

# Acute Bowel Obstruction Clinician Questionnaire

## A. INTRODUCTION

### **What is this study about?**

The aim of this study is to identify the remedial factors in process of care of patients with both large and small intestinal obstruction.

### **Inclusions:**

Data will be collected on patients aged 16 and over admitted between (Monday 16th April - Sunday 13th May 2018) and diagnosed with an acute bowel obstruction.

Eligible cases were identified from the hospital central record system (using ICD10 codes). Up to 10 cases per hospital have been selected for review.

### **Who should complete this questionnaire?**

For completion by the consultant who was responsible for the patient at the time of hospital admission.

### **A list of definitions can be found here:**

<http://bit.ly/2qYWnOL>

If you have any queries about this study or this questionnaire, please contact: [abo@ncepod.org.uk](mailto:abo@ncepod.org.uk) or telephone 020 7251 9060.

### **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

This study was commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into medical and surgical care.

## B. CLINICIAN DETAILS AND STRUCTURED COMMENTARY

### 1a. Grade:

Please note this questionnaire should ideally be completed by the Consultant that the patient was under the care of during the admission. To be included in this study patients must have been admitted between 16/04/2018 and 13/05/2018.

- 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 - Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)
- 08 - Senior staff nurse, enrolled nurse (EN etc.)
- 09 - First level nurse, staff nurse (RGN)
- 10 - Allied health professional (Physiotherapy/Speech and language therapy/Occupational therapy)
- 11 - Non Registered staff (HCA etc.)

If not listed above, please specify here...

### 1b. Specialty:

- |  |  |
|--|--|
| <input type="radio"/> General surgery                | <input type="radio"/> Urology                            |
| <input type="radio"/> Colorectal surgery             | <input type="radio"/> Hepatobiliary & pancreatic surgery |
| <input type="radio"/> Upper gastrointestinal surgery | <input type="radio"/> Trauma and orthopaedics            |
| <input type="radio"/> Ear, nose & throat (ENT)       | <input type="radio"/> Ophthalmology                      |
| <input type="radio"/> Oral Surgery                   | <input type="radio"/> Oral and maxillo facial surgery    |
| <input type="radio"/> Neurosurgery                   | <input type="radio"/> Plastic surgery                    |
| <input type="radio"/> Cardiothoracic surgery         | <input type="radio"/> Accident & Emergency (A&E)         |
| <input type="radio"/> Anaesthetics                   | <input type="radio"/> Critical care medicine             |
| <input type="radio"/> General medicine               | <input type="radio"/> Clinical haematology               |
| <input type="radio"/> Palliative medicine            | <input type="radio"/> Cardiology                         |
| <input type="radio"/> Acute internal medicine        | <input type="radio"/> Respiratory medicine               |
| <input type="radio"/> Infectious diseases            | <input type="radio"/> Medical oncology                   |
| <input type="radio"/> Neurology                      | <input type="radio"/> Geriatric medicine                 |
| <input type="radio"/> Obstetrics and gynaecology     | <input type="radio"/> Obstetrics                         |
| <input type="radio"/> Gynaecology                    | <input type="radio"/> Clinical oncology                  |
| <input type="radio"/> Haematology                    | <input type="radio"/> Unknown                            |

If not listed above, please specify here...

**2. Please use the box below to provide a brief summary of this case, adding any additional comments or information you feel relevant. You should be assured that this information is confidential. NCEPOD attaches great importance to this summary. Please give as much information as possible about the care of this patient.**

C. PATIENT DETAILS

**1. Age at the time of admission**

 Years

Unknown

**2. Sex**

Male

Female

**3. Please indicate the location of the obstruction:**

Large bowel

Small bowel

Both large and small

Unknown

D. ARRIVAL IN HOSPITAL

**1a. What was the date of arrival in hospital?**

Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

Unknown

**1b. What was the time of arrival in hospital?**

Unknown

**2a. What was the mode of arrival?**

- Emergency Department  
 Unplanned admission  
 Unknown

- GP direct to ward  
 Transferred from another hospital

Please specify any additional options here...

**2b. If answered "Transferred from another hospital" to [2a] then:  
If the patient was TRANSFERRED, what was the reason for the transfer? (Please tick all that apply)**

- Stenting  
 Other surgical specialty input  
 Unknown

- Critical care admission  
 Other medical specialty input

Please specify any additional options here...

**3a. Did the patient have any communication difficulties? (Please tick all that apply)**

- Language  
 Dementia  
 Hearing difficulties  
 None  
 Learning disability  
 Unknown

Please specify any additional options here...

**3b. Did the patient have the capacity to consent to treatment?**

- Yes                       No                       Unknown

**4a. Did the patient see the GP for this condition prior to admission?**

- Yes                       No                       Unknown

**4b. Did a GP refer the patient for THIS hospital admission?**

- Yes                       No                       Unknown

**4c. If answered "Yes" to [4a] then:  
If YES, was there a delay in referral by the GP?**

- Yes                       No                       Unknown

**5a. Please indicate the number of previous ATTENDANCES to the Emergency Department (ED) with gastrointestinal symptoms in the 1 year period prior to admission:**

If NONE please answer 0

Unknown

Value should be no more than 30

**5b. Please indicate the number of previous HOSPITAL ADMISSIONS with gastrointestinal symptoms in the 1 year period prior to admission:**

*If NONE please answer 0*

Unknown

*Value should be no more than 30*

---

**6a. Had the patient undergone previous abdominal surgery related to this condition in the 1 year period prior to admission?**

Yes

No

Unknown

**6b. If answered "Yes" to [6a] then:**

**If the patient had undergone previous abdominal surgery please give further details**

**1. What was the presenting complaint on arrival?**

**2a. Where was the location of the initial assessment on arrival?**

- |  |   |  |
|--|---|--|
| <input type="radio"/> Emergency department | <input type="radio"/> Medical assessment unit | <input type="radio"/> Surgical assessment unit |
| <input type="radio"/> Medical ward         | <input type="radio"/> Surgical ward           | <input type="radio"/> Level 3 care             |
| <input type="radio"/> Level 2 care         | <input type="radio"/> Unknown                 |  |

If not listed above, please specify here...

**2b. If answered "Medical ward" to [2a] then:  
If MEDICAL WARD, please specify the specialty?**

*If unknown please select unknown*

- |   |  |   |
|---|--|---|
| <input type="radio"/> General medicine        | <input type="radio"/> Gastroenterology         | <input type="radio"/> Endocrinology       |
| <input type="radio"/> Clinical haematology    | <input type="radio"/> Palliative medicine      | <input type="radio"/> Cardiology          |
| <input type="radio"/> Acute internal medicine | <input type="radio"/> Respiratory medicine     | <input type="radio"/> Infectious diseases |
| <input type="radio"/> Nephrology              | <input type="radio"/> Medical oncology         | <input type="radio"/> Neurology           |
| <input type="radio"/> Geriatric medicine      | <input type="radio"/> Obstetrics & gynaecology | <input type="radio"/> Obstetrics          |
| <input type="radio"/> Gynaecology             | <input type="radio"/> Clinical oncology        | <input type="radio"/> Haematology         |
| <input type="radio"/> Accident and Emergency  | <input type="radio"/> Critical care medicine   | <input type="radio"/> Unknown             |

If not listed above, please specify here...

**2c. If answered "Surgical ward" to [2a] then:  
If SURGICAL WARD, please specify the specialty?**

*If unknown please select unknown*

- |  |  |
|--|--|
| <input type="radio"/> General surgery                | <input type="radio"/> Urology                            |
| <input type="radio"/> Colorectal surgery             | <input type="radio"/> Hepatobiliary & pancreatic surgery |
| <input type="radio"/> Upper gastrointestinal surgery | <input type="radio"/> Trauma & orthopaedics              |
| <input type="radio"/> Ear, nose and throat (ENT)     | <input type="radio"/> Ophthalmology                      |
| <input type="radio"/> Oral surgery                   | <input type="radio"/> Oral and maxillo facial surgery    |
| <input type="radio"/> Neurosurgery                   | <input type="radio"/> Plastic surgery                    |
| <input type="radio"/> Cardiothoracic surgery         | <input type="radio"/> Accident & Emergency               |
| <input type="radio"/> Critical care medicine         | <input type="radio"/> Unknown                            |

If not listed above, please specify here...

**3a. Please indicate the date of the first assessment on arrival:**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

Unknown

**3b. Please indicate the time of the first assessment on arrival:**

Unknown

**3c. Please indicate the grade of the clinician responsible for undertaking the first assessment on arrival?**

*If unknown please select unknown*

- 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 - Specialist Nurse (Nurse consultant, Nurse practitioner, clinical nurse specialist)
- 08 - Senior staff nurse, enrolled nurse (EN etc.)
- 09 - 1st Level nurse, staff nurse (RGN)
- 10 - Allied health professional (Physiotherapy/ Speech & language therapy/Occupational therapy)
- 11 - Non-registered staff (HCA etc.)
- Unknown

If not listed above, please specify here...

**3d. Please indicate the specialty of the clinician responsible for undertaking the first assessment on arrival?**

*If unknown please select unknown*

- |  |  |
|--|--|
| <input type="radio"/> General surgery                | <input type="radio"/> Urology                            |
| <input type="radio"/> Colorectal surgery             | <input type="radio"/> Hepatobiliary & pancreatic surgery |
| <input type="radio"/> Upper gastrointestinal surgery | <input type="radio"/> Trauma and orthopaedics            |
| <input type="radio"/> Ear, nose and throat (ENT)     | <input type="radio"/> Ophthalmology                      |
| <input type="radio"/> Oral surgery                   | <input type="radio"/> Oral and maxillo facial surgery    |
| <input type="radio"/> Neurosurgery                   | <input type="radio"/> Plastic surgery                    |
| <input type="radio"/> Cardiothoracic surgery         | <input type="radio"/> Accident and emergency (A&E)       |
| <input type="radio"/> Anaesthetics                   | <input type="radio"/> Critical care medicine             |
| <input type="radio"/> General medicine               | <input type="radio"/> Gastroenterology                   |
| <input type="radio"/> Endocrinology                  | <input type="radio"/> Clinical haematology               |
| <input type="radio"/> Palliative medicine            | <input type="radio"/> Cardiology                         |
| <input type="radio"/> Acute internal medicine        | <input type="radio"/> Respiratory medicine               |
| <input type="radio"/> Infectious diseases            | <input type="radio"/> Nephrology                         |
| <input type="radio"/> Medical oncology               | <input type="radio"/> Neurology                          |
| <input type="radio"/> Geriatric medicine             | <input type="radio"/> Obstetrics & gynaecology           |
| <input type="radio"/> Obstetrics                     | <input type="radio"/> Gynaecology                        |
| <input type="radio"/> Clinical oncology              | <input type="radio"/> Haematology                        |
| <input type="radio"/> Unknown                        |  |

If not listed above, please specify here...

**4a. Please describe the clinical presentation of the patient at initial assessment: (Please tick all that apply)**

- Abdominal pain - colicky
- Abdominal pain - non-colicky
- Right Iliac fossa pain
- Vomiting - bilious
- Vomiting - faeculent
- Constipation (i.e. overflow diarrhea/absolute constipation)
- Weight loss
- Abdominal tenderness
- Peritonism
- Abdominal distention
- Unknown

Please specify any additional options here...

