yes when was their most recent GI bleed prior to this hospital admission? ☐☐ ☐☐ ☐☐ ☐ Unknown
d d m m y y

7c. What type of GI bleed did the patient have on the previous admission?

☐ Non variceal upper GI bleed ☐ Variceal upper GI bleed ☐ Lower GI bleed

☐ Other (please specify) ☐ Unknown

8a. Did the patient have any comorbid conditions? ☐ Yes ☐ No

8b. If Yes please tick all that apply.

☐ Alcohol excess ☐ Current smoker ☐ Hypertension

☐ Current cancer treatment ☐ Stroke/TIA/carotid surgery ☐ Pancreatitis

☐ Angina/previous myocardial infarction ☐ Haemodialysis/peritoneal dialysis ☐ Cirrhosis

☐ COPD/Asthma ☐ Mechanical heart valve ☐ PE/DVT

☐ Trauma ☐ Burns ☐ Atrial fibrillation

☐ Chronic kidney disease (grade 3-5) ☐ Other (please specify)

C. ADMISSION/GI BLEED PRESENTATION

9. Date of admission: ☐☐ ☐☐ ☐☐ Time of admission: ☐☐ ☐☐
d d m m y y h h m m

10a. Was this admission ☐ Non-elective ☐ Elective

10b. What was the mode of admission?

☐ Via the Emergency department ☐ Hospital transfer

☐ Following outpatients/telephone consultation ☐ Other

☐ Direct from a GP ☐ Unknown (please specify)

If the patient WAS NOT transferred from another hospital please go to Q11

10c. If the patient was a hospital transfer, was this for management of their GI bleed? ☐ Yes ☐ No

(please specify reason for transfer)

10d. If Yes what was the main reason for the inter hospital transfer?

☐ Oesophago-Gastro-Duodenoscopy ☐ Specialist surgical input

☐ Specialist GI/hepatologist care ☐ Palliative care

☐ HDU or ICU bed ☐ Other

☐ Interventional Radiology for ☐ CTA

☐ Transjugular Intrahepatic Portal Systemic Shunt (TIPS)

☐ Embolisation

10e. Were any problems/delays encountered with the transfer? ☐ Yes ☐ No

10f. If Yes please provide details.

11a. What was the specialty of the first admitting clinician on the ward/unit? Please enter specialty code from the list on the back page ☐☐☐ ☐ Unknown

11b. What was the grade of the first admitting clinician? Please enter grade code from the list on the back page ☐☐ ☐ Unknown

11c. To what location was the patient first admitted?

- ☐ General medical ward
- ☐ Medical assessment/admissions unit
- ☐ General surgical ward
- ☐ Surgical assessment/admissions unit
- ☐ Gastroenterology ward
- ☐ Emergency department
- ☐ Hepatology ward
- ☐ GI bleed unit/designated GI bleed bed
- ☐ High dependency unit (level 2 care)
- ☐ Intensive care unit (level 3 care)
- ☐ Other (Please specify)

12a. Did the patient present to this hospital with a GI bleed? ☐ Yes ☐ No

12b. If Yes what was the time since onset of GI bleed symptoms?
(time since patient first noticed symptoms at home relative to presentation at hospital)

☐ < 3 hours ☐ 3 - 6 hours ☐ 6 - 12 hours ☐ 12 - 24 hours ☐ > 24 hours ☐ Unknown

If the patient presented to hopsital with a GI bleed please got to question 14

12c. If an inpatient GI bleed, what was the patient's primary diagnosis on admission?

12d. When did the patient first have symptoms suggestive of a GI bleed?

Date ☐☐ (d d) ☐☐ (m m) ☐☐ (y y) ☐ Unknown Time ☐☐ (h h) ☐☐ (m m) ☐ Unknown

12e. When was the GI bleed diagnosed?

Date ☐☐ (d d) ☐☐ (m m) ☐☐ (y y) ☐ Unknown Time ☐☐ (h h) ☐☐ (m m) ☐ Unknown

12f. In your opinion was there any delay in recognising the patient's GI bleed? ☐ Yes ☐ No

12g. If Yes please expand on your answer

12h. What type of ward was the patient on when they presented with their inpatient GI bleed?

13a. Which team managed the patient on admission with GI bleed or at the time of the inpatient GI bleed?

- ☐ General medical/Acute medicine
- ☐ GI bleeding team/gastroenterology
- ☐ Critical/intensive care medicine
- ☐ General surgical/GI surgery
- ☐ Hepatology
- ☐ Care of the elderly
- ☐ Emergency medicine
- ☐ Other _____ (Please specify)

13b. Was the patient's care transferred to another team for the management of the GI bleed? ☐ Yes ☐ No

13c. If Yes, which team took over the care?

