

SUBARACHNOID HAEMORRHAGE STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Data Collection Tool- Secondary/Acute Care

NHS Number

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PATIENT DETAILS

1. Age (years):

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2. Gender: ☐ Male ☐ Female
3. Day, date, time of SAH: Time:

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 Date:

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 Day:

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h h m m d d m m y y
4. Day, date, time of first arrival in hospital: Time:

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 Date:

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 Day:

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h h m m d d m m y y
5. Did the patient attend the ED? ☐ Yes ☐ No
6. What was the mode of this presentation to hospital? ☐ GP referral following telephone consultation ☐ Self referral to ED
☐ GP referral following clinical review in person ☐ ED via ambulance/ 999 call
☐ ED via Outpatient clinic
☐ Other (please state)

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7. Please indicate all the appropriate points on the pathway that apply to this patient's care (answers may be multiple)
- ☐ Admitted to ward in secondary/acute care (other than neurosurgery or ED or ED/admissions unit complex) ☐ ED or ED/admissions unit complex only
☐ Transfer to NSC in different hospital
☐ Transfer to NSC within same hospital ☐ Direct admission to neurosurgery- did not attend ED
☐ Other (please state)

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PATIENTS PRESENTING TO ACUTE/ SECONDARY CARE

8. Day, date, time of admission to ward: Time:

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 Date:

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 Day:

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h h m m d d m m y y
- ☐ Not applicable. Patient remained in the ED or ED/admissions unit complex (never formally admitted to the ward)
9. What specialty was the patient admitted to?

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☐ Unknown
- ☐ Not applicable. Patient remained in the ED or ED/admissions unit complex (never formally admitted to the ward)

Please answer the following questions in relation to the initial assessment of the patient. i.e the first time they were assessed on presentation to the secondary/acute care hospital.

- 10a. Time and date of initial assessment: Time:

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 Date:

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 Day:

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h h m m d d m m y y

- 10b.** Grade of clinician that carried out the initial assessment ☐ Unable to answer
- 10c.** Specialty of clinician that carried out the initial assessment ☐ Unable to answer
- 11a.** Is there evidence that the patient underwent a neurological examination during the first 24 hours of arrival to acute/secondary care/ prior to transfer? ☐ Yes ☐ No ☐ Yes but incomplete
- 11b.** If YES, was this part of the initial assessment? ☐ Yes ☐ No ☐ Unable to answer
- 12a.** Grade of clinician that carried out the neurological examination ☐ Unable to answer
- 12b.** Specialty of clinician that carried out the neurological examination ☐ Unable to answer
- 13.** Did the neurological examination include:
- a.** Past medical history ☐ Yes ☐ No ☐ Present but incomplete ☐ NA-not possible to examine
- b.** Assessment of consciousness level (using GCS) ☐ Yes ☐ No ☐ Present but incomplete ☐ NA-not possible to examine
- c.** Assessment of pupil responses ☐ Yes ☐ No ☐ Present but incomplete ☐ NA-not possible to examine
- d.** Fundoscopy ☐ Yes ☐ No ☐ Present but incomplete ☐ NA-not possible to examine
- e.** Assessment of motor functions ☐ Yes ☐ No ☐ Present but incomplete ☐ NA-not possible to examine
- f.** Assessment of Sensory functions ☐ Yes ☐ No ☐ Present but incomplete ☐ NA-not possible to examine
- 14.** What was the patient's GCS? ☐ Best motor response (1-6) ☐ Best Eye response (1-4) ☐ Unable to answer
☐ Best Verbal Response (1-5) Total GCS? ☐ NA-not possible to examine
- 15.** Did the patient have a motor deficit? ☐ Yes ☐ No ☐ NA-not possible to examine ☐ Unable to answer
- 16.** What were the fundoscopic findings? ☐ NA-not possible to examine
☐ Unable to answer
- 17a.** Was the neurological examination satisfactory? ☐ Yes ☐ No ☐ NA-Neurological examination was not performed ☐ Unable to answer
- 17b.** If NO, why was this? ☐ Delayed ☐ Incomplete
Other (please state)
- 18.** Was the neurological examination adequately documented? ☐ Yes ☐ No ☐ NA-Neurological examination was not performed /documented

19. If patient did not have a full neurological examination as part of the initial assessment, why was this?

- ☐ Patient arrived in coma, therefore unable to carry out full neurological examination
- ☐ Patient died before neurological examination possible
- ☐ Already performed prior to arrival, partial neurological examination performed
- ☐ Already performed prior to arrival, no neurological examination performed
- ☐ Performed but not fully documented
- ☐ Other reason (please state)
- ☐ Unable to answer