**4b. If answered "Abdominal pain - colicky" to [4a] then:  
Please indicate the duration of abdominal pain - colicky**

 Hours  Unknown

**4c. If answered "Abdominal pain - non-colicky" to [4a] then:  
Please indicate the duration of abdominal pain - non-colicky**

 Hours  Unknown

**4d. If answered "Right Iliac fossa pain" to [4a] then:  
Please indicate the duration of right illiac fossa pain**

 Hours  Unknown

**4e. If answered "Vomiting - bilious" to [4a] then:  
Please indicate the duration of vomiting - bilious**

 Hours  Unknown

**4f. If answered "Vomiting - faeculent" to [4a] then:  
Please indicate the duration of vomiting - faeculent**

 Hours  Unknown

**4g. If answered "Constipation (i.e. overflow diarrhea/absolute constipation)" to [4a] then:  
Please indicate the duration of constipation (i.e. overflow diarrhea/absolute constipation)**

 Days  Unknown

**4h. If answered "Weight loss" to [4a] then:  
Please indicate the duration of weight loss**

 Days  Unknown

**4i. If answered "Abdominal tenderness" to [4a] then:  
Please indicate the duration of abdominal tenderness**

 Hours  Unknown

**4j. If answered "Peritonism" to [4a] then:  
Please indicate the duration of peritonism**

 Hours  Unknown

**4k. If answered "Abdominal distention" to [4a] then:  
Please indicate the duration of abdominal distention**

 Hours  Unknown



**5. Which of the following were recorded at the time of the initial assessment? (Answers may be multiple)**

- |  |   |   |                                      |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Pulse             | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Respiratory rate | <input type="checkbox"/> Temperature |
| <input type="checkbox"/> Oxygen saturation | <input type="checkbox"/> Weight         | <input type="checkbox"/> Hydration status | <input type="checkbox"/> BMI         |
| <input type="checkbox"/> Pain score        | <input type="checkbox"/> GCS            | <input type="checkbox"/> None             | <input type="checkbox"/> Unknown     |

Please specify any additional options here...

**6a. Was there an escalation of care of the patient during the initial assessment and prior to admission?**

- |  |   |
|--|---|
| <input type="radio"/> Yes - Following use of early warning score | <input type="radio"/> Yes - No use of early warning score |
| <input type="radio"/> No   | <input type="radio"/> Unknown                             |

**6b. If answered "Yes - Following use of early warning score" or "Yes - No use of early warning score" to [6a] then: Please give further details:**

**7a. Which of the following investigations were undertaken as a result of the initial assessment? (Please tick all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Abdominal x-ray                   | <input type="checkbox"/> CT scan             |
| <input type="checkbox"/> Abdominal ultrasound              | <input type="checkbox"/> MRI                 |
| <input type="checkbox"/> Gastrografin follow through (WCS) | <input type="checkbox"/> Arterial blood gas  |
| <input type="checkbox"/> Lactate                           | <input type="checkbox"/> C-reactive protein  |
| <input type="checkbox"/> Full blood Count                  | <input type="checkbox"/> Urea & electrolytes |
| <input type="checkbox"/> None                              | <input type="checkbox"/> Unknown             |

Please specify any additional options here...

**7b. Were you able to access all necessary investigations during the initial assessment?**

- |                           |                          |                               |
|---------------------------|--------------------------|-------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unknown |
|---------------------------|--------------------------|-------------------------------|

**7c. If answered "No" to [7b] then: If NO, please specify which investigations could not be accessed: (Please tick all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Abdominal x-ray                   | <input type="checkbox"/> CT scan             |
| <input type="checkbox"/> Abdominal ultrasound              | <input type="checkbox"/> MRI                 |
| <input type="checkbox"/> Gastrografin follow through (WCS) | <input type="checkbox"/> Arterial blood gas  |
| <input type="checkbox"/> Lactate                           | <input type="checkbox"/> C-reactive protein  |
| <input type="checkbox"/> Full blood count                  | <input type="checkbox"/> Urea & electrolytes |
| <input type="checkbox"/> Unknown                           |  |

Please specify any additional options here...

**8. Was there any evidence of Acute Kidney Injury on arrival?**

*Please see definitions - <http://bit.ly/2qYWnOL>*

- Yes                       No                       Unknown
- 

**9a. Was the patient commenced on a dedicated pathway for bowel obstruction?**

- Yes                       No                       Unknown  
 NA - no dedicated pathway

**9b. If answered "Yes" to [9a] then:**

**If YES, was this a dedicated pathway for:**

- Small bowel obstruction       Large bowel obstruction       Unknown

F. ADMISSION TO WARD

**1a. Please indicate the date of admission to the ward:**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

Unknown

**1b. Please indicate the time of admission to the ward:**

Unknown

**2a. Where was the patient admitted to?**

- Medical assessment unit       Surgical assessment unit       Medical ward  
 Surgical ward                       Level 3 care                       Level 2 care  
 Unknown

If not listed above, please specify here...

**2b. If answered "Medical ward" to [2a] then:**

**If the patient was admitted to a medical ward please specify the specialty?**

*If unknown please select unknown*

- General medicine                       Gastroenterology                       Endocrinology  
 Clinical haematology                       Palliative medicine                       Cardiology  
 Acute internal medicine                       Respiratory medicine                       Infectious diseases  
 Nephrology                       Medical oncology                       Neurology  
 Geriatric medicine                       Obstetrics & gynaecology                       Obstetrics  
 Gynaecology                       Clinical oncology                       Haematology  
 Accident & Emergency                       Critical care medicine                       Unknown

If not listed above, please specify here...

**2c. If answered "Surgical ward" to [2a] then:**

**If the patient was admitted to a surgical ward please specify the specialty?**

*If unknown, please select unknown?*

- General surgery                       Urology  
 Colorectal surgery                       Hepatobiliary & pancreatic surgery  
 Upper gastrointestinal surgery                       Trauma & orthopaedics  
 Ear, nose and throat (ENT)                       Ophthalmology  
 Oral surgery                       Oral and maxillo facial surgery  
 Neurosurgery                       Plastic surgery  
 Cardiothoracic Surgery                       Accident & Emergency  
 Critical Care Medicine                       Unknown

If not listed above, please specify here...

**3. Please indicate the specialty the patient was admitted under**

*If unknown please select unknown*

- |  |  |
|--|--|
| <input type="radio"/> General surgery                | <input type="radio"/> Urology                            |
| <input type="radio"/> Colorectal surgery             | <input type="radio"/> Hepatobiliary & pancreatic surgery |
| <input type="radio"/> Upper gastrointestinal surgery | <input type="radio"/> Trauma & orthopaedics              |
| <input type="radio"/> Ear, nose and throat (ENT)     | <input type="radio"/> Ophthalmology                      |
| <input type="radio"/> Oral surgery                   | <input type="radio"/> Oral and maxillo facial surgery    |
| <input type="radio"/> Neurosurgery                   | <input type="radio"/> Plastic surgery                    |
| <input type="radio"/> Cardiothoracic Surgery         | <input type="radio"/> Accident & Emergency               |
| <input type="radio"/> Anaesthetics                   | <input type="radio"/> Critical care medicine             |
| <input type="radio"/> General medicine               | <input type="radio"/> Gastroenterology                   |
| <input type="radio"/> Endocrinology                  | <input type="radio"/> Clinical haematology               |
| <input type="radio"/> Palliative medicine            | <input type="radio"/> Cardiology                         |
| <input type="radio"/> Acute internal medicine        | <input type="radio"/> Respiratory medicine               |
| <input type="radio"/> Infectious diseases            | <input type="radio"/> Nephrology                         |
| <input type="radio"/> Medical oncology               | <input type="radio"/> Neurology                          |
| <input type="radio"/> Geriatric medicine             | <input type="radio"/> Obstetrics & gynaecology           |
| <input type="radio"/> Obstetrics                     | <input type="radio"/> Gynaecology                        |
| <input type="radio"/> Clinical oncology              | <input type="radio"/> Haematology                        |
| <input type="radio"/> Unknown                        |  |

If not listed above, please specify here...

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**4. What was the diagnosis on admission? (Please specify)**

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**5a. What was the date of the first review following admission?**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

Unknown

**5b. What was the time of the first review following admission?**

Unknown

**5c. What was the grade of the clinician responsible for undertaking the first review following admission?**

*If unknown please select unknown*

- 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 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
- 08 - Senior staff nurse, enrolled nurse (EN etc.)
- 09 - 1st Level nurse, staff nurse (RGN)
- 10 - Allied health professional (Physiotherapy/ Speech & language therapy/Occupational therapy)
- 11 - Non-registered staff (HCA etc.)
- Unknown

If not listed above, please specify here...

**5d. What was the specialty of the clinician responsible for undertaking the first review following admission?**

*If unknown please select unknown*

- |  |  |
|--|--|
| <input type="radio"/> General surgery                | <input type="radio"/> Urology                            |
| <input type="radio"/> Colorectal surgery             | <input type="radio"/> Hepatobiliary & pancreatic surgery |
| <input type="radio"/> Upper gastrointestinal surgery | <input type="radio"/> Trauma & orthopaedics              |
| <input type="radio"/> Ear, nose and throat (ENT)     | <input type="radio"/> Ophthalmology                      |
| <input type="radio"/> Oral surgery                   | <input type="radio"/> Oral and maxillo facial surgery    |
| <input type="radio"/> Neurosurgery                   | <input type="radio"/> Plastic surgery                    |
| <input type="radio"/> Cardiothoracic surgery         | <input type="radio"/> Accident & Emergency               |
| <input type="radio"/> Anaesthetics                   | <input type="radio"/> Critical care medicine             |
| <input type="radio"/> General medicine               | <input type="radio"/> Gastroenterology                   |
| <input type="radio"/> Endocrinology                  | <input type="radio"/> Clinical haematology               |
| <input type="radio"/> Palliative medicine            | <input type="radio"/> Cardiology                         |
| <input type="radio"/> Acute internal medicine        | <input type="radio"/> Respiratory medicine               |
| <input type="radio"/> Infectious diseases            | <input type="radio"/> Nephrology                         |
| <input type="radio"/> Medical oncology               | <input type="radio"/> Neurology                          |
| <input type="radio"/> Geriatric medicine             | <input type="radio"/> Obstetrics & gynaecology           |
| <input type="radio"/> Obstetrics                     | <input type="radio"/> Gynaecology                        |
| <input type="radio"/> Clinical oncology              | <input type="radio"/> Haematology                        |
| <input type="radio"/> Unknown                        |  |

If not listed above, please specify here...

**5e. Was the patient seen by a CT3+ level clinician within 4 hours of admission?**

- Yes                       No                       Unknown

**6a. What was the date of the first CONSULTANT review following admission?**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

Unknown

**6b. What was the time of the first CONSULTANT review following admission?**

Unknown

**6c. What was the specialty of the first CONSULTANT review following admission?**

*If unknown please select unknown*

- |  |  |
|--|--|
| <input type="radio"/> General surgery                | <input type="radio"/> Urology                            |
| <input type="radio"/> Colorectal surgery             | <input type="radio"/> Hepatobiliary & pancreatic surgery |
| <input type="radio"/> Upper gastrointestinal surgery | <input type="radio"/> Trauma & orthopaedics              |
| <input type="radio"/> Ear, nose and throat (ENT)     | <input type="radio"/> Ophthalmology                      |
| <input type="radio"/> Oral surgery                   | <input type="radio"/> Oral and maxillo facial surgery    |
| <input type="radio"/> Neurosurgery                   | <input type="radio"/> Plastic surgery                    |
| <input type="radio"/> Cardiothoracic surgery         | <input type="radio"/> Accident & Emergency               |
| <input type="radio"/> Anaesthetics                   | <input type="radio"/> Critical care medicine             |
| <input type="radio"/> General medicine               | <input type="radio"/> Gastroenterology                   |
| <input type="radio"/> Endocrinology                  | <input type="radio"/> Clinical haematology               |
| <input type="radio"/> Palliative medicine            | <input type="radio"/> Cardiology                         |
| <input type="radio"/> Acute internal medicine        | <input type="radio"/> Respiratory medicine               |
| <input type="radio"/> Infectious diseases            | <input type="radio"/> Nephrology                         |
| <input type="radio"/> Medical oncology               | <input type="radio"/> Neurology                          |
| <input type="radio"/> Geriatric medicine             | <input type="radio"/> Obstetrics & gynaecology           |
| <input type="radio"/> Obstetrics                     | <input type="radio"/> Gynaecology                        |
| <input type="radio"/> Clinical oncology              | <input type="radio"/> Haematology                        |
| <input type="radio"/> Unknown                        |  |

If not listed above, please specify here...