- ☐ General medical/Acute medicine
- ☐ GI bleeding team/gastroenterology
- ☐ Critical/intensive care medicine
- ☐ General surgical/GI surgery
- ☐ Hepatology
- ☐ Care of the elderly
- ☐ Emergency medicine
- ☐ Other _____ (Please specify)

13d. In your opinion was there any delay in referring the patient for specialist GI bleed input and/or the handover in care (please tick all that apply)?

- ☐ Yes - delay in referral
- ☐ Yes - delay in handover
- ☐ No delays
- ☐ Patient not referred
- ☐ No handover in care for GI bleed

14. How did the patient present with their GI bleed (please tick all that apply)?

- ☐ Fresh blood haematemesis
- ☐ Blood from Nasogastric tube
- ☐ Coffee ground vomit
- ☐ Melaena
- ☐ Shock/Syncope
- ☐ Bright red rectal bleeding
- ☐ Altered blood per rectum
- ☐ Other _____ (Please specify)
- ☐ Hb drop

15. On recognition of GI bleed what was the patient's pulse, systolic blood pressure and O_2 saturation?

Pulse ☐☐☐ bpm systolic BP ☐☐☐ mm Hg O_2 sat ☐☐ %

16a. Was IV access adequate for resuscitation? ☐ Yes ☐ No

16b. If No please expand on your answer

17a. What was the date of the first registrar review post GI bleed? ☐☐ ☐☐ ☐☐ ☐ Unknown
d d m m y y ☐ No Registrar review

17b. What was the time of this review? ☐☐ ☐☐ ☐ Unknown
h h m m

17c. What was the specialty of the registrar? Please enter specialty code from the list on the back page ☐☐☐

17d. What was the date of the first consultant review post GI bleed? ☐☐ ☐☐ ☐☐ ☐ Unknown
d d m m y y

17e. What was the time of this review? ☐☐ ☐☐ ☐ Unknown
h h m m

17f. What was the specialty of the consultant? Please enter specialty code from the list on the back page ☐☐☐

18a. Which of the following medication was the patient on prior to their GI bleed?

☐ Aspirin	☐ COX II inhibitor	☐ Apixaban
☐ Warfarin	☐ Proton pump inhibitor	☐ Dabigatran
☐ Clopidogrel	☐ NSAID	☐ Steroids (oral and IV)
☐ Prasugrel	☐ Other oral anticoagulants	☐ SSRIs
☐ Ticagrelor	☐ H_2 antagonists	☐ Misoprostil
☐ Heparin/low molecular weight heparin - prophylactic dose	☐ Heparin/low molecular weight heparin - treatment dose	☐ Bisphosphonate (oral)
☐ Other (please specify)		

18b. Which of the following medication were stopped post GI bleed?

☐ Aspirin	☐ COX II inhibitor	☐ Apixaban
☐ Warfarin	☐ Proton pump inhibitor	☐ Dabigatran
☐ Clopidogrel	☐ NSAID	☐ Steroids (oral and IV)
☐ Prasugrel	☐ Other oral anticoagulants	☐ SSRIs
☐ Ticagrelor	☐ H_2 antagonists	☐ Misoprostil
☐ Heparin/low molecular weight heparin - prophylactic dose	☐ Heparin/low molecular weight heparin - treatment dose	☐ Bisphosphonate (oral)
☐ Other (please specify)		

18c. Was the decision to stop any medication discussed with the specialty that started it?

☐ Yes - All ☐ Yes - But not all
☐ None discussed ☐ Not applicable as none stopped

18d. Which weren't discussed and why was this?

19. Which of the following investigations were undertaken at the time GI bleed was suspected? (please tick all that apply)

☐ Clotting screen ☐ Urea and electrolytes ☐ Group and save

☐ INR/PT ☐ APTR/PTT ☐ Fibrinogen

☐ Full blood count ☐ Liver function tests ☐ Cross-match

20a. If an inpatient bleed what was the INR/PT prior to the GI bleed? ☐ . ☐ ☐☐ secs ☐ Unknown

☐ Not applicable

20b. When was this recorded? ☐☐ ☐☐ ☐ Unknown ☐☐ ☐☐ ☐ Unknown

d d m m h h m m

20c. If INR/PT was abnormal was this appropriately managed? ☐ Yes ☐ No ☐ Unknown

20d. If No please expand on your answer

21a. What was the Hb at the time of GI bleed? ☐☐☐ g/L

21b. When was this recorded? ☐☐ ☐☐ ☐ Unknown ☐☐ ☐☐ ☐ Unknown

d d m m h h m m

22a. What was the INR or PT at the time of GI bleed? ☐ . ☐ ☐☐ secs

22b. Date and time of this INR/PT measurement? ☐☐ ☐☐ ☐☐ ☐☐ ☐ Unknown

d d m m h h m m

22c. If the INR was prolonged, what measures were taken to correct it?

