EMERGENCY AND ELECTIVE SURGERY IN THE ELDERLY STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

Data collection tool - ANAESTHESIA

	Hosp	pital number	
A. P	ATIENT DETAIL	S	
1.	Age at time of proc	edure	years
2.	Gender		Male Female
3.	Date of death		
			dd mm yy
4.	Date of operation		
			dd mm yy
5 .	Time of operation		
			h h m m
6.	Operation undertak	en:	
B. Al	DMISSION DET	AILS	
7.	Admission details*:	Time:	Date: Day:
	*Includes via Admis	ssion Unit hh m m	dd m m y y
8.	Please specify an a	dmission category	
	Elective	A time agreed between t	the patient and surgical service
	Planned	Within 48 hours of referr	al/consultation
	Emergency	Immediately following reand at short notice beca	ferral/consultation, where admission is unpredictable use of clinical need
9.	To what specialty w	as the patient first admitte	ed?

C. AN	NAESTHETIC MANAGEMENT					
Pre-op	perative preperation					
10a.	Was the patients clinical condition adequately optimised pre-operatively?					
10b.	If NO, what, in your opinion would have improved their readiness? (answers may be multiple)					
	Involvement of Medicine for the Care of Older People					
	Specific drug therapy, e.g. correction of fast AF					
	Correction of blood sugar or electrolyte imbalance Correction of anaemia					
11.	For urgent and emergency admissions, what was the interval from being declared ready for surgery and the induction of anaesthesia?					
	or = 36 hours and < 48 hours Not recorded					
12a.	In your opinion, was the grade and experience of the most senior anaesthetist appropriate to the anaesthetic care of this patient? Yes No Unable to answer					
12b.	If NO, please expand on your answer					
13.	Please grade the quality of the docmentation of the anaesthetic note;					
	│ Not available					
	Good (all aspects of the documentation were well presented and easy to read					
	Satisfactory (most aspects of the documentation were well presented and easy to read					
	Poor (many aspects of the documentation were presented unclearly and difficult to read)					
Mon	itoring					
14a.	In your opinion did the patient have adequate physiological monitoring?					
14b.	If NO, please expand on your answer;					

15a.	Were there any significant problems with blood pressure instability PRE-OPERATIVELY, (hypotension (SAP<90mmHg)) intra-operatively?			☐ No	Unable to answer	
15b.	If YES, how was this managed? (Answers may be multiple)					
	Fluid blous	☐ Vasoconstrictor bo	lus	Inotr	ope infusions	
15c.	If YES, what was the estimated duration of this?		Time:	h h m m		
16a.	pressure instability INTI	ant problems with blood RA-OPERATIVELY, nmHg)) intra-operatively?	☐ Yes	☐ No	Unable to answer	
16b.	If YES, how was this managed? (Answers may be multiple)					
	Fluid blous	lus	Inotr	ope infusions		
16c.	If YES, what was the es	stimated duration of this?	Time:			
17a.	Were there any significant problems with blood pressure instability IN RECOVERY, (hypotension (SAP<90mmHg)) intra-operatively?		☐ Yes	h h n	m Unable to answer	
17b.	If YES, how was this managed? (Answers may be multiple)					
	Fluid blous	lus	Inotr	ope infusions		
	If YES, what was the estimated duration of this?					
17c.	If YES, what was the es	stimated duration of this?	Time:	h h n	n m	
	If YES, what was the esection states and the esection of the states are states as the esection of the esection		Time:	h h n	n m	
					m Unable to answer	
Anae	esthetic technique Was the patients tempe	erature recorded on the				
Ana 6	esthetic technique Was the patients temperanaesthetic record?	erature recorded on the erature measured;				
Ana 6	Sthetic technique Was the patients temperanaesthetic record? Was the patients temperate	erature recorded on the erature measured; Immediately pre-operatively	Yes	□ No	Unable to answer	
Ana 6	Sthetic technique Was the patients temperanaesthetic record? Was the patients temperanaesthetic record to be a second to be a	erature recorded on the erature measured; Immediately pre-operatively	Yes Yes	□ No	Unable to answer Unable to answer	
Ana 6	esthetic technique Was the patients temperanaesthetic record? Was the patients temperanaesthetic record and by	erature recorded on the erature measured; Immediately pre-operatively Intra-operatively	Yes Yes Yes Yes	No No	Unable to answer Unable to answer Unable to answer Unable to answer	
Anae 18.	Was the patients temperate anaesthetic record? Was the patients temperate anaesthetic record?	erature recorded on the erature measured; Immediately pre-operatively Intra-operatively Post operatively	Yes Yes Yes Yes	No No	Unable to answer Unable to answer Unable to answer Unable to answer	
Anae 18. 19.	Was the patients temperate anaesthetic record? Was the patients temperate anaesthetic record?	erature recorded on the erature measured; Immediately pre-operatively Intra-operatively Post operatively ure at the beginning of surgery aure at the end of surgery?	Yes Yes Yes Yes	No No	Unable to answer Unable to answer Unable to answer Unable to answer	
Anae 18. 19. 20. 21.	Was the patients temperate anaesthetic record? Was the patients temperate anaesthetic record? Was the patients temperate anaesthetic record?	erature recorded on the erature measured; Immediately pre-operatively Intra-operatively Post operatively ure at the beginning of surgery ure at the end of surgery? hetic care include;	Yes Yes Yes Yes	No No	Unable to answer Unable to answer Unable to answer Unable to answer	
Anae 18. 19. 20. 21.	Was the patients temperate anaesthetic record? Was the patients temperate anaesthetic record? Was the patients temperate by the patients anaest temperate anaest	erature recorded on the erature measured; Immediately pre-operatively Intra-operatively Post operatively ure at the beginning of surgery ure at the end of surgery? hetic care include;	Yes Yes Yes Yes Yes	No No No	Unable to answer	
Anae 18. 19. 20. 21.	Was the patients temperate anaesthetic record? Was the patients temperate anaesthetic record? Was the patients temperate by the patients anaest temperate anaest	erature recorded on the erature measured; Immediately pre-operatively Intra-operatively Post operatively ure at the beginning of surgery ure at the end of surgery? hetic care include; Warmed fluids Forced air warming devices	Yes Yes Yes Yes Yes	No No No No No No No No	Unable to answer	

23.	Is there documentation to show the patient continued to have temperature maintenance in the recovery unit/PACU?							
	a) Temperature measurement							
	b) Warmed fluids							
	c) Forced air warming devices Yes No Duable to answer							
D. POST OPERATIVE CARE								
24.	Did the patient receive extended recovery?							
25 .	After leaving the recovery area what level of care did you plan for the patient?							
	Level 1 Level 2 Level 3 Unable to answer							
26.	After leaving the recovery area what level of care did the patient receive?							
	Level 1 Level 2 Level 3 Unable to answer							
27 .	How long was the patient in recovery? Time:							
00	hh m m							
28.	Why was the patient kept in recovery (if applicable)? (Answers may be multiple)							
	☐ Planned care ☐ Hypothermia							
	Blood pressure instability Delay in the availability of Level 2 care							
	Delay in the availability of Level 3 care							
29.	Was there an unanticipated post operative admission to critical care?							
30.	Was there an unanticipated admission to critical care from the ward ?							
31.	If the patient did not receive level 2 or 3 care, did they go to the appropriate ward post operatively?							

END