---

**7. Was the patient reviewed by a surgical team/surgeon following admission?**

- Yes                       No                       Unknown

---

**8a. If answered "Yes" to [7] then:**

**If YES, what was the date of the first SURGICAL review following admission?**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

Unknown

**8b. If answered "Yes" to [7] then:**

**If YES, what was the time of the first SURGICAL review following admission?**

Unknown

**8c. If answered "Yes" to [7] then:**

**What was the grade of the clinician responsible for undertaking the first SURGICAL TEAM review following admission?**

*If unknown please select unknown*

- 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 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
- 08 - Senior staff nurse, enrolled nurse (EN etc.)
- Unknown

If not listed above, please specify here...

**8d. If answered "Yes" to [7] then:**

**What was the specialty of the clinician responsible for undertaking the first SURGICAL TEAM review following admission?**

*If unknown please select unknown*

- |  |  |
|--|--|
| <input type="radio"/> General surgery                | <input type="radio"/> Urology                            |
| <input type="radio"/> Colorectal surgery             | <input type="radio"/> Hepatobiliary & pancreatic surgery |
| <input type="radio"/> Upper gastrointestinal surgery | <input type="radio"/> Trauma & orthopaedics              |
| <input type="radio"/> Ear, nose and throat (ENT)     | <input type="radio"/> Ophthalmology                      |
| <input type="radio"/> Oral surgery                   | <input type="radio"/> Oral and maxillo facial surgery    |
| <input type="radio"/> Neurosurgery                   | <input type="radio"/> Plastic surgery                    |
| <input type="radio"/> Cardiothoracic Surgery         | <input type="radio"/> Accident & Emergency               |
| <input type="radio"/> Critical care medicine         | <input type="radio"/> Unknown                            |

If not listed above, please specify here...

**9a. If answered "Yes" to [7] then:**

**What was the date of the first SURGICAL CONSULTANT review following admission?**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

Unknown

**9b. If answered "Yes" to [7] then:**

**What was the time of the first SURGICAL CONSULTANT review following admission?**

Unknown

**9c. If answered "Yes" to [7] then:**

**What was the sub-specialty of the clinician responsible for undertaking the first SURGICAL CONSULTANT review following admission?**

*If unknown please select unknown*

- |  |  |
|--|--|
| <input type="radio"/> General surgery                | <input type="radio"/> Urology                            |
| <input type="radio"/> Colorectal surgery             | <input type="radio"/> Hepatobiliary & pancreatic surgery |
| <input type="radio"/> Upper gastrointestinal surgery | <input type="radio"/> Trauma & orthopaedics              |
| <input type="radio"/> Ear, nose and throat (ENT)     | <input type="radio"/> Ophthalmology                      |
| <input type="radio"/> Oral surgery                   | <input type="radio"/> Oral and maxillo facial surgery    |
| <input type="radio"/> Neurosurgery                   | <input type="radio"/> Plastic surgery                    |
| <input type="radio"/> Cardiothoracic surgery         | <input type="radio"/> Accident & Emergency               |
| <input type="radio"/> Critical care medicine         | <input type="radio"/> Unknown                            |

If not listed above, please specify here...

**10a. Were there any delays that were outside of your control during the admission process?**

- Yes                       No                       Unknown

**10b. If answered "Yes" to [10a] then:**

**If YES, please give details:**

---

**11a. Were there any concerns with communication/the handover of the patient during the admission process?**

Yes

No

Unknown

**11b. If answered "Yes" to [11a] then:  
If YES, please give details:**



**1a. Following admission, was the patient treated with: (Please tick all that apply)**

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Oxygen      | <input type="checkbox"/> IV Fluids                 | <input type="checkbox"/> Urinary Catheterisation |
| <input type="checkbox"/> Antibiotics | <input type="checkbox"/> Nasogastric tube drainage | <input type="checkbox"/> None                    |
| <input type="checkbox"/> Unknown     |  |  |

Please specify any additional options here...

**1b. Were there any factors out of your control which led to the inadequate optimisation of the patient during admission?**

- Yes                       No                       Unknown

**2a. Were the following recorded on admission? (Please tick all that apply)**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Lactate       | <input type="checkbox"/> Blood pressure            | <input type="checkbox"/> Urine output |
| <input type="checkbox"/> Fluid balance | <input type="checkbox"/> Antibiotic administration | <input type="checkbox"/> None         |
| <input type="checkbox"/> Unknown       |  |                                       |

Please specify any additional options here...

**2b. If any of the above were not recorded, should they have been?**

- Yes                       No                       Unknown

**2c. If answered "Yes" to [2b] then:  
If YES, please specify:**

**3. If the patient had AKI, was this normalised within 24 hours of recognition?**

*Please see definitions - <http://bit.ly/2qYWnOL>*

- Yes                       No                       Unknown

**4a. Was a Malnutrition Universal Screening Tool (MUST) or equivalent score recorded?**

- Yes                       No                       Unknown

**4b. If answered "Yes" to [4a] then:  
If YES, by whom was this undertaken? (Please tick all that apply)**

- |                                    |                                |   |                                  |
|------------------------------------|--------------------------------|---|----------------------------------|
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Nurse | <input type="checkbox"/> Nutrition team | <input type="checkbox"/> Unknown |
|------------------------------------|--------------------------------|---|----------------------------------|

Please specify any additional options here...

**5a. Following admission, was a nutritional assessment undertaken?**

- Yes                       No                       Unknown

**5b. If answered "Yes" to [5a] then:**

**If YES, by whom was this undertaken? (Please tick all that apply)**

- Dietitian                       Nurse                       Nutrition team                       Doctor  
 Unknown

Please specify any additional options here...

**5c. If answered "Yes" to [5a] then:**

**If YES, following assessment what treatment was advised? (Please specify)**

---

**6. Was this patient identified as being frail on admission?**

- Yes                       No                       Unknown

---

**7a. What was the functional status of the patient prior to the onset of bowel obstruction using the Rockwood Score?**

*Please see definitions - <http://bit.ly/2qYWnOL>*

1. Very fit                       2. Well                       3. Managing well  
 4. Vulnerable                       5. Mildly frail                       6. Moderately frail  
 7. Severely frail                       8. Very severely frail                       9. Terminally ill  
 Unknown

**7b. What was the functional status of the patient at the time of admission, using the Rockwood Score?**

*Please see definitions - <http://bit.ly/2qYWnOL>*

1. Very fit                       2. Well                       3. Managing well  
 4. Vulnerable                       5. Mildly frail                       6. Moderately frail  
 7. Severely frail                       8. Very severely frail                       9. Terminally ill  
 Unknown

---

**8. Was the patient's pain score measured on admission?**

- Yes                       No                       Unknown

---

**9a. Did the patient receive analgesia during this admission?**

- Yes                       No                       Unknown

**9b. If answered "Yes" to [9a] then:**

**How long after admission did the patient first receive analgesia?**

Hours                       Unknown

**9c. Were there any issues in managing pain control in this patient during this admission?**

- Yes                       No                       Unknown

**9d. If answered "Yes" to [9c] then:  
If YES, please give further details:**

---

**10. Was the patient seen by an acute pain team prior to the delivery of their definitive treatment?**

- Yes                       No                       Unknown

---

**11a. Did the patient have an NG tube in situ?**

- |  |  |
|--|--|
| <input type="radio"/> Yes - on arrival to hospital   | <input type="radio"/> Yes - on admission to the ward |
| <input type="radio"/> Yes - following ward admission | <input type="radio"/> No - should have been in situ  |
| <input type="radio"/> No - not necessary             | <input type="radio"/> Unknown                        |

**11b. Did the patient have a urinary catheter in situ?**

- |  |  |
|--|--|
| <input type="radio"/> Yes - on arrival to hospital   | <input type="radio"/> Yes - on admission to the ward |
| <input type="radio"/> Yes - following ward admission | <input type="radio"/> No - should have been in situ  |
| <input type="radio"/> No - not necessary             | <input type="radio"/> Unknown                        |

**11c. Did the patient have an intravenous cannula in situ?**

- Yes                       No                       Unknown

**11d. If answered "Yes" to [11c] then:  
If YES, what type? (Please tick all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Peripheral cannula | <input type="checkbox"/> Peripherally inserted central catheter |
| <input type="checkbox"/> Central line       | <input type="checkbox"/> Unknown                                |

**11e. If answered "No" to [11c] then:  
In No, should there have been?**

- Yes                       No                       Unknown

H. IMAGING

**1. Following admission, what diagnostic imaging did the patient have? (Please tick all that apply)**

- Abdominal x-ray
- CT scan without IV contrast
- Gastrografin follow through (WSCS)
- None
- CT scan with IV contrast
- MRI scan
- Unknown

Please specify any additional options here...

**2. If answered "Abdominal x-ray" to [1] then:  
Where was the abdominal x-ray imaging organised?**

- Emergency Department
- Medical ward
- Level 2 care
- Medical Assessment Unit
- Surgical ward
- Unknown
- Surgical Assessment Unit
- Level 3 care

If not listed above, please specify here...

**3a. If answered "Abdominal x-ray" to [1] then:  
Please indicate the date that the abdominal x-ray was requested?**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

Unknown

**3b. If answered "Abdominal x-ray" to [1] then:  
Please indicate the time that the abdominal x-ray was requested?**

Unknown

**3c. If answered "Abdominal x-ray" to [1] then:  
Please indicate the date that the abdominal x-ray was reported?**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

Unknown

**3d. If answered "Abdominal x-ray" to [1] then:  
Please indicate the time that the abdominal x-ray was reported?**

Unknown

**3e. If answered "Abdominal x-ray" to [1] then:  
Please indicate the grade of reporter of the abdominal x-ray?**

*If unknown please select unknown*

- 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 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
- 08 - Senior staff nurse, enrolled nurse (EN etc.)
- 09 - 1st Level nurse, staff nurse (RGN)
- 10 - Allied health professional (Physiotherapy/Speech and language therapy/Occupational therapy)
- 11 - Non-registered staff (HCA etc.)
- Unknown

If not listed above, please specify here...

**4a. If answered "Abdominal x-ray" to [1] then:  
Did the result of the abdominal x-ray influence decision making?**

- Yes                       No                       Unknown

**4b. If answered "Abdominal x-ray" to [1] then:  
Was the abdominal x-ray adequate to identify the cause of the bowel obstruction?**

- Yes                       No                       Unknown

**5. If answered "Abdominal x-ray" to [1] then:  
Was there any delay in undertaking the abdominal x-ray (Please tick all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Yes - delay in referral                  | <input type="checkbox"/> Yes - delay in request |
| <input type="checkbox"/> Yes - delay in reporting                 | <input type="checkbox"/> Yes - decision making  |
| <input type="checkbox"/> Yes - deferred to allow treatment of AKI | <input type="checkbox"/> Yes - access           |
| <input type="checkbox"/> No delay                                 | <input type="checkbox"/> Unknown                |

Please specify any additional options here...

**6. If answered "CT scan with IV contrast" to [1] then:  
Where was the CT scan with IV contrast organised?**

- |  |   |  |
|--|---|--|
| <input type="radio"/> Emergency Department | <input type="radio"/> Medical Assessment Unit | <input type="radio"/> Surgical Assessment Unit |
| <input type="radio"/> Medical ward         | <input type="radio"/> Surgical ward           | <input type="radio"/> Level 3 care             |
| <input type="radio"/> Level 2 care         | <input type="radio"/> Unknown                 |  |

If not listed above, please specify here...