☐ Vitamin K ☐ Factor VIIa ☐ None

☐ Fresh Frozen Plasma ☐ Prothrombin complex concentrate (Beriplex, Octaplex)

☐ Cryoprecipitate ☐ Other (please specify)

23. Which of the following treatments were started post GI bleed but prior to endoscopy? (please tick all that apply)

☐ Terlipressin

☐ Octreotide

☐ Antibiotics

☐ Proton pump inhibitor ☐ oral ☐ IV

☐ Factor VIIa

☐ H_2 antagonists ☐ oral ☐ IV

☐ Vitamin k

☐ Tranexamic acid

☐ Prokinetics (metoclopramide, domperidone)

☐ Other (please specify)

24a. Was an initial risk assessment score calculated for the patient prior to endoscopy? ☐ Yes ☐ No ☐ Unknown

24b. If yes what risk assessment scoring system was used and what was the score?
(please tick all that apply)

☐ Blatchford ☐☐
☐ Addenbrookes ☐☐
☐ MELD ☐☐
☐ Pre-endoscopy Rockall score ☐☐
☐ Child-Pugh score ☐☐
☐ Other (please specify) _____ ☐☐

24c. Did the risk assessment score impact the patient's management? ☐ Yes ☐ No ☐ Unknown

24d. If Yes how? _____

24e. Was a post endoscopy full Rockall score calculated for the patient? ☐ Yes ☐ No ☐ Unknown

24f. If Yes what was the full Rockall score? ☐☐

25a. What was the lowest haemoglobin measurement post GI bleed ? ☐☐☐ g/L

25b. When was this recorded? ☐☐ ☐☐ ☐☐ ☐☐ ☐☐
d d m m y y h h m m

26a. Please indicate the number of units of red blood cells, fresh frozen plasma (FFP) and platelets the patient received during the different time frames below (if none please put a 0)

Time from GI bleed presentation	Red blood cells	FFP	Platelets	Other (please specify) _____	Other (please specify) _____
< 3 hours	☐☐	☐☐	☐☐	☐☐	☐☐
3 - 6 hours	☐☐	☐☐	☐☐	☐☐	☐☐
6 - 12 hours	☐☐	☐☐	☐☐	☐☐	☐☐
12 - 24 hours	☐☐	☐☐	☐☐	☐☐	☐☐
24 - 48 hours	☐☐	☐☐	☐☐	☐☐	☐☐
48 - 72 hours	☐☐	☐☐	☐☐	☐☐	☐☐
> 72 hours	☐☐	☐☐	☐☐	☐☐	☐☐

26b. Was the major blood transfusion protocol activated? ☐ Yes ☐ No ☐ Unknown

26c. If No in your opinion should it have been activated ☐ Yes ☐ No ☐ Unknown

27. How was the site of the GI bleed localised (please indicate all investigations undertaken to LOCALISE the GI bleed, numbering them in the order they were carried out)? If the bleed site could not be localised please still indicate which investigations were undertaken.

Procedure undertaken (please tick all that apply)	Order undertaken (please indicate the order, 1,2 3 etc)	Bleeding site identified (Y/N)	Date and time of procedure
☐ Oesophago-gastro duodenoscopy (OGD)	☐	☐	☐☐ ☐☐ ☐☐ ☐☐ (d d m m h h m m)
☐ CT angiography	☐	☐	☐☐ ☐☐ ☐☐ ☐☐ (d d m m h h m m)
☐ Catheter angiography (if performed diagnostically)	☐	☐	☐☐ ☐☐ ☐☐ ☐☐ (d d m m h h m m)
☐ Colonoscopy	☐	☐	☐☐ ☐☐ ☐☐ ☐☐ (d d m m h h m m)
☐ Flexible sigmoidoscopy	☐	☐	☐☐ ☐☐ ☐☐ ☐☐ (d d m m h h m m)
☐ Scintigraphy	☐	☐	☐☐ ☐☐ ☐☐ ☐☐ (d d m m h h m m)
☐ Capsule endoscopy	☐	☐	☐☐ ☐☐ ☐☐ ☐☐ (d d m m h h m m)
☐ Rigid sigmoidoscopy / protoscopy	☐	☐	☐☐ ☐☐ ☐☐ ☐☐ (d d m m h h m m)
☐ At surgery by intra-op endoscopy of small or large bowel, or OGD	☐	☐	☐☐ ☐☐ ☐☐ ☐☐ (d d m m h h m m)
☐	☐	☐	☐☐ ☐☐ ☐☐ ☐☐ (d d m m h h m m)
☐	☐	☐	☐☐ ☐☐ ☐☐ ☐☐ (d d m m h h m m)
☐	☐	☐	☐☐ ☐☐ ☐☐ ☐☐ (d d m m h h m m)

NB If additional investigations (e.g. a 2nd OGD) were undertaken please write in the boxes above

28a. Was the site of bleeding identified? ☐ Yes ☐ No

28b. If Yes what was it? ☐

28c. Was the cause of bleeding identified? ☐ Yes ☐ No

28d. If yes what was it? ☐

D. ENDOSCOPY

29a. Did the patient undergo an OGD? ☐ Yes ☐ No

29b. If No, what were the reasons for this decision? **Please then go to question 47**

29c. If Yes what was the length of time between the first documentation of suspected bleeding and discussion with the endoscopy team? ☐☐ hours ☐☐ minutes ☐ Unknown

If the patient had multiple OGDs, please answer the following questions with respect to the first OGD. The supplement pages can be used (and copied where required) for subsequent OGDs.

