

EMERGENCY AND ELECTIVE SURGERY IN THE ELDERLY STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Data collection tool - MEDICINE FOR THE CARE OF THE ELDERLY

Hospital number

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A. PATIENT DETAILS

1. Age at time of procedure

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 years
2. Gender ☐ Male ☐ Female
3. Date of death

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d d m m y y
4. Date of operation

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d d m m y y
5. Time of operation

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h h m m
6. Operation undertaken:

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B. ADMISSION DETAILS

7. Admission details*: Time:

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 Date:

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 Day:

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*Includes via Admission Unit h h m m d d m m y y
8. Please specify an admission category
- ☐ Elective A time agreed between the patient and surgical service
- ☐ Planned Within 48 hours of referral/consultation
- ☐ Emergency Immediately following referral/consultation, where admission is unpredictable and at short notice because of clinical need
9. To what specialty was the patient first admitted?

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C. INITIAL ASSESSMENT	
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|-------------|--|--|--|---|
| 10a. | If not admitted under Medicine for the Care of Older People, was the patient reviewed by a Medicine for the Care of Older People consultant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 10b. | If Yes, was this? | <input type="checkbox"/> Pre-operatively | <input type="checkbox"/> Postoperatively | |
| 10c. | If Yes, how frequently was the patient reviewed? | <input type="checkbox"/> Daily | <input type="checkbox"/> Once only | |
| | | <input type="checkbox"/> Less often | | |
| 11. | Is there evidence of a delay in the patient being assessed by a Medicine for the Care of Older People clinician? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| 12. | If the patient was on a surgical care pathway for older people, is there evidence of Medicine for the Care of Older People input? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| 13. | Is there evidence of Medicine for the Care of Older People input into ward guidelines for the care of the older surgical patient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |

D. COMORBIDITY

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|-------------|---|--|---|---|
| 14. | Is there evidence that prior to admission the patient had difficulty in performing basic functions of daily living? E.g. washing, dressing independently. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| 15a. | Is there evidence that the patient had significant sensory impairment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| 15b. | If YES, was this: | | | |
| | Hearing loss | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | Visual loss | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 15c. | If the patient had hearing loss, was there clear documentation in the clinical records? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| 15d. | If the patient had visual loss, was there clear documentation in the clinical records? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| 16. | Did the patient have any other potential communication or perception problems, e.g. Stroke? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| 17. | Does this hospital have a mechanism in place for assessing frailty in elderly patients? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| 18a. | Was the patients weight recorded in the casenotes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| 18b. | If YES, please state | <input type="text"/> <input type="text"/> <input type="text"/> | kg | |
| 19a. | Was an adequate assessment of the patient's nutritional status made on admission? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| 19b. | When was this in relation to surgery? | <input type="checkbox"/> Pre-operatively | <input type="checkbox"/> Post operatively | |

- 20a.** Was there evidence of malnutrition on admission? ☐ Yes ☐ No ☐ Unable to answer
- 20b.** If YES, was nutritional support given? ☐ Yes ☐ No ☐ Unable to answer
- 20c.** If YES, was this: ☐ Oral supplementation
- ☐ Enteric feeding
- ☐ Nasogastric tube
- ☐ Nasojejunal tube
- ☐ PEG/RIG
- ☐ Parenteral feeding
- 21a.** Was this patient identified as being frail? ☐ Yes ☐ No ☐ Unable to answer
- 21b.** If YES, how was this assessed?
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- 22.** Do you feel that there was clear recognition, by the admitting team, of the following risk factors of frailty in the patient:
- a) Poor nutritional status ☐ Yes ☐ No ☐ Unable to answer
- b) Immobility ☐ Yes ☐ No ☐ Unable to answer
- c) Memory loss or dementia ☐ Yes ☐ No ☐ Unable to answer
- 23.** How and where was frailty recorded in the clinical record?
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- 24.** If frailty or specific disabilities were noted, what action was taken?
- a) Senior clinician input ☐ Yes ☐ No ☐ Unable to answer
- b) Nutritional support ☐ Yes ☐ No ☐ Unable to answer
- c) Assistance with feeding ☐ Yes ☐ No ☐ Unable to answer
- 25.** If confusion or delirium was a feature of this patient's pre-operative status, was there evidence that this was managed well? (e.g. by reducing unnecessary medications, maintaining fluids, re-assessing analgesia needs, appropriate drug treatment). ☐ Yes ☐ No ☐ Unable to answer
- 26.** Was a recognised guideline/protocol followed? ☐ Yes ☐ No ☐ Unable to answer

E. MEDICATIONS

- 27a. How many medications was the patient prescribed pre-operatively (including inhalers)? (To include regular medications and additional on admission)
- ☐ 1-5 ☐ >5 ☐ >10
☐ Unable to answer
- 27b. How many medications was the patient prescribed in the first 48 hours post operatively (including inhalers)? (To include regular medications and additional on admission)
- ☐ 1-5 ☐ >5 ☐ >10
☐ Unable to answer
28. Did Medicine for the Care of Older People clinicians have any input into the patient's medicine reviews?
- ☐ Yes ☐ No ☐ Unable to answer
29. Did an experienced ward pharmacist have any input into the patient's medicine reviews?
- ☐ Yes ☐ No ☐ Unable to answer

END