**7a. If answered "CT scan with IV contrast" to [1] then:  
Please indicate the date that the CT scan with IV contrast was requested?**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

- Unknown

**7b. If answered "CT scan with IV contrast" to [1] then:  
Please indicate the time that the CT scan with IV contrast was requested?**

- Unknown

**7c. If answered "CT scan with IV contrast" to [1] then:**

**Please indicate the date that the CT scan with IV contrast was reported?**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

Unknown

**7d. If answered "CT scan with IV contrast" to [1] then:**

**Please indicate the time that the CT scan with IV contrast was reported?**

Unknown

**7e. If answered "CT scan with IV contrast" to [1] then:**

**Please indicate the grade of reporter of the CT scan with IV contrast**

*If unknown please select unknown*

- 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 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
- 08 - Senior staff nurse, enrolled nurse (EN etc.)
- 09 - 1st Level nurse, staff nurse (RGN)
- 10 - Allied Health Professional (Physiotherapy/Speech and language therapy/Occupational therapy)
- 11 - Non-registered staff (HCA etc.)
- Unknown

If not listed above, please specify here...

**8a. If answered "CT scan with IV contrast" to [1] then:**

**Did the results of the CT scan with IV contrast influence decision making?**

- Yes                       No                       Unknown

**8b. If answered "CT scan with IV contrast" to [1] then:**

**Was the CT scan with IV contrast adequate to identify the cause of the bowel obstruction?**

- Yes                       No                       Unknown

**9. If answered "CT scan with IV contrast" to [1] then:**

**Was there any delay in undertaking the CT scan with IV contrast? (Please tick all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Yes - Delay in referral                  | <input type="checkbox"/> Yes - Delay in request      |
| <input type="checkbox"/> Yes - Delay in reporting                 | <input type="checkbox"/> Yes - Decision making       |
| <input type="checkbox"/> Yes - Deferred to allow treatment of AKI | <input type="checkbox"/> Yes - Access to CT scanning |
| <input type="checkbox"/> No delay                                 | <input type="checkbox"/> Unknown                     |

Please specify any additional options here...

**10. If answered "CT scan without IV contrast" to [1] then:**

**Where was the CT scan without IV contrast organised?**

- |  |   |  |
|--|---|--|
| <input type="radio"/> Emergency Department | <input type="radio"/> Medical Assessment Unit | <input type="radio"/> Surgical Assessment Unit |
| <input type="radio"/> Medical ward         | <input type="radio"/> Surgical ward           | <input type="radio"/> Level 3 care             |
| <input type="radio"/> Level 2 care         | <input type="radio"/> Unknown                 |  |

If not listed above, please specify here...

11a.If answered "CT scan without IV contrast" to [1] then:

Please indicate the date that the CT scan without IV contrast was requested

Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

Unknown

11b.If answered "CT scan without IV contrast" to [1] then:

Please indicate the time that the CT scan without IV contrast was requested

Unknown

11c.If answered "CT scan without IV contrast" to [1] then:

Please indicate the date that the CT scan without IV contrast was reported

Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

Unknown

11d.If answered "CT scan without IV contrast" to [1] then:

Please indicate the time that the CT scan without IV contrast was reported

Unknown

11e.If answered "CT scan without IV contrast" to [1] then:

Please indicate the grade of reporter of the CT scan without IV contrast

If unknown please select unknown

- 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 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
- 08 - Senior staff nurse, enrolled nurse (EN etc.)
- 09 - 1st Level nurse, staff nurse (RGN)
- 10 - Allied health professional (Physiotherapy/Speech & language therapy/Occupational therapy)
- 11 - Non-registered staff (HCA etc.)
- Unknown

If not listed above, please specify here...

12a.If answered "CT scan without IV contrast" to [1] then:

Did the results of the CT scan without IV contrast influence decision making?

- Yes                       No                       Unknown

12b.If answered "CT scan without IV contrast" to [1] then:

Was the CT scan without IV contrast adequate to identify the cause of the bowel obstruction?

- Yes                       No                       Unknown

13. If answered "CT scan without IV contrast" to [1] then:

Was there any delay in undertaking the CT scan without IV contrast?

- |   |  |
|---|--|
| <input type="checkbox"/> Yes - Delay in referral                  | <input type="checkbox"/> Yes - Delay in request      |
| <input type="checkbox"/> Yes - Delay in reporting                 | <input type="checkbox"/> Yes - Decision making       |
| <input type="checkbox"/> Yes - Deferred to allow treatment of AKI | <input type="checkbox"/> Yes - Access to CT scanning |
| <input type="checkbox"/> No delay                                 | <input type="checkbox"/> Unknown                     |

Please specify any additional options here...

**14. If answered "CT scan without IV contrast" to [1] then:  
Why was the scan undertaken without contrast? (Please give details )**

---

**15. If answered "MRI scan" to [1] then:  
Where was the MRI scan imaging organised?**

- |  |   |  |
|--|---|--|
| <input type="radio"/> Emergency Department | <input type="radio"/> Medical Assessment Unit | <input type="radio"/> Surgical Assessment Unit |
| <input type="radio"/> Medical ward         | <input type="radio"/> Surgical ward           | <input type="radio"/> Level 3 care             |
| <input type="radio"/> Level 2 care         | <input type="radio"/> Unknown                 |  |

If not listed above, please specify here...

---

**16a. If answered "MRI scan" to [1] then:  
Please indicate the date that the MRI scan was requested**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

Unknown

**16b. If answered "MRI scan" to [1] then:  
Please indicate the time that the MRI scan was requested**

Unknown

**16c. If answered "MRI scan" to [1] then:  
Please indicate the date that the MRI scan was reported**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

Unknown

**16d. If answered "MRI scan" to [1] then:  
Please indicate the time that the MRI scan was reported**

Unknown



**16e.If answered "MRI scan" to [1] then:**

**Please indicate the grade of reporter of the MRI Scan**

*if unknown please select unknown*

- 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 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
- 08 - Senior staff nurse, enrolled nurse (EN etc.)
- 09 - 1st Level nurse, staff nurse (RGN)
- 10 - Allied health professional (Physiotherapy/ Speech & language therapy/Occupational therapy)
- 11 - Non-registered staff (HCA etc.)
- Unknown

If not listed above, please specify here...

**17a.If answered "MRI scan" to [1] then:**

**Did the results of the MRI scan influence decision making?**

- Yes                       No                       Unknown

**17b.If answered "MRI scan" to [1] then:**

**Was the results of the MRI scan adequate to identify the cause of the bowel obstruction?**

- Yes                       No                       Unknown

**18. If answered "MRI scan" to [1] then:**

**Was there any delay in undertaking the MRI scan?**

- |   |   |
|---|---|
| <input type="checkbox"/> Yes - Delay in referral                  | <input type="checkbox"/> Yes - Delay in request |
| <input type="checkbox"/> Yes - Delay in reporting                 | <input type="checkbox"/> Yes - Decision making  |
| <input type="checkbox"/> Yes - Deferred to allow treatment of AKI | <input type="checkbox"/> Yes - Access to MRI    |
| <input type="checkbox"/> No delay                                 | <input type="checkbox"/> Unknown                |

Please specify any additional options here...

**19. If answered "Gastrografin follow through (WSCS)" to [1] then:**

**Where was the Gastrografin follow through (WSCS) imaging organised?**

- |  |   |  |
|--|---|--|
| <input type="radio"/> Emergency Department | <input type="radio"/> Medical Assessment Unit | <input type="radio"/> Surgical Assessment Unit |
| <input type="radio"/> Medical ward         | <input type="radio"/> Surgical ward           | <input type="radio"/> Level 3 care             |
| <input type="radio"/> Level 2 care         | <input type="radio"/> Unknown                 |  |

If not listed above, please specify here...

**20a.If answered "Gastrografin follow through (WSCS)" to [1] then:**

**Please indicate the date Gastrografin follow through (WSCS) was requested**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

- Unknown

**20b.If answered "Gastrografin follow through (WSCS)" to [1] then:**

**Please indicate the time Gastrografin follow through (WSCS) was requested**

- Unknown

**20c. If answered "Gastrografin follow through (WSCS)" to [1] then:**

**Please indicate the date Gastrografin follow through (WSCS) was reported**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

Unknown

**20d. If answered "Gastrografin follow through (WSCS)" to [1] then:**

**Please indicate the time Gastrografin follow through (WSCS) was reported**

Unknown

**20e. If answered "Gastrografin follow through (WSCS)" to [1] then:**

**Please indicate the grade of the reporter of gastrografin follow through (WSCS)**

*If unknown please select unknown*

- 01 - Consultant
- 02 - Staff grade/associate specialist
- 03 - Trainee with CCT
- 04 - Senior specialist trainee
- 05 - Junior specialist trainee (ST1 & ST2 or CT equivalent)
- 06 - Basic grade (HO/FY1 or SHO/FY2 or equivalent)
- 07 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
- 08 - Senior staff nurse, enrolled nurse (EN etc.)
- 09 - 1st level nurse, staff nurse (RGN)
- 10 - Allied Health Professional (Physiotherapy/Speech and language therapy/Occupational therapy)
- 11 - Non - registered staff (HCA etc.)
- Unknown

If not listed above, please specify here...

**21a. If answered "Gastrografin follow through (WSCS)" to [1] then:**

**Did the results of the Gastrografin follow through (WSCS) influence decision making?**

- Yes                       No                       Unknown

**21b. If answered "Gastrografin follow through (WSCS)" to [1] then:**

**Was the results of the Gastrografin follow through (WSCS) adequate to identify the cause of the bowel obstruction?**

- Yes                       No                       Unknown

**22. If answered "Gastrografin follow through (WSCS)" to [1] then:**

**Was there any delay in undertaking the gastrografin follow through (WSCS)? Please tick all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Yes - Delay in referral                  | <input type="checkbox"/> Yes - Delay in request |
| <input type="checkbox"/> Yes - Delay in reporting                 | <input type="checkbox"/> Yes - Decision making  |
| <input type="checkbox"/> Yes - Deferred to allow treatment of AKI | <input type="checkbox"/> Yes - Access           |
| <input type="checkbox"/> No delay                                 | <input type="checkbox"/> Unknown                |

Please specify any additional options here...

**23a. Was all appropriate imaging undertaken?**

- Yes                       No                       Unknown

**23b.If answered "No" to [23a] then:**

**If NO, what should have been undertaken? (Please tick all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Abdominal x-ray                    | <input type="checkbox"/> CT scan with IV contrast |
| <input type="checkbox"/> CT scan without IV contrast        | <input type="checkbox"/> MRI scan                 |
| <input type="checkbox"/> Gastrografin follow through (WSCS) | <input type="checkbox"/> Unknown                  |

Please specify any additional options here...

---

**24a.Was any unnecessary imaging undertaken?**

- Yes                       No                       Unknown

**24b.If answered "Yes" to [24a] then:**

**If YES, what should not have been undertaken? (Please tick all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Abdominal x-ray                    | <input type="checkbox"/> CT scan with IV contrast |
| <input type="checkbox"/> CT scan without IV contrast        | <input type="checkbox"/> MRI scan                 |
| <input type="checkbox"/> Gastrografin follow through (WSCS) |   |

Please specify any additional options here...

## I. DIAGNOSIS

### 1a. What was the date of diagnosis?

Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

Unknown

### 1b. What was the time of diagnosis?

Unknown

### 1c. What was the grade of the clinician who made the diagnosis of acute bowel obstruction?

If unknown please select unknown

- 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 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
- 08 - Senior staff nurse, enrolled nurse (EN etc.)
- 09 - 1st Level nurse, staff nurse (RGN)
- 10 - Allied health professional (Physiotherapy/ Speech & language therapy/Occupational therapy)
- 11 - Non-registered staff (HCA etc.)
- Unknown

If not listed above, please specify here...