30a. Please state the date and time of the first OGD during this admission

Date ☐☐ ☐☐ ☐☐ (d d m m y y) ☐ Unknown Time ☐☐ ☐☐ (h h m m) ☐ Unknown

30b. In your opinion was this an acceptable time frame? ☐ Yes ☐ No ☐ Unknown

30c. If No, what was the reason for the delay?

- ☐ No suitably skilled endoscopist available
- ☐ Patient being resuscitated in level 1 bed
- ☐ Delays in mobilsation of endoscopy team
- ☐ Awaiting free theatre/endoscopy suite
- ☐ Waiting for anaesthetic team to manage patient during OGD
- ☐ Patient transferred to level 2/3 bed for resuscitation
- ☐ In hospital transfer (portering)
- ☐ Inter hospital transfer
- ☐ Other (Please specify)

31a. What was the grade of the endoscopist?

- ☐ Consultant
- ☐ Senior trainee (SpR or fellow) directly supervised by consultant
- ☐ Senior trainee indirectly supervised by consultant
- ☐ Senior trainee performed alone

31b. Was a trainee assisting? ☐ Yes ☐ No ☐ Unknown

31c. Where was the OGD undertaken?

☐ ITU (level 3) ☐ HDU (level 2) ☐ Theatre ☐ Endoscopy unit ☐ Ward ☐ Emergency department

31d. Was the OGD carried out under: ☐ Conscious sedation ☐ No sedation ☐ Unconscious sedation ☐ General anaesthesia

31e. Was the patient intubated? ☐ Yes ☐ No

32a. Was sedation undertaken by an anaesthetist? ☐ Yes ☐ No

32b. If No, was sedation undertaken by the endoscopist? ☐ Yes ☐ No

32c. If YES to 32b, who undertook the monitoring? (please specify) ☐ Unknown

32d. What monitoring was used? (Please tick all that apply)

☐ Pulse oximeter ☐ Blood pressure ☐ ECG ☐ Pulse

☐ Other (please specify)

32e. In your opinion was documentation of monitoring adequate? ☐ Yes ☐ No

33. What was the highest pulse rate and lowest systolic BP and O_2 sats 2 hours pre- and during OGD?

Pre - OGD pulse ☐☐☐ bpm systolic BP ☐☐☐ mm Hg O_2 ☐☐ %

During OGD pulse ☐☐☐ bpm systolic BP ☐☐☐ mm Hg O_2 ☐☐ %

34. What were the findings of the endoscopy? (Please tick all that apply)

☐ Variceal bleeding (please go to question 35)

☐ Non variceal bleeding (please go to question 39)

☐ Upper GI bleeding but cause obscured by blood (please go to question 44)

☐ No upper GI bleeding found (please go to question 44)

Variceal Bleed

35a. Did the patient have ☐ Oesophageal varices ☐ Gastric varices ☐ Other varices (please specify)

35b. What endoscopic therapy was used?

☐ Band ligation

☐ Glue

☐ Other (please specify)

☐ Sclerotherapy

☐ Sengstaken, Linton or similar tube

☐ None

35c. If the patient did not receive therapy at the time of the intial endoscopy why was this?

36. What drugs were started/continued at the time of diagnosis of variceal bleed

☐ Terlipressin - total duration in days ☐☐

☐ Antibiotics total duration in days ☐☐

☐ Octreotide- total duration in days ☐☐

☐ Tranexamic acid, duration in days ☐☐

☐ Other ☐ total duration in days ☐☐

(please specify)

37. Was haemostasis achieved by this endoscopy? ☐ Yes ☐ No

38a. Was there a documented treatment plan should a re-bleed occur? ☐ Yes ☐ No

38b. If Yes which of the following were included?

☐ Redo OGD ☐ CTA ☐ Surgery ☐ End of life care/palliative

☐ IR ☐ Other (please sepcify) ☐

Non variceal bleeding

39. Which of the following were used? (please tick all that apply)

☐ Adrenaline

☐ Fibrin/thrombin

☐ Mechanical (clips)

☐ Coagulation therapy (eg. heater probe, gold probe, argon plasma laser)

☐ Other ☐

☐ Sclerotherapy

40a. Were acid suppression drugs started post non variceal bleed? ☐ Yes ☐ No

40b. If yes what was used and for how long?