20. Did the patient have a history of: (please indicate all that apply, answers may be multiple)

- | | | |
|---|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Angina or other cardiac issues | <input type="checkbox"/> Hyperthyroidism |
| <input type="checkbox"/> Ischaemic stroke | <input type="checkbox"/> Renal impairment | <input type="checkbox"/> Depression/anxiety |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> COPD/Asthma | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Smoking | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hypercholesterolaemia | <input type="checkbox"/> Unable to answer |

21. What was the patient's functional status on arrival to the secondary care hospital

- | | | |
|---|--|--|
| <input type="checkbox"/> No symptoms | <input type="checkbox"/> Slight disability | <input type="checkbox"/> Severe disability |
| <input type="checkbox"/> No disability despite symptoms | <input type="checkbox"/> Moderate disability | <input type="checkbox"/> Unable to answer |

22a. Did the patient undergo a CT scan in acute/ secondary care (prior to transfer if patient was transferred)?

- ☐ Yes ☐ No ☐ Unable to answer

22b. If NO, why did the patient not have a CT scan?

☐ Unable to answer

22c. Was this appropriate?

- ☐ Yes ☐ No ☐ Unable to answer

22d. If YES to Q22a, what was the time and date of the CT scan

Time: Date: Day:

h h m m d d m m y y

22e. If YES to Q22a, was this more than 1 hour after arrival to hospital?

- ☐ Yes ☐ No ☐ Unable to answer

22f. If YES, why was the CT scan delayed for more than 1 hour?

☐ Unable to answer

22g. Was this appropriate?

- ☐ Yes ☐ No ☐ Unable to answer

22h. If YES, were the results of the CT scan recorded in the case notes?

- ☐ Yes ☐ No ☐ Unable to answer

22i. Did the CT scan confirm the diagnosis of SAH?

- ☐ Yes ☐ No ☐ Unable to answer

22j. If NO, was a lumbar puncture performed?

- ☐ Yes ☐ No ☐ Unable to answer

23. What was the date/ time that diagnosis of SAH was confirmed

Time: Date: Day:

h h m m d d m m y y

- 24a.** Was the Patient referred to a Neurosurgical/Neurosciences unit? ☐ Yes ☐ No ☐ Unable to answer
- 24b.** If NO, why was this? ☐ Patient died before referral possible ☐ Decision taken to manage conservatively
- 24c.** If YES to Q23a, what was the day, time and date of the referral? Time: Date: Day:
h h m m d d m m y y
- 25a.** Was the patient accepted for transfer? ☐ Yes ☐ No ☐ Unable to answer
- 25b.** If YES to Q24a, what was the day, time and date that the patient was accepted for transfer? Time: Date: Day:
h h m m d d m m y y
- 25c.** If NO to Q25a, why was this? ☐ Patient died ☐ Decision taken to manage conservatively
- 25d.** If YES to Q25a, what was the day, time and date of the transfer? Time: Date: Day:
h h m m d d m m y y
- 26a.** Was the transfer within 24 hours of arrival to hospital? ☐ Yes ☐ No ☐ Unable to answer
- 26b.** Did this patient go on to have a procedure in the NSC? ☐ Yes ☐ No ☐ Unable to answer
- 26c.** If YES, was this within 48 hours of onset of SAH? ☐ Yes ☐ No ☐ Unable to answer
- 26d.** If NO, why was this?
- ☐ Delayed presentation to acute/ secondary care ☐ Delayed initial assessment in acute/secondary care ☐ Delayed CT scan in acute/secondary care ☐ Delayed referral to NSC
- ☐ Clinical reasons for delay: resuscitation etc. ☐ Delayed acceptance by NSC ☐ Procedure was delayed following admission to NSC ☐ Other reason ☐ Unable to answer

PATIENTS THAT DIED IN SECONDARY/ ACUTE CARE

- 27.** Was the death discussed at an mortality and morbidity meeting? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable
- 28a.** Was bain stem death testing performed? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable
- 28b.** If YES, was bain stem death diagnosed? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable
- 29a.** Was patient suitable for organ donation? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable
- 29b.** If YES, did organ donation occur? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable
- 29c.** If NO, why not? ☐ Not considered by medical staff ☐ Refused by Next of Kin

Other reason
(please state)