### 1d. What was the specialty of the clinician who made the diagnosis of acute bowel obstruction?

If unknown please select unknown

- |  |  |
|--|--|
| <input type="radio"/> General surgery                | <input type="radio"/> Urology                            |
| <input type="radio"/> Colorectal surgery             | <input type="radio"/> Hepatobiliary & pancreatic surgery |
| <input type="radio"/> Upper gastrointestinal surgery | <input type="radio"/> Trauma & orthopaedics              |
| <input type="radio"/> Ear, nose and throat (ENT)     | <input type="radio"/> Ophthalmology                      |
| <input type="radio"/> Oral surgery                   | <input type="radio"/> Oral and maxillo facial surgery    |
| <input type="radio"/> Neurosurgery                   | <input type="radio"/> Plastic surgery                    |
| <input type="radio"/> Cardiothoracic Surgery         | <input type="radio"/> Accident & Emergency               |
| <input type="radio"/> Anaesthetics                   | <input type="radio"/> Critical care medicine             |
| <input type="radio"/> General medicine               | <input type="radio"/> Gastroenterology                   |
| <input type="radio"/> Endocrinology                  | <input type="radio"/> Clinical haematology               |
| <input type="radio"/> Palliative medicine            | <input type="radio"/> Cardiology                         |
| <input type="radio"/> Acute internal medicine        | <input type="radio"/> Respiratory medicine               |
| <input type="radio"/> Infectious diseases            | <input type="radio"/> Nephrology                         |
| <input type="radio"/> Medical oncology               | <input type="radio"/> Neurology                          |
| <input type="radio"/> Geriatric medicine             | <input type="radio"/> Obstetrics & gynaecology           |
| <input type="radio"/> Obstetrics                     | <input type="radio"/> Gynaecology                        |
| <input type="radio"/> Clinical oncology              | <input type="radio"/> Haematology                        |
| <input type="radio"/> Unknown                        |  |

If not listed above, please specify here...

**2a. Where was the patient cared for when the diagnosis of acute bowel obstruction was made?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Emergency department | <input type="checkbox"/> Medical assessment unit | <input type="checkbox"/> Surgical assessment unit |
| <input type="checkbox"/> Medical ward         | <input type="checkbox"/> Surgical ward           | <input type="checkbox"/> Level 3 care             |
| <input type="checkbox"/> Level 2 care         | <input type="checkbox"/> Unknown                 |   |

Please specify any additional options here...

**2b. If answered "Medical ward" to [2a] then:**

**If the diagnosis was made on the medical ward please specify the specialty?**

- |   |  |   |
|---|--|---|
| <input type="radio"/> General medicine        | <input type="radio"/> Gastroenterology         | <input type="radio"/> Endocrinology       |
| <input type="radio"/> Clinical haematology    | <input type="radio"/> Palliative medicine      | <input type="radio"/> Cardiology          |
| <input type="radio"/> Acute internal medicine | <input type="radio"/> Respiratory medicine     | <input type="radio"/> Infectious diseases |
| <input type="radio"/> Nephrology              | <input type="radio"/> Medical oncology         | <input type="radio"/> Neurology           |
| <input type="radio"/> Geriatric medicine      | <input type="radio"/> Obstetrics & gynaecology | <input type="radio"/> Obstetrics          |
| <input type="radio"/> Gynaecology             | <input type="radio"/> Clinical oncology        | <input type="radio"/> Haematology         |
| <input type="radio"/> Accident & Emergency    | <input type="radio"/> Critical care medicine   | <input type="radio"/> Unknown             |

If not listed above, please specify here...

**2c. If answered "Surgical ward" to [2a] then:**

**If the diagnosis was made on the surgical ward please specify the specialty?**

- |  |  |
|--|--|
| <input type="radio"/> General surgery                | <input type="radio"/> Urology                            |
| <input type="radio"/> Colorectal surgery             | <input type="radio"/> Hepatobiliary & pancreatic surgery |
| <input type="radio"/> Upper gastrointestinal surgery | <input type="radio"/> Trauma & orthopaedics              |
| <input type="radio"/> Ear, nose and throat (ENT)     | <input type="radio"/> Ophthalmology                      |
| <input type="radio"/> Oral surgery                   | <input type="radio"/> Oral & maxillo facial surgery      |
| <input type="radio"/> Neurosurgery                   | <input type="radio"/> Plastic surgery                    |
| <input type="radio"/> Cardiothoracic surgery         | <input type="radio"/> Accident & Emergency               |
| <input type="radio"/> Critical care medicine         | <input type="radio"/> Unknown                            |

If not listed above, please specify here...

---

**3a. Was there a delay in diagnosis that was outside of your control?**

- Yes                       No                       Unknown

**3b. If answered "Yes" to [3a] then:**

**If YES, how long was the delay?**

 Hours

Unknown

*Value should be no more than 1,000*

**3c. If answered "Yes" to [3a] then:**

**If YES, could this have been avoided?**

- Yes                       No                       Unknown

**3d. If answered "Yes" to [3a] then:**

**If YES, did this affect the outcome?**

- Yes                       No                       Unknown

J. TREATMENT PLAN

**1a. Was a treatment plan recorded in the notes?**

- Yes                       No                       Unknown

**1b. If answered "Yes" to [1a] then:**

**If YES, did this include: (Please tick all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Correction of organ failure | <input type="checkbox"/> Imaging                          |
| <input type="checkbox"/> Initial management strategy | <input type="checkbox"/> Time bound plan for intervention |
| <input type="checkbox"/> Nutrition plan              | <input type="checkbox"/> Frailty/comorbidity plan         |
| <input type="checkbox"/> Unknown                     |   |

Please specify any additional options here...

**1c. If answered "No" to [1a] then:**

**If NO, should there have been?**

- Yes                       No                       Unknown

**2. Was there Care of the Elderly input pre-operatively/pre-treatment?**

- Yes                       No                       Unknown                       Not applicable

**3. Prior to treatment, how many different consultant surgeons reviewed the patient?**

- Unknown

*Value should be no more than 20*

**4. Was there adequate consultant input?**

- Yes                       No - Too little                       No - Too much                       Unknown

**5a. Was there a delay in making the decision about the best treatment for the patient?**

- Yes                       No                       Unknown

**5b. If answered "Yes" to [5a] then:**

**If YES, how long was the delay?**

Hours

- Unknown

*Value should be no more than 1,000*

**5c. If answered "Yes" to [5a] then:**

**If YES, did this impact on outcome?**

- Yes                       No                       Unknown

**5d. If answered "Yes" to [5a] then:**

**What was the impact of the delay? (Please tick all that apply)**

*If other organ other failure please select other and specify*

- |   |  |
|---|--|
| <input type="checkbox"/> Sepsis                         | <input type="checkbox"/> Bowel perforation   |
| <input type="checkbox"/> Bowel ischaemia                | <input type="checkbox"/> Acute kidney injury |
| <input type="checkbox"/> Increased risk of malnutrition | <input type="checkbox"/> No impact           |
| <input type="checkbox"/> Peritonitis                    | <input type="checkbox"/> Pain                |
| <input type="checkbox"/> Unknown                        |  |

Please specify any additional options here...

**6a. Was a risk assessment undertaken to aid decision making?**

- Yes  No  Unknown

**6b. If answered "Yes" to [6a] then:**

**If YES, which tool was used? (Please tick all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> POSSUM score (or equivalent)      | <input type="checkbox"/> ASA classification system |
| <input type="checkbox"/> ACS risk calculator               | <input type="checkbox"/> NELA risk calculator      |
| <input type="checkbox"/> Surgical outcome risk tool (SORT) | <input type="checkbox"/> Clinical judgement        |
| <input type="checkbox"/> Unknown                           |  |

Please specify any additional options here...

**6c. If answered "Yes" to [6a] then:**

**If YES, did this influence management?**

- Yes  No  Unknown

---

**7a. Was an anaesthetic opinion sought to aid decision making about the appropriateness of surgery?**

- Yes  No  Unknown

**7b. If answered "Yes" to [7a] then:**

**If YES, did this influence management??**

- Yes  No  Unknown

**7c. If answered "Yes" to [8a] and "Yes" to [8b] then:**

**If YES, please specify how:**

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Decision to palliate         | <input type="checkbox"/> Not fit for surgery | <input type="checkbox"/> Optimisation |
| <input type="checkbox"/> Changed priority for surgery | <input type="checkbox"/> Unknown             |                                       |

Please specify any additional options here...

**7d. If answered "No" to [7a] then:**

**Should anaesthetic opinion have been sought?**

- Yes  No  Unknown

---

**8a. Was a critical care opinion sought to aid decision making?**

- Yes  No  Unknown

**8b. If answered "Yes" to [8a] then:**

**If YES, did this influence management?**

- Yes  No  Unknown

**8c. If answered "Yes" to [7a] and "Yes" to [7b] then:**

**If YES, please specify how:**

- Decision to palliate
- Not fit for surgery
- Optimisation
- Changed priority for surgery
- Admitted to critical care pre-operatively
- Decision made patient was for post op critical care admission
- Ceiling in place for treatment
- Not appropriate for critical care
- Unknown

Please specify any additional options here...

**8d. If answered "No" to [8a] then:**

**If NO, was there any barrier to seeking a critical care opinion?**

- Yes                       No                       Unknown

**8e. If answered "No" to [8a] and "Yes" to [8d] then:**

**If Yes, please give details:**

---

**9a. Were the treatment plan options discussed with the patient?**

- Yes                       No                       Unknown                       Not applicable

**9b. Were the treatment plan options discussed with the family?**

- Yes                       No                       Unknown

---

**10a. Was there any room for improvement in shared decision making?**

- Yes                       No                       Unknown

**10b. If answered "Yes" to [10a] then:**

**If Yes, please give details:**



K. NON-SURGICAL THERAPY FOR ALL PATIENTS

**1a. For how long was the patient starved prior to admission to hospital?**

Days  Unknown

**1b. Was the patients bowel obstruction surgically managed?**

*This question is for the purpose of filtering*

Yes  No  Unknown

**1c. If medically managed, for how long was the patient starved in hospital?**

Days  Unknown

**1d. If answered "Yes" to [9k] then:**

**If surgically managed, for how long was the patient starved prior to surgery?**

Days  Unknown

**1e. If answered "Yes" to [9k] then:**

**If surgically managed, for how long was the patient starved post-surgery?**

Days  Unknown

**2a. How long was it until normal\* nutrition was re-introduced (\*normal amount to meet requirements)?**

Days  Unknown

**2b. Were there any barriers to reinstating normal nutrition?**

Yes  No  Unknown

**2c. If answered "Yes" to [2b] then:**

**If YES, please give details:**

**3a. During treatment, did the patient have any of the following supplementary feeding methods? (Please tick all that apply)**

- Nasogastric feeding tube
- Peripheral parenteral nutrition via cannula
- Total parenteral nutrition via peripherally inserted central catheter line
- Total parenteral nutrition via central line
- None
- Unknown

**3b. If answered "None" to [3a] then:**

**If NONE, should they have done?**

Yes  No  Unknown

**3c. If answered "Yes" to [3b] and "None" to [3a] then:  
If YES, please give further details:**

**3d. If answered "Nasogastric feeding tube", "Peripheral parenteral nutrition via cannula", "Total parenteral nutrition via peripherally inserted central catheter line" or "Total parenteral nutrition via central line" to [3a] then:  
If YES, was there any delay in insertion**

Yes                       No                       Unknown

**3e. If answered "Nasogastric feeding tube", "Peripheral parenteral nutrition via cannula", "Total parenteral nutrition via peripherally inserted central catheter line" or "Total parenteral nutrition via central line" to [3a] and "Yes" to [3d] then:  
If YES, please specify?**

---

**4. Was pain assessment ongoing throughout the admission?**

Yes                       No                       Unknown

L. SMALL BOWEL OBSTRUCTION

**1. Did the patient have a small bowel obstruction?**

*This question is for the purpose of filtering*

- Yes                       No                       Unknown

**2. If answered "Yes" or "Unknown" to [1] then:  
Was the cause of the bowel obstruction:**

- Adhesional               Non-adhesional               Unknown

Please specify any additional options here...