☐ Proton pump inhibitor ☐ oral ☐ IV ☐☐ days

☐ H_2 Antagonist ☐ oral ☐ IV ☐☐ days

41. Was Tranexamic acid started? ☐ Yes ☐ No If Yes how long was it used for? ☐☐ days

42a. Were their any stigmata of recent haemorrhage? ☐ Yes ☐ No

42b. If yes, what were the stigmata of recent haemorhhage (please tick all that apply)?

☐ Active bleeding - arterial or oozing

☐ Fresh blood in upper GI tract

☐ Adherent clot
Clot washed off ☐ Yes ☐ No

☐ Clean ulcer base

☐ Non-bleeding visible vessel

☐ Dark slough or spots on ulcer base

43a. Was haemostasis achieved by this OGD? ☐ Yes ☐ No

43b. Was there a documented treatment plan should a re-bleed occur? ☐ Yes ☐ No

43c. If Yes which of the following were included (Please tick all that apply?)

☐ Redo OGD treatment ☐ Surgery ☐ End of life care/palliative

☐ IR ☐ CTA ☐ Other ☐ (please specify)

All patients who underwent an OGD

44a. Was another OGD planned? ☐ Yes ☐ No

44b. If yes was it performed? ☐ Yes ☐ No

44c. What was the reason for another OGD? ☐

45. Total number of OGDs during this admission? ☐☐ **Please complete a supplementary sheet for each additional OGD**

46a. Did the patient suffer any complications of OGD? ☐ Yes ☐ No ☐ Unknown

46b. If Yes please specify (Please tick all that apply)?

☐ Gastric perforation ☐ Duodenal perforation ☐ Need to use reversal agent (naloxone, flumazenil)

☐ Oesophageal perforation ☐ Exacerbation of bleeding ☐ Chest aspiration

☐ Other (please specify) ☐

Please use the space below to expand on any answers given in the endoscopy section

E. COLONOSCOPY

47a. Did the patient undergo a colonoscopy? ☐ Yes ☐ No (please go to question 52)

47b. Please state the date and time of the colonoscopy

Date ☐☐ ☐☐ ☐☐ (d d m m y y) ☐ Unknown Time ☐☐ ☐☐ (h h m m) ☐ Unknown

48a. What was the grade of the endoscopist?

☐ Consultant
☐ Senior trainee (SpR or fellow) directly supervised by consultant
☐ Senior trainee (SpR or fellow) indirectly supervised by consultant
☐ Senior trainee performed alone
☐ Unknown

48b. Was a trainee assisting? ☐ Yes ☐ No ☐ Unknown

49a. Was the bleeding site identified? ☐ Yes ☐ No

49b. Was therapy applied? ☐ Yes ☐ No

49c. If Yes, what therapy did the patient receive?

50a. Was haemostasis achieved at the time of colonoscopy? ☐ Yes ☐ No ☐ Unknown

50b. Did the patient suffer any complications of colonoscopy? ☐ Yes ☐ No ☐ Unknown

50c. If Yes, what complications?

51a. Did the patient undergo further colonoscopies? ☐ Yes ☐ No

51b. If Yes why?

F. INTERVENTIONAL RADIOLOGY

52a. Did the patient undergo interventional radiology? ☐ Yes ☐ No

52b. If No, what were the reasons for this decision? **Please then go to question 66**

If the patient had more than one IR procedure, please answer the following questions with respect to the first IR procedure. The supplement pages can be used (and copied where required) for subsequent IR procedures.

52b. What was the reason for interventional radiology?

- ☐ Haemostasis not achieved endoscopically - endoscopic clips applied to help target IR ☐ Yes ☐ No
- ☐ Bleeding site seen on CTA
  - Bleeding site ☐ Upper GI tract ☐ Lower GI tract ☐ Portosystemic ☐ Other
- ☐ Haemodynamically unstable, no bleeding on CTA
- ☐ Haemodynamically unstable, CTA not performed ☐ CTA not available ☐ Clinical decision
- ☐ Transjugular Intrahepatic Portal Systemic Shunt (TIPS) for variceal bleeding
- ☐ Post surgical bleeding
- ☐ Post sphincterotomy bleeding
- ☐ Other (please specify)

53a. What was the date and time when IR was considered?

Date ☐☐ ☐☐ ☐☐ (d d m m y y) Time ☐☐ ☐☐ (h h m m)

53b. What was the date and time when IR was performed?

Date ☐☐ ☐☐ ☐☐ (d d m m y y) Time ☐☐ ☐☐ (h h m m)

53c. In your opinion was this an acceptable time frame? ☐ Yes ☐ No ☐ Unknown

53d. If No, what was the reason for the delay?

- ☐ No suitably skilled interventional radiologist available
- ☐ Waiting for anaesthetic team to manage patient during IR
- ☐ Patient being resuscitated in level 1 bed
- ☐ Awaiting free angiography room
- ☐ Patient transferred to level 2/3 bed for resuscitation
- ☐ In hospital transfer (portering)
- ☐ Delays in mobilsation of IR team
- ☐ Inter hospital transfer
- ☐ Other (please specify)

54a. What was the grade of the Interventional radiologist?

