

CARDIAC ARREST PROCEDURES STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Advisor Assessment Form (AF)

NCEPOD questionnaire number

INSTRUCTIONS FOR COMPLETION

Please complete all questions with either block capitals or a bold cross inside the boxes provided. If you make a mistake, please "black-out" the box and re-enter the correct information. Unless indicated, please mark only one box per question.

SECTION 1: PATIENT DETAILS

1.	Age (years):	<input type="text"/>					
2.	Gender:	y y	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
3.	Day, date, time of arrival to hospital:	Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
		h h m m	d d m m y y				
4.	Day, date, time of admission to first ward:	Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
		h h m m	d d m m y y				
5.	Day, date, time of Cardiac Arrest:	Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
		h h m m	d d m m y y				
6.	Day, date, time of 2222 call:	Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
		h h m m	d d m m y y				
7a.	Mode of admission (please choose)	<input type="checkbox"/> Elective	<input type="checkbox"/> Emergency				
7b.	If the admission was an emergency, what was the route of admission?	<input type="checkbox"/> Via emergency department	<input type="checkbox"/> Referral from GP				
8.	Specialty admitted to (please use national specialty codes provided)	<input type="text"/>	<input type="checkbox"/> Emergency transfer				

SECTION 2: ADMISSION, INITIAL CLERKING & DIAGNOSIS

INITIAL CLERKING

- (if patient was reviewed in the ED and then on admission to the ward, please use the review by most senior clinician) :

9a. Data taken from: Emergency department assessment Clerking on admission to hospital bed Both

9b. Time/date of initial assessment: Time: Date:

h h m m d d m m y y





9c. Grade of clinician that carried out the initial assessment (please use grade codes provided) Unable to answer

9d. What was the specialty of the clinician that carried out the initial assessment? Unable to answer

10. Did the initial assessment cover:

- a. The presenting complaint? Yes No Unable to answer Present but incomplete
- b. The history of presenting complaint? Yes No Unable to answer Present but incomplete
- c. Past Medical History? Yes No Unable to answer Present but incomplete
- d. Drug History? Yes No Unable to answer Present but incomplete
- e. Social History? Yes No Unable to answer Present but incomplete
- f. Assessment of ADL? Yes No Unable to answer Present but incomplete

9. Physical Assessment of the following systems (please mark all that apply):-
 Cardiovascular Respiratory CNS
 Gastro-intestinal Genito-urinary

11. Did the initial assessment provide:

- a. Differential diagnosis? Yes No Unable to answer Present but incomplete
- b. Investigation plan? Yes No Unable to answer Present but incomplete
- c. Physiological Monitoring plan? Yes No Unable to answer Present but incomplete
- d. Treatment Plan? Yes No Unable to answer Present but incomplete

12. Did the doctor performing the initial clerking appreciate the severity of the situation? Yes No Unable to answer

13. Was the resuscitation status:
 Not Recorded Considered Documented
 Discussed Unable to answer

14a. Was a decision made about the patient's resuscitation status at this time? Yes No Unable to answer

14b. Was this appropriate? Yes No Unable to answer





15. Did the doctor performing the initial clerking escalate to a more senior doctor in a timely fashion? Yes No Unable to answer

16a. To what level of care was the patient admitted? Level 1 (ward)/ assessment unit
 Level 2 (HDU) Unable to answer
 Level 3 (ICU)

16b. In your opinion, to what level of care should the patient have been admitted? Level 1 (ward)/assessment unit
 Level 2 (HDU) Unable to answer
 Level 3 (ICU)

17a. Were there any delays in admitting the patient? Yes No Unable to answer

17b. If YES, please provide details:

17c. If YES, did they affect the outcome? Yes No Unable to answer

Questions 18-23 refer to the admission note:

18a. In your opinion, was an adequate/acceptable history taken at first contact with the patient? Yes No Unable to answer

18b. If NO, please provide details:

19a. Was the clinical examination complete at first contact with the patient? Yes No Unable to answer

19b. If NO, please state reasons:

20a. Was a diagnosis (or differential diagnosis reached in the initial review of the patient (up to but not including the post-take ward round)? Yes No Unable to answer

20b. If YES- was this correct (or the correct diagnosis included in the differential)? Yes No Unable to answer





21a. Was there a reasonable initial treatment plan in the notes? Yes No Unable to answer

21b. If YES, was this followed? Yes No Unable to answer

22. How would you describe the appropriateness of the treatment for the condition of the patient (please select just one answer)?