**3a. If answered "Yes" to [1] then:  
Was Gastrografin given?**

- Yes                       No                       Unknown                       Not applicable

**3b. If answered "Yes" to [3a] and "Yes" or "Unknown" to [1] then:  
If YES, was this given: (Please tick all that apply)**

- Diagnostically               Therapeutically               Unknown

**3c. If answered "Yes" to [3a] and "Yes" or "Unknown" to [1] then:  
If YES, please specify the date given:**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

- Unknown

**3d. If answered "Yes" to [3a] and "Yes" or "Unknown" to [1] then:  
If YES, please specify the time given:**

- Unknown

**3e. If answered "Yes" or "Unknown" to [1] then:  
Was imaging subsequently undertaken?**

- Yes                       No                       Unknown

**3f. If answered "Yes" to [3e] and "Yes" or "Unknown" to [1] then:  
If YES, please specify the date of imaging:**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

- Unknown

**3g. If answered "Yes" to [3e] and "Yes" or "Unknown" to [1] then:  
If YES, please specify the time of imaging**

- Unknown

**3h. If answered "Yes" to [3a] and "Yes" or "Unknown" to [1] then:  
Were there any delays in Gastrografin being given?**

- Yes                       No                       Unknown

**3i. If answered "Yes" to [1] and "Yes" to [3h] then:  
If YES, please specify?**

M. LARGE BOWEL OBSTRUCTION

**1. Did the patient have a large bowel obstruction?**

*This question is for the purpose of filtering*

- Yes  No  Unknown

**2. If answered "Yes" or "Unknown" to [1] then:  
What was the cause of the bowel obstruction?**

- Cancer  Volvulus  Benign stricture  Unknown

Please specify any additional options here...

**3a. If answered "Cancer", "Benign stricture" or "Unknown" to [2] and "Yes" or "Unknown" to [1] then:**

**Was stenting considered?**

- Yes  No - should have been  No - should not have been  
 Unknown

If not listed above, please specify here...

**3b. If answered "Cancer", "Benign stricture" or "Unknown" to [2] and "Yes" to [3a] then:  
If YES, did the patient subsequently have a stent inserted?**

- Yes  No  Unknown

**3c. If answered "Yes" to [3b] and "Yes" to [3a] and "Cancer", "Benign stricture" or "Unknown" to [2] and "Yes" or "Unknown" to [1] then:**

**If YES, please specify date of the stent insertion:**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

- Unknown

**3d. If answered "Yes" to [3b] and "Yes" to [3a] and "Cancer", "Benign stricture" or "Unknown" to [2] and "Yes" or "Unknown" to [1] then:**

**If YES, please specify time of the stent insertion:**

- Unknown

**3e. If answered "Yes" to [3b] and "Yes" to [3a] and "Yes" to [3b] and "Cancer", "Benign stricture" or "Unknown" to [2] and "Yes" or "Unknown" to [1] then:**

**Please specify the grade of the clinician responsible for undertaking the procedure?**

*If unknown please select unknown*

- 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 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)  
 08 - Senior staff nurse, enrolled nurse (EN etc.)  
 09 - 1st Level nurse, staff nurse (RGN)  
 10 - Allied health professional (Physiotherapy/ Speech & language therapy/Occupational therapy)  
 11 - Non-registered staff (HCA etc.)  
 Unknown

If not listed above, please specify here...

**3f. If answered "Cancer", "Benign stricture" or "Unknown" to [2] and "Yes" to [3a] and "Yes" to [3b] and "Yes" or "Unknown" to [1] then:**

**Please specify the specialty of the clinician responsible for undertaking the procedure?**

*If unknown please select unknown*

- |  |   |
|--|---|
| <input type="radio"/> 100 = General surgery            | <input type="radio"/> 101 = Urology                         |
| <input type="radio"/> 103 = Breast Surgery             | <input type="radio"/> 110 = Trauma & orthopaedics           |
| <input type="radio"/> 120 = Ear, nose and throat (ENT) | <input type="radio"/> 130 = Ophthalmology                   |
| <input type="radio"/> 140 = Oral surgery               | <input type="radio"/> 145 = Oral and maxillo facial surgery |
| <input type="radio"/> 160 = Plastic surgery            | <input type="radio"/> 170 = Cardiothoracic Surgery          |
| <input type="radio"/> 180 = Accident & Emergency       | <input type="radio"/> 190 = Anaesthetics                    |
| <input type="radio"/> 191 = Pain management            | <input type="radio"/> 192 = Critical care medicine          |
| <input type="radio"/> 300 = General medicine           | <input type="radio"/> 301 = Gastroenterology                |
| <input type="radio"/> 302 = Endocrinology              | <input type="radio"/> 303 = Clinical haematology            |
| <input type="radio"/> 314 = Rehabilitation             | <input type="radio"/> 315 = Palliative medicine             |
| <input type="radio"/> 320 = Cardiology                 | <input type="radio"/> 321 = Acute internal medicine         |
| <input type="radio"/> 330 = Dermatology                | <input type="radio"/> 340 = Respiratory medicine            |
| <input type="radio"/> 350 = Infectious diseases        | <input type="radio"/> 360 = Genito-urinary medicine         |
| <input type="radio"/> 361 = Nephrology                 | <input type="radio"/> 370 = Medical oncology                |
| <input type="radio"/> 400 = Neurology                  | <input type="radio"/> 500 = Obstetrics & gynaecology        |
| <input type="radio"/> 501 = Obstetrics                 | <input type="radio"/> 502 = Gynaecology                     |
| <input type="radio"/> 600 = General medical practice   | <input type="radio"/> 700 = Learning disability             |
| <input type="radio"/> 800 = Clinical oncology          | <input type="radio"/> 823 = Haematology                     |
| <input type="radio"/> 900 = Community medicine         | <input type="radio"/> Unknown                               |

**3g. If answered "Yes" to [3b] and "Yes" to [3a] and "Cancer", "Benign stricture" or "Unknown" to [2] and "Yes" or "Unknown" to [1] then:**

**Where was this undertaken?**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> X-ray department | <input type="checkbox"/> Endoscopy department | <input type="checkbox"/> Another hospital |
| <input type="checkbox"/> Unknown          |   |   |

Please specify any additional options here...

**4. If answered "Cancer", "Benign stricture" or "Unknown" to [2] and "Yes" to [3a] and "Yes" to [3b] and "Yes" or "Unknown" to [1] then:**

**Were the options (i.e. stent vs. operation) discussed with the patient and the family prior to surgery?**

- |                                     |                                    |   |
|-------------------------------------|------------------------------------|---|
| <input type="radio"/> Yes - patient | <input type="radio"/> Yes - family | <input type="radio"/> Yes - both patient & family |
| <input type="radio"/> No            | <input type="radio"/> Unknown      | <input type="radio"/> Not Applicable              |

**5a. If answered "Yes" to [3a] and "Yes" to [3b] and "Cancer", "Benign stricture" or "Unknown" to [2] and "Yes" or "Unknown" to [1] then:**

**Was the stent insertion successful?**

- |                           |                          |                               |
|---------------------------|--------------------------|-------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unknown |
|---------------------------|--------------------------|-------------------------------|

**5b. If answered "No" to [5a] and "Cancer", "Benign stricture" or "Unknown" to [2] and "Yes" to [3b] and "Yes" to [3a] and "Yes" or "Unknown" to [1] then:  
If NOT, why not? (Please tick all that apply)**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Failed stent | <input type="checkbox"/> Stent migration                      |
| <input type="checkbox"/> Stoma        | <input type="checkbox"/> Stent perforation leading to surgery |
| <input type="checkbox"/> Unknown      |   |

Please specify any additional options here...

**6a. If answered "Volvulus" or "Unknown" to [2] and "Yes" or "Unknown" to [1] then:  
Is there a record of endoscopic intervention during the admission?**

- Yes                       No                       Unknown

**6b. If answered "Yes" to [6a] and "Volvulus" or "Unknown" to [2] and "Yes" or "Unknown" to [1] then:**

**If YES, please specify date of the last endoscopy:**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

Unknown

**6c. If answered "Yes" to [6a] and "Volvulus" to [2] and "Yes" to [1] then:**

**If YES, please specify time of the last endoscopy:**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

Unknown

---

**7. If answered "Yes" to [6a] and "Volvulus" or "Unknown" to [2] and "Yes" or "Unknown" to [1] then:**

**What type of endoscopy was undertaken?**

- |   |  |
|---|--|
| <input type="checkbox"/> Rigid sigmoidoscopy    | <input type="checkbox"/> Rigid sigmoidoscopy and flatus tube |
| <input type="checkbox"/> Flexible sigmoidoscopy | <input type="checkbox"/> Colonoscopy                         |
| <input type="checkbox"/> Unknown                |  |

Please specify any additional options here...

---

**8a. If answered "Yes" to [6a] and "Volvulus" or "Unknown" to [2] and "Yes" or "Unknown" to [1] then:**

**Were there any barriers to undertaking a timely endoscopy?**

- Yes                       No                       Unknown

**8b. If answered "Volvulus" or "Unknown" to [2] and "Yes" to [6a] and "Yes" to [8a] and "Yes" or "Unknown" to [1] then:**

**If YES, please give further details:**

---

**9. If answered "Volvulus" or "Unknown" to [2] and "Yes" to [6a] and "Yes" or "Unknown" to [1] then:**

**Was a percutaneous endoscopic colostomy inserted?**

- Yes                       No                       Unknown

**1. Was this patients bowel obstruction surgically managed?**

*This question is for the purpose of filtering*

- Yes  No  Unknown

**2a. If answered "Yes" to [1] then:  
Was a consent form completed?**

- Yes  No  Unknown

**2b. If answered "Yes" to [2a] and "Yes" to [1] then:  
What was the grade of the clinician taking consent?**

*If unknown please select unknown*

- 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 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
- 08 - Senior staff nurse, enrolled nurse (EN etc.)
- 09 - 1st Level nurse, staff nurse (RGN)
- 10 - Allied Health Professional (Physiotherapy/ Speech & language therapy/Occupational therapy)
- 11 - Non-registered staff (HCA etc.)
- Unknown

**2c. If answered "Yes" to [1] and "Yes" to [2a] then:  
What was the specialty of the clinician taking consent?**

*If unknown please select unknown*

- |  |  |
|--|--|
| <input type="radio"/> General surgery                | <input type="radio"/> Urology                            |
| <input type="radio"/> Colorectal surgery             | <input type="radio"/> Hepatobiliary & pancreatic surgery |
| <input type="radio"/> Upper gastrointestinal surgery | <input type="radio"/> Trauma & orthopaedics              |
| <input type="radio"/> Ear, nose and throat (ENT)     | <input type="radio"/> Ophthalmology                      |
| <input type="radio"/> Oral surgery                   | <input type="radio"/> Oral & maxillo facial surgery      |
| <input type="radio"/> Neurosurgery                   | <input type="radio"/> Plastic surgery                    |
| <input type="radio"/> Cardiothoracic surgery         | <input type="radio"/> Accident & Emergency               |
| <input type="radio"/> Anaesthetics                   | <input type="radio"/> Critical care medicine             |
| <input type="radio"/> General medicine               | <input type="radio"/> Gastroenterology                   |
| <input type="radio"/> Endocrinology                  | <input type="radio"/> Clinical haematology               |
| <input type="radio"/> Palliative medicine            | <input type="radio"/> Cardiology                         |
| <input type="radio"/> Acute internal medicine        | <input type="radio"/> Respiratory medicine               |
| <input type="radio"/> Infectious diseases            | <input type="radio"/> Nephrology                         |
| <input type="radio"/> Medical oncology               | <input type="radio"/> Neurology                          |
| <input type="radio"/> Geriatric medicine             | <input type="radio"/> Obstetrics & gynaecology           |
| <input type="radio"/> Obstetrics                     | <input type="radio"/> Gynaecology                        |
| <input type="radio"/> Clinical oncology              | <input type="radio"/> Haematology                        |
| <input type="radio"/> Unknown                        |  |

If not listed above, please specify here...