☐ Consultant
☐ Senior trainee supervised by consultant (unscrubbed)
☐ Unknown
☐ Senior trainee (SpR or fellow) supervised by consultant (scrubbed)
☐ Senior trainee performed alone

54b. Was a trainee assisting? ☐ Yes ☐ No ☐ Unknown

55a. Was ☐ general ☐ local anaesthetic or ☐ sedation used? (please tick all that apply)

55b. If more than one answer is ticked please expand on this

56. What was the highest pulse rate, lowest systolic BP and lowest O_2 saturation 2 hours pre- and during the IR procedure?

Pre - IR	pulse	☐☐☐	bpm	systolic BP	☐☐☐	mm Hg	O_2	☐☐ %
During IR	pulse	☐☐☐	bpm	systolic BP	☐☐☐	mm Hg	O_2	☐☐ %

57a. Who monitored the patient during the IR procedure?

☐ Anaesthetist
☐ Clinical team nurse/doctor
☐ IR nurse/doctor additional to procedure team
☐ IR procedure team
☐ ITU team
☐ Not documented

(one scrubbed radiologist, one scrubbed nurse and radiographer)

57b. In your opinion was documentation of monitoring adequate? ☐ Yes ☐ No ☐ Unknown

58a. Did the patient receive IR therapy? ☐ Yes ☐ No

58b. If No why not?

59a. Did the patient undergo TIPS? ☐ Yes ☐ No (please go to question 61)

59b. If Yes what and how many were used? ☐ Stent graft ☐☐ number ☐ Stent ☐☐ number

59c. Pre-TIPS portosystemic gradient ☐☐ mmHg

59d. Post-TIPS portosystemic gradient ☐☐ mmHg

60. Did the patient receive adjunctive embolisation therapy? ☐ Yes ☐ No (please go to question 62)

If Yes please complete embolisation questions

61a. Did the patient receive embolisation therapy? ☐ Yes ☐ No (go to question 62)

61b. If Yes what was the reason for embolisation?

☐ Active bleeding

☐ Empirical (no angiographic abnormality, clinically most likely site treated)

☐ Angiographic lesion suspicion for bleeding site

☐ Site of endoscopic clips

61c. What was the site of embolisation?

☐ Left gastric artery ☐ Pancreaticoduodenal ☐ Middle colic

☐ Right gastric artery ☐ Jejunal/ileal ☐ Left colic

☐ Gastroduodenal ☐ Right colic ☐ Sigmoid

☐ Other (please specify) _____

61d. What was used (please tick all that apply)?

☐ Coils ☐ Gelfoam/spongestan ☐ Thrombin ☐ Onyx

☐ Glue ☐ Stent grafts ☐ Particles (PVA or spheres) ☐ Other _____

Please complete the following questions for all patients that underwent an IR procedure

62. Was the IR procedure technically successful? ☐ Yes ☐ No

63. Was haemostasis achieved with IR? ☐ Yes ☐ No

64a. Was there a documented treatment plan should a re-bleed or technical failure occur? ☐ Yes ☐ No

64b. If Yes which of the following were included (please tick all that apply)?

☐ Redo IR (more extensive treatment) ☐ Surgery

☐ End of life care/palliative ☐ OGD

☐ Other (please specify) _____

65. Did the patient suffer any complications of Interventional Radiology? ☐ Yes ☐ No

☐ Non target embolisation /arterial damage ☐ Contrast allergy ☐ Access site complications

☐ Intestinal necrosis /perforation ☐ Contrast nephropathy / Acute Kidney Injury

☐ Other (please specify) _____

G. SURGERY

66a. Was surgery undertaken for the control of bleeding? ☐ Yes ☐ No (please go to question 80)

66b. If Yes what was the reason for surgery (please tick all that apply)?

- ☐ Suspected malignancy
- ☐ Suspected peritonitis or perforation
- ☐ Bleeding despite maximal endoscopic therapy
- ☐ Bleeding despite maximal IR therapy
- ☐ IR not available in this hospital IH
- ☐ IR not available in this hospital OOH
- ☐ Unfit for transfer for IR
- ☐ Other _____ (please specify)

67a. Was radiological intervention considered prior to surgery? ☐ Yes ☐ No

67b. Was the case discussed with an Interventional radiologist? ☐ Yes ☐ No

68a. In your opinion was the patient optimally resuscitated prior to surgery? ☐ Yes ☐ No

68b. If No please give reasons for your answer?

68c. Was a pre-op risk assessment performed? ☐ Yes ☐ No

68d. If Yes what?

69a. What was the date and time when surgery was considered?

Date ☐☐ ☐☐ ☐☐ (d d m m y y) Time ☐☐ ☐☐ (h h m m) ☐ Unknown

69b. What was the date and time when surgery was performed?