Prompt and appropriate Inappropriate and delayed

Prompt but inappropriate therapy Insufficient data

Appropriate but apparent delay

23a. In your opinion were there any deficiencies in the initial assessment? Yes No Unable to answer

23b. If YES, were these in:

History Monitoring Diagnosis

Examination Treatment Plan Seniority of Doctor

Recognition of severity of illness investigation Decision making regards resuscitation status

Questions 24-30 refer to the first consultant review:

24a. Can you identify the first consultant review? Yes No

24b. If YES, please note the time and date

Time: Date: Day:

h h m m d d m m y y

25. Following review, were there changes to: Investigations Monitoring Diagnosis

Other (please specify) No evidence of any changes

26. In your opinion, was the consultant review obtained in the appropriate timeframe? Yes No Unknown

27a. At the first consultant review, was resuscitation status considered? Yes No Unknown

b. If YES to part a, was this with: The patient The Relatives

Answers may be multiple

c. If YES to part b, was this documented: In the medical notes with a proforma

Answers may be multiple





- 27e. If YES to part a, what grade of clinician discussed resuscitation status? Consultant Senior Trainee Junior trainee
 Other (please specify)

28. Overall, how do you rate the admission process? (please indicate from below)

- a. Admission to first consultant review: Good Adequate Poor

OR If no consultant review:

- b. Admission and first 24 hours of care: Good Adequate Poor

29. In your opinion, was there sufficient time and information to make a decision on resuscitation status? Yes No Unable to answer

30. In your opinion, should this patient have been: For resuscitation? Not for resuscitation?
 Unable to answer

SECTION 3: 48 HOURS PRIOR TO CARDIAC ARREST

Questions 31-38 rely on data extracted from the casenotes for the 48 hours prior to cardiac arrest.

31. Physiological Instability:
 Please indicate the date and time that the patient met the following criteria for the first time.

Insufficient case notes provided to adequately answer this question.

- a. Respiratory Rate < 8 breaths/min: Yes No Insufficient data
 Time: Date:
h h m m d d m m y y
- b. Respiratory Rate >30 breaths/min: Yes No Insufficient data
 Time: Date:
h h m m d d m m y y
- c. SaO2 <90% on Oxygen: Yes No Insufficient data
 Time: Date:
h h m m d d m m y y
- d. Difficulty Speaking: Yes No Insufficient data
 Time: Date:
h h m m d d m m y y



31e.	Pulse rate: < 40 beats/min:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Insufficient data
	Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
f.	Pulse Rate: > 130 beats/min:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Insufficient data
	Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
g.	Systolic BP <90mmHg:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Insufficient data
	Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
h.	Repeated/prolonged seizures:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Insufficient data
	Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
i.	Any unexplained decrease in consciousness:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Insufficient data
	Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
j.	Agitation/Delirium:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Insufficient data
	Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
k.	Concern about patient status not expressed above:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Insufficient data
	Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

32. Patient Reviews:
 In chronological order, please provide details of patient reviews in the 48hours prior to cardiac arrest (this excludes the admission entry) please include nursing reviews, Critical Care Outreach, PT and OT reviews etc. (please use codes for grade and specialty provided on supplement sheet)

	Time (24 hr clock)				Date:	planned	un-planned	Insufficient data	Grade of reviewer	Specialty of reviewer	Contact details of reviewer recorded?			
	h	h	m	m							d	d	m	m
a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



32. continued

	Time (24 hr clock)				Date:				planned	un-planned	Insuficiant data	Grade of reviewer	Specialty of reviewer	Contact details of reviewer recorded?				
	h	h	m	m	d	d	m	m						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Concerns expressed in nursing notes: Insufficient data

Time (24 hr clock) Date: Summary of note

h h m m d d m m

a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
b.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
c.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
d.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
e.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
f.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

34. Observations: Documented request for type & frequency of physiological observations to be made

	Observations requested?			If YES, frequency of observation requested:			
	Yes	No	Insufficient data	Hourly	4-hourly	Other	Insufficient data
a. Pulse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
b. BP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
c. Respiratory Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
d. Urine output:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
e. Fluid Balance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
f. CVP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
g. SpO ₂	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
h. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

- 35a.** Are there instructions to the nurses as to when to alert the medical staff in the event of deterioration in specific variables? Yes No Insufficient data
- b.** Was the patient monitored on a standardised 'Track and Trigger' chart? Yes No Insufficient data



36. Number of times the following observations were recorded in the 48 hours prior to cardiac arrest: (these counts should be taken from observation charts and medical notes where provided).