**3a. If answered "Yes" to [1] and "Yes" to [2a] then:  
Were the benefits and risks of the procedure stated on the consent form?**

- Yes  No  Unknown



**3b. If answered "Yes" to [3a] and "Yes" to [1] and "Yes" to [2a] then:  
If YES, did this include risk of death?**

Yes

No

Unknown

---

**4. If answered "Yes" to [1] then:  
What operation was undertaken?**

---

**5a. If answered "Yes" to [1] then:  
Please state the date of the decision to operate:**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

Unknown

**5b. If answered "Yes" to [1] then:  
Please state the time of the decision to operate:**

Unknown

**5c. If answered "Yes" to [1] then:  
What was the grade of the clinician who made the decision to operate?**

*If unknown please select unknown*

- 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 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
- 08 - Senior staff nurse, enrolled nurse (EN etc.)
- 09 - 1st Level nurse, staff nurse (RGN)
- 10 - Allied health professional (Physiotherapy/ Speech & language therapy/Occupational therapy)
- 11 - Non-registered staff (HCA etc.)
- Unknown

If not listed above, please specify here...

**5d. If answered "Yes" to [1] then:**

**What was the specialty of the clinician who made the decision to operate?**

*If unknown please select unknown*

- |  |  |
|--|--|
| <input type="radio"/> General surgery                | <input type="radio"/> Urology                            |
| <input type="radio"/> Colorectal surgery             | <input type="radio"/> Hepatobiliary & pancreatic surgery |
| <input type="radio"/> Upper gastrointestinal surgery | <input type="radio"/> Trauma & orthopaedics              |
| <input type="radio"/> Ear, nose and throat (ENT)     | <input type="radio"/> Ophthalmology                      |
| <input type="radio"/> Oral surgery                   | <input type="radio"/> Oral and maxillo facial surgery    |
| <input type="radio"/> Neurosurgery                   | <input type="radio"/> Plastic surgery                    |
| <input type="radio"/> Cardiothoracic Surgery         | <input type="radio"/> Accident & Emergency               |
| <input type="radio"/> Anaesthetics                   | <input type="radio"/> Critical care medicine             |
| <input type="radio"/> General medicine               | <input type="radio"/> Gastroenterology                   |
| <input type="radio"/> Endocrinology                  | <input type="radio"/> Clinical haematology               |
| <input type="radio"/> Palliative medicine            | <input type="radio"/> Cardiology                         |
| <input type="radio"/> Acute internal medicine        | <input type="radio"/> Respiratory medicine               |
| <input type="radio"/> Infectious diseases            | <input type="radio"/> Nephrology                         |
| <input type="radio"/> Medical oncology               | <input type="radio"/> Neurology                          |
| <input type="radio"/> Geriatric medicine             | <input type="radio"/> Obstetrics & gynaecology           |
| <input type="radio"/> Obstetrics                     | <input type="radio"/> Gynaecology                        |
| <input type="radio"/> Clinical oncology              | <input type="radio"/> Haematology                        |
| <input type="radio"/> Unknown                        |  |

If not listed above, please specify here...

**6a. If answered "Yes" to [1] then:**

**Please state the date the operation was undertaken**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

Unknown

**6b. If answered "Yes" to [1] then:**

**Please state the time the operation was undertaken**

Unknown

**7. If answered "Yes" to [1] then:**

**Was there a delay between the decision to operate and the operation?**

- Yes                       No                       Unknown

**8. If answered "Yes" to [1] then:**

**Please specify the category of urgency:**

*Please see definitions - <http://bit.ly/2qYWnOL>*

- IMMEDIATE               URGENT               EXPEDITED               ELECTIVE

**9a. If answered "Yes" to [1] then:**

**Were there any delays in undertaking the surgery?**

- Yes                       No                       Unknown

**9b. If answered "Yes" to [1] and "Yes" to [9a] then:**

**If YES, how long was the delay?**

Hours

Unknown

*Value should be no more than 1,000*

**9c. If answered "Yes" to [1] and "Yes" to [9a] then:**

**If YES, what was the reason for the delay? (Please tick all that apply)**

- Non-availability of surgeon
- Non availability of anaesthetist
- Non availability of critical care
- Non availability of theatre
- Non availability of theatre staff
- Patient requiring additional pre-operative treatment/optimisation/resuscitation
- Unknown

Please specify any additional options here...

**9d. If answered "Yes" to [1] and "Yes" to [9a] then:**

**What was the impact of the delay? (Please tick all that apply)**

*If other organ other failure please select other and specify*

- Sepsis
- Bowel ischaemia
- Increased risk of malnutrition
- Pain
- Unknown
- Bowel perforation
- Acute kidney injury
- Peritonitis
- No impact

Please specify any additional options here...

---

**10a. If answered "Yes" to [1] then:**

**What was the grade of the clinician who undertook the operation?**

*If unknown please select unknown*

- 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)
- Unknown

If not listed above, please specify here...

**10b. If answered "Yes" to [1] then:**

**What was the specialty of the clinician who undertook the operation?**

*If unknown please select unknown*

- General surgery
- Colorectal surgery
- Upper gastrointestinal surgery
- Ear nose & throat (ENT)
- Oral surgery
- Neurosurgery
- Cardiothoracic surgery
- Critical care medicine
- Urology
- Hepatobiliary & pancreatic surgery
- Trauma and orthopaedics
- Ophthalmology
- Oral and maxillo facial surgery
- Plastic surgery
- Accident & Emergency
- Unknown

If not listed above, please specify here...

**10c. If answered "Yes" to [1] then:**

**If not performing the operation, was consultant surgeon supervising?**

- Yes
- No
- Unknown
- Not applicable

**10d.If answered "Yes" to [1] and "Yes" to [10c] then:  
Where was this supervision based?**

- At home                       In hospital                       Unknown

Please specify any additional options here...

---

**11. If answered "Yes" to [1] then:  
What was the grade of the anaesthetist?**

*If unknown please select unknown*

- 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)  
 Unknown

If not listed above, please specify here...

---

**12a.If answered "Yes" to [1] then:  
In hindsight, was the most appropriate operation undertaken?**

- Yes                       No                       Unknown

**12b.If answered "No" to [12a] and "Yes" to [1] then:  
If NO, why not? (Please specify)**

---

**13a.If answered "Yes" to [1] then:  
Did the surgical findings correlate with the pre-operative imaging?**

- Yes     No  
 Unknown     NA - No pre-operative imaging

**13b.If answered "Yes" to [1] and "No" to [13a] then:  
If NO, what were the differences?**

**14a.If answered "Yes" to [1] then:**

**Where was the patient admitted immediately post operatively?**

- |   |  |
|---|--|
| <input type="checkbox"/> Level 3 care                     | <input type="checkbox"/> Level 2 care    |
| <input type="checkbox"/> Post-operative enhanced recovery | <input type="checkbox"/> Medical ward    |
| <input type="checkbox"/> Surgical ward                    | <input type="checkbox"/> Died in theatre |
| <input type="checkbox"/> Unknown                          |  |

Please specify any additional options here...

**14b.If answered "Yes" to [1] and "Medical ward" to [14a] then:**

**If MEDICAL WARD, please specify the specialty?**

- |   |  |   |
|---|--|---|
| <input type="radio"/> General medicine        | <input type="radio"/> Gastroenterology         | <input type="radio"/> Endocrinology       |
| <input type="radio"/> Clinical haematology    | <input type="radio"/> Palliative medicine      | <input type="radio"/> Cardiology          |
| <input type="radio"/> Acute internal medicine | <input type="radio"/> Respiratory medicine     | <input type="radio"/> Infectious diseases |
| <input type="radio"/> Nephrology              | <input type="radio"/> Medical oncology         | <input type="radio"/> Neurology           |
| <input type="radio"/> Geriatric medicine      | <input type="radio"/> Obstetrics & gynaecology | <input type="radio"/> Obstetrics          |
| <input type="radio"/> Gynaecology             | <input type="radio"/> Clinical oncology        | <input type="radio"/> Haematology         |
| <input type="radio"/> Accident and Emergency  | <input type="radio"/> Critical care medicine   | <input type="radio"/> Unknown             |

If not listed above, please specify here...

**14c.If answered "Yes" to [1] and "Surgical ward" to [14a] then:**

**If SURGICAL WARD, please specify the specialty?**

- |  |  |
|--|--|
| <input type="radio"/> General surgery                | <input type="radio"/> Urology                            |
| <input type="radio"/> Colorectal surgery             | <input type="radio"/> Hepatobiliary & pancreatic surgery |
| <input type="radio"/> Upper gastrointestinal surgery | <input type="radio"/> Trauma and orthopaedics            |
| <input type="radio"/> Ear, nose and throat (ENT)     | <input type="radio"/> Ophthalmology                      |
| <input type="radio"/> Oral surgery                   | <input type="radio"/> Oral and maxillo facial surgery    |
| <input type="radio"/> Neurosurgery                   | <input type="radio"/> Plastic surgery                    |
| <input type="radio"/> Cardiothoracic surgery         | <input type="radio"/> Accident & Emergency               |
| <input type="radio"/> Critical care medicine         | <input type="radio"/> Unknown                            |

If not listed above, please specify here...

**14d.If answered "Yes" to [1] then:**

**Was the post-operative location appropriate?**

- Yes                       No                       Unknown

O. ESCALATION OF CARE AND CRITICAL CARE ADMISSION

**1a. Was an escalation of care required during the admission?**

*If NO, please go to 6a. Please see definitions - <http://bit.ly/2qYWnOL>*

- Yes - Level 3       Yes - Level 2       No       Unknown

Please specify any additional options here...

**1b. If answered "Yes - Level 3" or "Yes - Level 2" to [1a] then:**

**If an escalation of care was required, was this achieved?**

*If not admitted to level 3 care, please go to 6a. Please see definitions - <http://bit.ly/2qYWnOL>*

- Yes       No       Unknown

**2. If answered "Yes - Level 3" to [1a] then:  
Was this admission:**

- Planned       Unplanned       Unknown

**3a. If answered "Yes - Level 3" to [1a] then:  
Was the patient ventilated?**

- Yes       No       Unknown

**3b. If answered "Yes - Level 3" to [1a] and "Yes" to [3a] then:  
If YES, was this:**

- Invasive       Non-invasive       Unknown

**4. If answered "Yes - Level 3" to [1a] then:  
What was the duration of the critical care admission?**

Days       Unknown

**5a. If answered "Yes - Level 3" to [1a] then:  
Following discharge from critical care, was the patient readmitted to critical care during  
this admission?**

- Yes       No       Unknown

**5b. If answered "Yes - Level 3" to [1a] and "Yes" to [5a] then:  
If YES, could this have been avoided?**

- Yes       No       Unknown

**5c. If answered "Yes - Level 3" to [1a] and "Yes" to [5a] and "Yes" to [5b] then:  
If Yes, please give details:**

**6a. If answered "Yes - Level 2" or "No" to [1a] then:**

**If the patient was NOT ADMITTED to Level 3 care, was this appropriate?**

Yes

No

Unknown

Not applicable

**6b. If answered "Yes - Level 2" or "No" to [1a] and "No" to [6a] then:**

**If NO, why not? (Please specify)**

**1a. Were there any delays in the care of this patient that were outside your control?**

- Yes                       No                       Unknown

**1b. If answered "Yes" to [1a] then:**

**What was the cause of the delay? (Please tick all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Multiple handovers of care            | <input type="checkbox"/> Infrequent consultant review |
| <input type="checkbox"/> Lack of clinical review               | <input type="checkbox"/> Too many clinical reviews    |
| <input type="checkbox"/> Review by inexperienced medical staff | <input type="checkbox"/> Unknown                      |

Please specify any additional options here...