Date ☐☐ ☐☐ ☐☐ (d d m m y y) Time ☐☐ ☐☐ (h h m m) ☐ Unknown

69c. In your opinion was this an acceptable time frame? ☐ Yes ☐ No ☐ Unknown

69d. If No, what was the reason for the delay?

- ☐ No suitably skilled surgeon available
- ☐ Patient was being stabilised
- ☐ Delays in mobilsation of surgical team
- ☐ Waiting for anaesthetic support
- ☐ In hospital transfer (portering)
- ☐ Inter hospital transfer
- ☐ Other _____ (please specify)

70a. What was the grade of the primary surgeon?

- ☐ Consultant
- ☐ Senior trainee (SpR or fellow) supervised by consultant (scrubbed)
- ☐ Senior trainee supervised by consultant (unscrubbed)
- ☐ Senior trainee performed alone
- ☐ Unknown

70b. Was a trainee assisting? ☐ Yes ☐ No ☐ Unknown

70c. What was the specialty of the primary surgeon? Please enter the specialty code from the list on the back page ☐☐☐ ☐ Unknown

70d. What was the sub-specialty interest of the primary surgeon? Please enter the specialty code from the list on the back page ☐☐☐ ☐ Unknown

70e. If the primary surgeon was not a consultant, what was the sub specialty interest of the supervising consultant? Please enter the specialty code from the list on the back page ☐☐☐ ☐ Unknown

71. What was the grade of the anaesthetist anaesthetising the patient?

- ☐ Consultant
- ☐ Senior trainee (SpR or fellow) supervised by consultant
- ☐ Senior trainee performed alone
- ☐ Unknown

72a. What surgical procedure was performed?

72b. In your opinion was this an appropriate procedure for the patient? ☐ Yes ☐ No

72c. If No please expand on your answer?

73a. What was the highest pulse rate, lowest systolic blood pressure, and lowest O_2 saturation recorded in the 2 hours prior to induction?

Pulse ☐☐☐ bpm systolic BP ☐☐☐ mm Hg O_2 ☐☐ %

73b. What was the highest pulse rate, lowest systolic blood pressure, and lowest O2 saturation recorded during the surgical procedure?

Pulse ☐☐☐ bpm systolic BP ☐☐☐ mm Hg O_2 ☐☐ %

74. What drugs were started/continued at the time of surgery

- ☐ Antibiotics - total duration in days ☐☐
- ☐ PPI regimen - total duration in days ☐☐

(please specify PPI regimen)

75a. To what location did the patient go immediately post recovery?

- ☐ General medical ward
- ☐ General surgical ward
- ☐ Gastroenterology ward
- ☐ Hepatology ward
- ☐ Designated GI bleed unit
- ☐ High dependency unit (level 2 care)
- ☐ Intensive care unit (level 3 care)
- ☐ Other (please specify) _____

75b. In your opinion was this appropriate? ☐ Yes ☐ No

75c. If No why not? _____

76a. Was the surgical procedure technically successful? ☐ Yes ☐ No

76b. Was haemostasis achieved with the surgical procedure? ☐ Yes ☐ No

77a. Was there a documented treatment plan should a re-bleed or technical failure occur? ☐ Yes ☐ No

77b. If Yes what was the treatment plan? _____

78a. Did the patient suffer any post-operative complications after this surgery? ☐ Yes ☐ No

78b. If Yes please tick all that apply?

- ☐ Return to theatre
- ☐ Wound dehiscence
- ☐ Re-bleed
- ☐ Sepsis
- ☐ Enteric leak/fistula
- ☐ Other _____ (please specify)
- ☐ Wound infection/dehiscence
- ☐ Intra-abdominal abscess

79a. Did the patient undergo further surgical procedures for treatment of their GI bleed? ☐ Yes ☐ No

79b. If Yes please provide details of the surgery(s) in the box below

H. COMPLICATIONS/ESCALATION IN CARE

80a. Did the patient suffer a re-bleed? ☐ Yes ☐ No

80b. If Yes how many re-bleeds? ☐☐

80c. If Yes to 80a, what was done to treat the re-bleed (please tick all that apply)?

- ☐ Therapeutic endoscopy
- ☐ IR
- ☐ Surgery
- ☐ Conservative management
- ☐ End of life care/palliative
- ☐ Other

81a. Did the patient receive an escalation in care post GI bleed ☐ Yes ☐ No

81b. Why was an escalation in care required?

82a. What was the total number of days the patient spent on HDU (level 2 care) during this admission? ☐☐☐ ☐ None

82b. What was the total number of days the patient spent on a ICU (level 3 care) during this admission? ☐☐☐ ☐ None

83a. Did the patient suffer any post GI bleed complications? ☐ Yes ☐ No

83b. If Yes which of the following complications (please tick all that apply)?

