



# SYSTEMIC ANTI-CANCER THERAPY (SACT) STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

## ASSESSMENT FORM (AF) SECTION E INSERT

### CONFIDENTIAL

NCEPOD number:

Site ID:  (To be completed after advisor assessment)

Reviewed by nurse:

Reviewed by pharmacist:

For Discussion:

#### E. INSERT - ADMISSION 3 (Immediately prior to death)

(A separate insert needs to be completed for each admission)

Please check this box if this is admission 3:

#### Admission process

Advisor to refer to case notes (and for guidance, Questionnaire B Q6c):

1 a. To which specialty was the patient first admitted?

- Oncology
- Haemato-Oncology
- General Haematology
- General Medicine
- General Surgery
- Palliative Care
- MAU
- Direct to ICU/ITU/HDU
- Not Documented
- Insufficient Data
- Other (Please Specify)

Advisor to refer to case notes:

b. In your opinion, was the patient admitted under an appropriate **first** specialty?

- Yes
- No
- Specialty Not Documented
- Insufficient Data

c. If **NO**, in your opinion, did this have a significant effect on the clinical outcome? (See Definitions)

- Yes
- No
- Unknown (cannot provide opinion)

d. Please expand upon your answer:



2 a. Please state the time and date the patient **first** being assessed by a doctor (all grades):

Time (24 hour clock)      Not Documented  Insufficient Data  
  h h        m m

Date (dd/mm/yyyy)        Not Documented  Insufficient Data  
  d d        m m        y y y y

b. On what time and date is there evidence in the notes that the patient was **first** reviewed by a consultant physician or oncologist/haemato-oncologist?

Time (24 hour clock)      Not Documented  Insufficient Data  
  h h        m m

Date (dd/mm/yyyy)        Not Documented  Insufficient Data  
  d d        m m        y y y y

3 a. If the patient was not admitted under the care of an oncologist/haemato-oncologist was the patient transferred to an oncologist or haemato-oncologist speciality?

Yes  No  
 Specialty Not Documented  Insufficient Data  
 Not Applicable

b. If **YES**, please state the time and date of the transfer to oncology/haemato-oncology ward:

Time (24 hour clock)      Not Documented  Insufficient Data  
  h h        m m  Not Applicable

Date (dd/mm/yyyy)        Not Documented  Insufficient Data  
  d d        m m        y y y y  Not Applicable

4 a. Is there evidence in the case notes of any delays in the admission process?

Yes  No  Not Documented  Insufficient Data

b. Is there evidence in the case notes of a delay in the patient being assessed by a doctor (all grades)?

Yes  No  Insufficient Data



4 c. If YES, what was the the time interval between admission and assessment?

hours (Please round up to the nearest hour)  
h h

Not Documented

5 In your opinion, was the time to consultant review appropriate for the patient's condition?

Yes  No  Not Documented  Insufficient Data

6. Is there evidence in the case notes of a delay in transfer to the oncology/haemato-oncology ward?

Yes  No  Not Documented  Insufficient Data

**Investigations**

7 a. In your opinion, were all appropriate investigations requested?

Yes  No  Insufficient Data

b. If NO, in your opinion which investigations were omitted?

c. In your opinion, did this have a significant effect on the clinical outcome? (See Definitions)

Yes  No  Unknown

d. If YES, please expand upon your answer:

8 a. In your opinion, were any inappropriate investigations requested?

Yes  No  Insufficient Data

b. If YES, in your opinion, did this have a significant effect on the clinical outcome? (See Definitions)

Yes  No  Unknown



8 c. If **YES**, please expand upon your answer:

9. a. Is there evidence in the case notes of any delays in the **undertaking** of investigations?

- Yes                       No                       Not Documented     Insufficient Data

b. Is there evidence in the case notes of any delays in the **reporting** of investigations?

- Yes                       No                       Not Documented     Insufficient Data

10 a. If there were any delays in the patient's admission or investigations (i.e. if YES to either questions 4, 6, or 9, please provide a brief list of examples with timeline:

b. In your opinion, did the delay have a significant effect on the clinical outcome (*See Definitions*)?

- Yes                       No                       Unknown

c. If **YES**, please expand on your answer:



To be completed by **pharmacists** (refer to questions 24-25 in the main AF)

**NB: This section only needs to be completed if the answer to question 25a was YES in the main AF**

11 a. How was the grade 3/4 event treated e.g. with antibiotics, GCSF (please indicate "Not Documented" if there is not evidence in the notes, or "Insufficient Data" if notes missing):

- Unknown       Insufficient Data       Not Documented

b. Was this appropriate?

- Yes       No       Insufficient Data

c. If NO, please expand on your answer:

To be completed by **advisor**:

**Appropriate End of Life Care**

12 a. Is there evidence in the case notes that a palliative care team was involved?

- Yes       No       Insufficient Data

To be completed by **pharmacists** (refer to Section E and case notes):

13 a. Please list all supportive care medicine prescribed during this admission:

To be completed by **advisor**:

13 b. Is there evidence in the case notes that all appropriate supportive care medicines were prescribed? (e.g. analgesics, anti-emetics etc.)

- Yes       No       Insufficient Data



13 c. If NO, what additional drugs should have been prescribed?

d. In your opinion, did this omission have a significant effect on the clinical outcome? *(See Definitions)*

- Yes                       No                       Unknown (cannot provide opinion)

e. If YES, please expand upon your answer:

14. Is there evidence of the following in the case notes?

- |  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| a. An advanced directive                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Insufficient Data |
| b. Preferred Place of Care certificate/information | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Insufficient Data |
| c. End of Life Pathway                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Insufficient Data |

15 a. Is there evidence in the case notes of a delay in the discharge planning process?

- Yes                       Not Documented     Insufficient Data

b. If YES, please expand upon your answer:



**Resuscitation status**

**16 a.** Is there evidence in the case notes of a Do Not Attempt Resuscitation (DNAR) statement?  
*(i.e. on a DNAR form/pro forma or written in the notes)*

- Yes                       No                       Insufficient Data

**b.** Was a Do Not Attempt Resuscitation (DNAR) statement received?

- Yes                       No

**c.** If **YES to 16b**, what grade of doctor signed the DNAR order?

- |  |   |
|--|---|
| <input type="checkbox"/> Consultant                    | <input type="checkbox"/> Associate Specialist               |
| <input type="checkbox"/> Clinical Assistant            | <input type="checkbox"/> Medical/Clinical Researcher/Fellow |
| <input type="checkbox"/> Staff Grade                   | <input type="checkbox"/> SPR/ST3 or higher                  |
| <input type="checkbox"/> SHO/ST1-2                     | <input type="checkbox"/> Not documented                     |
| <input type="checkbox"/> Other <i>(Please specify)</i> | <input type="text"/>  |

**d.** If DNAR decision was made, is there evidence in the case notes that this decision was discussed with:

- |                              |                              |                             |  |
|------------------------------|------------------------------|-----------------------------|--|
| i) The patient?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Insufficient Data |
| ii) The patient's relatives? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Insufficient Data |

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