**1c. If answered "Yes" to [1a] then:**

**What was the impact of the delay? (Please tick all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Sepsis                         | <input type="checkbox"/> Bowel Perforation   |
| <input type="checkbox"/> Bowel Ischaemia                | <input type="checkbox"/> Acute kidney injury |
| <input type="checkbox"/> Increased risk of malnutrition | <input type="checkbox"/> Peritonitis         |
| <input type="checkbox"/> Pain                           | <input type="checkbox"/> No Impact           |
| <input type="checkbox"/> Unknown                        |  |

**1d. If answered "Yes" to [1a] then:**

**Could any of these delays have been avoided?**

- Yes                       No                       Unknown

**1e. If answered "Yes" to [1a] and "Yes" to [1d] then:**

**If YES, please specify:**

---

**2a. Were there adequate handover arrangements of this patient's care?**

- Yes                       No                       Unknown

**2b. If answered "No" to [2a] then:**

**If NO, how could this have been improved? (Please specify)**



**3. Did formal consultant to consultant transfers occur for each transfer of care?**

- Yes  No  Unknown  Not applicable
- 

**4. Was post-operative/post treatment pain well managed?**

- Yes  No  Unknown
- 

**5. Was an acute pain team involved in the care of the patient post-operatively/post treatment?**

- Yes  No  Unknown
- 

**6a. Was there Care of the Elderly input post operatively/post-treatment?**

- Yes  No  Unknown  Not applicable

**6b. If answered "No" to [6a] then:  
If NO, should there have been?**

- Yes  No  Unknown
- 

**7a. Were SOCIAL CARE involved in the care of this patient during this admission?**

- Yes  No  Unknown

**7b. If answered "No" to [7a] then:  
If NO, should they have been?**

- Yes  No  Unknown

**7c. Were PHYSIOTHERAPY involved in the care of this patient during this admission?**

- Yes  No  Unknown

**7d. If answered "No" to [7c] then:  
If NO, should they have been?**

- Yes  No  Unknown

**7e. Were OCCUPATIONAL THERAPY involved in the care of this patient during this admission?**

- Yes  No  Unknown

**7f. If answered "No" to [7e] then:  
If NO, should they have been?**

- Yes  No  Unknown

**7g. Were DIETETICS involved in the care of this patient during this admission?**

- Yes  No  Unknown

**7h. If answered "No" to [7g] then:  
If NO, should they have been?**

- Yes  No  Unknown

**7i. Was a NUTRITION TEAM involved in the care of this patient during this admission?**

- Yes  No  Unknown

**7j. If answered "No" to [7i] then:  
If NO, should they have been?**

- Yes  No  Unknown

**7k. Were ANY OTHER RELEVANT TEAMS involved in the care of this patient during this admission?**

- Yes  No  Unknown

**7l. If answered "No" to [7k] then:  
If NO, should they have been?**

- Yes  No  Unknown

**8a. Did the patient suffer any medical complications during this admission?**

- Yes                       No                       Unknown

**8b. If answered "Yes" to [8a] then:**

**If YES, which medical complications? (Please tick all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Acute Kidney injury                               | <input type="checkbox"/> Intestinal perforation |
| <input type="checkbox"/> Hospital acquired infection requiring antibiotics | <input type="checkbox"/> Chest infection        |
| <input type="checkbox"/> Urinary tract infection                           | <input type="checkbox"/> Death                  |
| <input type="checkbox"/> Vascular thrombotic events                        |   |
| <input type="checkbox"/> Malnutrition/weight loss                          |   |
| <input type="checkbox"/> Unknown   |   |

Please specify any additional options here...

**8c. If answered "Yes" to [8a] then:**

**Were the medical complications managed appropriately?**

- Yes                       No                       Unknown

**8d. If answered "Yes" to [8a] and "No" to [8c] then:**

**If NO, please provide details?**

**8e. If answered "Yes" to [8a] then:**

**Were any of the medical complications avoidable?**

- Yes                       No                       Unknown

**8f. If answered "Yes" to [8a] and "Yes" to [8e] then:**

**If YES, please give details?**

**8g. If answered "Yes" to [8a] then:**

**Did any of the medical complications occur as a result of a delay?**

- Yes                       No                       Unknown

**8h. If answered "Yes" to [8a] and "Yes" to [8g] then:  
If YES, please give details?**

**8i. If answered "Yes" to [8a] then:  
Did any of the medical complications result in a return to theatre?**

Yes                       No                       Unknown

**8j. If answered "Yes" to [8a] and "Yes" to [8i] then:  
If YES, please give details?**

---

**9a. Did the patient suffer any surgical complications during this admission?**

Yes                       No                       Unknown

**9b. If answered "Yes" to [9a] then:  
If YES, which surgical complications (please tick all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Haemorrhage                       | <input type="checkbox"/> Anastomotic leak          |
| <input type="checkbox"/> Surgical site infection           | <input type="checkbox"/> Abdominal wall dehiscence |
| <input type="checkbox"/> Stoma-related complications       | <input type="checkbox"/> Mesenteric ischaemia      |
| <input type="checkbox"/> Enterotomy requiring re-operation | <input type="checkbox"/> Death                     |
| <input type="checkbox"/> Unknown                           |  |

Please specify any additional options here...

**9c. If answered "Yes" to [9a] then:  
Were the surgical complications managed appropriately?**

Yes                       No                       Unknown

**9d. If answered "Yes" to [9a] and "No" to [9c] then:  
If NO, please provide details?**

**9e. If answered "Yes" to [9a] then:  
Were any of the surgical complications avoidable?**

Yes                       No                       Unknown

**9f. If answered "Yes" to [9a] and "Yes" to [9e] then:  
If YES, please give details?**

**9g. If answered "Yes" to [9a] then:  
Did any of the surgical complications occur as a result of a delay?**

Yes                       No                       Unknown

**9h. If answered "Yes" to [9a] and "Yes" to [9g] then:  
If YES, please give details?**

**9i. If answered "Yes" to [9a] then:  
Did any of the surgical complications result in a return to theatre?**

Yes                       No                       Unknown

**9j. If answered "Yes" to [9a] and "Yes" to [9i] then:  
If YES, please give details?**

**9k. Was the patients bowel obstruction surgically managed?**

*This question is for the purpose of filtering*

Yes

No

Unknown

**1. What was the outcome of this admission?**

- Patient discharged alive       Patient died during admission       Unknown

**2a. Please indicate the date of discharge/death during admission:**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

Unknown

**2b. Please indicate the time of discharge/death during admission:**

Unknown

**3. If answered "Patient discharged alive" or "Unknown" to [1] then:**

**What was the discharge destination of the patient?**

- Home       Other hospital       Hospice       Nursing home  
 Unknown

Please specify any additional options here...

**4. If answered "Patient discharged alive" or "Unknown" to [1] then:**

**What was the functional status of the patient at the time of discharge?**

*Please see definitions - <http://bit.ly/2qYWnOL>*

1. Very fit       2. Well       3. Managing well  
 4. Vulnerable       5. Mildly frail       6. Moderately frail  
 7. Severely frail       8. Very severely frail       9. Terminally ill  
 Unknown

**5a. If answered "Patient discharged alive" or "Unknown" to [1] then:**

**Was a frailty assessment undertaken at discharge?**

- Yes       No       Unknown

**5b. If answered "Yes" or "Unknown" to [5a] and "Patient discharged alive" or "Unknown" to [1] then:**

**If YES, was there a change in score between admission and discharge?**

- Yes       No       Unknown

**5c. If answered "Yes" to [5a] and "Yes" to [5b] and "Patient discharged alive" or "Unknown" to [1] then:**

**If YES, please specify?**

- Patient less frail       Same level of frailty       Patient more frail  
 Unknown

**6a. If answered "Patient discharged alive" or "Unknown" to [1] then:**

**Were there any barriers to effective discharge planning?**

- Yes       No       Unknown

**6b. If answered "Patient discharged alive" or "Unknown" to [1] then:**

**At discharge, was the patient given advice on nutrition?**

- Yes       No       Unknown

**6c. If answered "Patient discharged alive" or "Unknown" to [1] then:**

**At discharge, was the patient given advice on new medications?**

- Yes       No       Unknown       Not applicable

7a. If answered "Patient discharged alive" or "Unknown" to [1] then:  
Was the patient readmitted to this Trust/Health Board within 30 days of discharge?

- Yes                       No                       Unknown

7b. If answered "Yes" to [7a] and "Patient discharged alive" or "Unknown" to [1] then:  
If YES, was this related to the original admission under review?

- Yes                       No                       Unknown

7c. If answered "Yes" to [7a] and "Yes" to [7b] and "Patient discharged alive" or "Unknown" to [1] then:

What was the reason for the readmission? (Please tick all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Recurrent small bowel obstruction | <input type="checkbox"/> Recurrent volvulus          |
| <input type="checkbox"/> Missed diagnosis                  | <input type="checkbox"/> Post-operative complication |
| <input type="checkbox"/> Unknown                           |  |

Please specify any additional options here...

7d. If answered "Yes" to [7a] and "Yes" to [7b] and "Post-operative complication" to [7c] and "Patient discharged alive" or "Unknown" to [1] then:  
If POST OPERATIVE COMPLICATION, please give details:

8a. Was the outcome of this patient discussed at a multidisciplinary review/audit/mortality meeting?

- Yes                       No                       Unknown

8b. If answered "Yes" to [8a] then:  
Were remediable factors in the care of this patient identified?

- Yes                       No                       Unknown

8c. If answered "Yes" to [8a] and "Yes" to [8b] then:  
What action was taken?

9a. If answered "Patient discharged alive" to [1] then:  
Did the patient die within 30 days of the admission?

*This refers to the date of the admission. Section F. Admission to Ward. Q1*

- Yes                       No                       Unknown

**9b. If answered "Patient discharged alive" to [1] and "Yes" to [9a] then:  
Was the death expected?**

- Yes                       No                       Unknown

**9c. If answered "Patient discharged alive" to [1] and "Yes" to [9a] then:  
Did the patient die from: (Please tick all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> The underlying disease            | <input type="checkbox"/> Complications                  |
| <input type="checkbox"/> A delay in operative intervention | <input type="checkbox"/> Non operation/ Not operated on |
| <input type="checkbox"/> Unknown                           |   |

Please specify any additional options here...

---

**10a. If answered "Patient died during admission" or "Unknown" to [1] then:  
Was the death expected?**

- Yes                       No                       Unknown

**10b. If answered "Patient died during admission" or "Unknown" to [1] then:  
Did the patient die from: (Please tick all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> The underlying disease            | <input type="checkbox"/> Complications                 |
| <input type="checkbox"/> A delay in operative intervention | <input type="checkbox"/> Non-operation/Not operated on |
| <input type="checkbox"/> Unknown                           |  |

Please specify any additional options here...



R. END OF LIFE CARE

**1a. Was the patient put on a End of Life Care Pathway?**

- Yes - appropriately       Yes - inappropriately       No - appropriately  
 No - inappropriately       Unknown

**1b. Was there any advanced care planning discussed within the last year?**

- Yes       No       Unknown

**2a. If answered "Yes - appropriately" or "Yes - inappropriately" to [1a] then:  
Was a palliative care team involved?**

- Yes       No       Unknown

**2b. If answered "Yes" to [2a] and "Yes - appropriately" or "Yes - inappropriately" to [1a] then:**

**Please indicate which clinicians were members of this team? (Please tick all that apply)**

- Palliative care physician       GP       Specialist nurse  
 Unknown

Please specify any additional options here...

**3. If answered "Yes - appropriately" or "Yes - inappropriately" to [1a] then:  
Why was the patient put on to this pathway? (Please tick all that apply)**

- Malignancy       Moribund state  
 Sudden post-operative deterioration       Unknown

Please specify any additional options here...

**4a. If answered "Yes - appropriately" or "Yes - inappropriately" to [1a] then:  
Please indicate the date of the decision to put the patient on a palliative care pathway:  
*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.***

- Unknown

**4b. If answered "Yes - appropriately" or "Yes - inappropriately" to [1a] and "Yes" to [2a] then:**

**Please indicate the date of the first assessment by palliative care team:**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

- Unknown

**4c. If answered "Yes - appropriately" or "Yes - inappropriately" to [1a] then:  
If the patient was discharged alive but subsequently died please indicate the date of death:**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

- Unknown

**5. If answered "Yes - appropriately" or "Yes - inappropriately" to [1a] then:  
Where was end of life care delivered? (Please tick all that apply)**

- Hospital                       Home                       Hospice                       Care home  
 Unknown

Please specify any additional options here...