- ☐ Pneumonia
- ☐ Significant cardiac event
- ☐ Liver failure
- ☐ Stroke/TIA/CVA
- ☐ Hepatic failure
- ☐ Renal failure
- ☐ PE
- ☐ DVT
- ☐ Hospital Acquired Infection (please specify)
- ☐ Other (please specify)

I. DISCHARGE

84. What was the date of discharge or death? ☐☐ ☐☐ ☐☐☐☐ ☐ Unknown
d d m m y y y y

85. What was the discharge location?

- ☐ Discharged to previous place of residence
- ☐ Discharged to other hospital
- ☐ Not applicable, patient died during this admission
- ☐ Other

86a. Were further investigations concerning the patients GI bleed planned for a subsequent appointment? ☐ Yes ☐ No ☐ Unknown

86b. If Yes what?

86c. In your opinion should the patient have undergone any further investigations, in addition to any detailed in 86b, regarding their GI bleed? ☐ Yes ☐ No ☐ Unknown

86d. If Yes what and why?

Please answer the following questions if the patient died during this admission

87. Was death anticipated? ☐ Yes ☐ No ☐ Unknown

88. Was treatment limited or withdrawn? ☐ Yes ☐ No ☐ Unknown

89a. What was the patient's resuscitation status? ☐ For resuscitation ☐ Not considered ☐ Not for resuscitation ☐ Unknown

89b. Was CPR attempted? ☐ Yes ☐ No

90. What level ward was the patient on when they died? Please see definitions on back page

☐ Level 0 ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Unknown

91. What was the cause of death recorded?

1a

1b

1c

2

92. Was this case reported to the coroner? ☐ Yes ☐ No ☐ Unknown

Please return a copy of the coroners report if available

93. Was a hospital or coronial autopsy performed? ☐ Yes ☐ No ☐ Unknown

Please return a copy of the autopsy report if available

94a. Was the death discussed in an M & M meeting? ☐ Yes ☐ No ☐ Unknown

94b. If Yes were remediable factors in the care of this patient identifed? ☐ Yes ☐ No ☐ Unknown

94c. If Yes what action was taken?

Thank you for taking the time to complete this questionnaire

CASE NOTES

Please supply photocopies of the following case note extracts with your questionnaire

- All inpatient annotations/medical notes for the patient's admission
- Nursing notes
- ICU/HDU notes
- Operation/procedure notes
- CT and other investigation reports
- Anaesthetic charts
- Observation charts
- Haematology/biochemistry results
- Fluid balance charts
- Blood transfusion records
- Drug charts
- Nutrition/Dietitian notes
- Consent forms
- Discharge letter/summary
- Post Mortem report if applicable

CODES FOR SPECIALTY

SURGICAL SPECIALTIES

100 = General Surgery
101 = Urology
103 = Breast Surgery
104 = Colorectal Surgery
105 = Hepatobiliary & Pancreatic Surgery
106 = Upper Gastrointestinal Surgery
107 = Vascular Surgery
110 = Trauma & Orthopaedics
120 = Ear, Nose & Throat (ENT)
130 = Ophthalmology
140 = Oral Surgery
145 = Maxillo-Facial Surgery
150 = Neurosurgery
160 = Plastic Surgery
161 = Burns Care
170 = Cardiothoracic Surgery
172 = Cardiac Surgery
173 = Thoracic Surgery
180 = Accident & Emergency
190 = Anaesthetics
192 = Critical/Intensive Care Medicine

MEDICAL SPECIALTIES

300 = General Medicine
301 = Gastroenterology
302 = Endocrinology
303 = Clinical Haematology
306 = Hepatology
307 = Diabetic Medicine
314 = Rehabilitation
315 = Palliative Medicine
320 = Cardiology
330 = Dermatology
340 = Respiratory Medicine
350 = Infectious Diseases
352 = Tropical Medicine
360 = Genito-Urinary Medicine
361 = Nephrology
370 = Medical Oncology
400 = Neurology
410 = Rheumatology
430 = Geriatric Medicine
500 = Obstetrics & Gynaecology
501 = Obstetrics
502 = Gynaecology
800 = Clinical Oncology
810 = Radiology
820 = General Pathology
823 = Haematology

CODES FOR GRADE

01 – Consultant
02 – Staff grade/Associate specialist
03 – Trainee with CCT
04 – Senior specialist trainee (ST3+ or equivalent)
05 – Junior specialist trainee (ST1&ST2 or CT equivalent)
06 – Basic grade (HO/FY1 or SHO/FY2 or equivalent)
07 - Nursing
08 - Physiotherapy
09 - Other

DEFINITIONS

Levels of ward 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. (NB: When Basic Respiratory and Basic Cardiovascular support are provided at the same time during the same critical care spell and no other organ support is required, the care is considered to be Level 2 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. (NB: Basic Respiratory and Basic Cardiovascular do not count as 2 organs if they occur simultaneously (see above under Level 2 care), but will count as Level 3 if another organ is supported at the same time).

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