	48-24 hours prior to cardiac arrest	24-0 hours prior to cardiac arrest	
a. Pulse	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Insufficient data
b. Blood Pressure	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Insufficient data
c. Respiratory Rate	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Insufficient data
d. Temperature	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Insufficient data
e. Sats	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Insufficient data

ORGANISATION OF CARE:

37. In the 48 hours prior to cardiac arrest, please grade the following on a scale of 1-3, where 1 = very poor and 3 = excellent

- a. Organisational aspects of care Insufficient data
- b. Clinicians' knowledge Insufficient data
- c. Appreciation of clinical urgency Insufficient data
- d. Supervision of junior staff Insufficient data
- e. Advice from senior doctors Insufficient data

38. Please grade the following aspects of management of the patient in the 48 hours prior to cardiac arrest, on a scale of 1-9, where 1 = very poor and 9 = excellent

- a. Airway management Not applicable Insufficient data
- b. Breathing Not applicable Insufficient data
- c. Circulation Not applicable Insufficient data
- d. Oxygen therapy Not applicable Insufficient data
- e. Monitoring Not applicable Insufficient data
- f. ICU requirement Not applicable Insufficient data

SECTION 4: DNAR STATUS

39. Is there a record of Resuscitation Status at any point after admission to the time of cardiac arrest? Yes No Insufficient data

Please answer questions 40-44 if answered YES to question 39.

40. Was the patient for resuscitation? Yes No Insufficient data





41. What grade of clinician documented the decision? (please use codes for grade provided) Insufficient data
42. What grade of clinician made the decision? (please use codes for grade provided) Insufficient data
- 43a. Was the decision discussed with the patient? Yes No Insufficient data
- b. If YES what grade of clinician had the discussion? (please use codes for grade provided) Insufficient data
- 44a. Was the decision discussed with the relatives? Yes No Insufficient data
- b. If YES what grade of clinician had the discussion? (please use codes for grade provided) Insufficient data
45. In your opinion(using information about past history, acute illness, course of illness and likelihood of survival), during the 48 hours prior to the cardiac arrest, should the patient have had a DNAR order? Yes, and they did No, but they did Yes, but they did not No, and they did not
46. Where a DNAR decision has been made: In your opinion does it comply with the following:
- a. Effective recording on a form that will be recognised by all those involved with the care of the patient? Yes No Insufficient data
- b. Effective communication & explanation of DNAR decision with patient (where appropriate)? Yes No Insufficient data
- c. Effective communication & explanation of DNAR decision with patient's family, friends or other representatives? Yes No Insufficient data

SECTION 5: RESUSCITATION ATTEMPT

To answer questions 47-50, please use data from the case notes and the resuscitation data collection form.

- 47a. In your opinion were there warning signs that the patient was at risk of deterioration and cardiac arrest? Yes No Insufficient data
- b. If YES, were these signs: Recognised well enough? Acted upon adequately? Communicated to appropriate seniority of doctor?
answers may be multiple
 Insufficient data
48. In your opinion was this cardiac arrest: a. predictable? Yes No Insufficient data
b. avoidable? Yes No Insufficient data
c. If you think that this cardiac arrest was avoidable was this because:
answers may be multiple
 Earlier recognition of problems and intervention may have prevented deterioration
 A DNAR decision should have been made





49a. In the case notes, is there an acceptable record of the resuscitation attempt? Yes No Unknown

b. If YES, is this?

An entry in the medical notes A separate proforma

Other (please specify)

50a. In your opinion were there any problems in the following areas during the resuscitation attempt?
answers may be multiple

- | | |
|--|--|
| <input type="checkbox"/> Speed of response of resuscitation team | <input type="checkbox"/> Appropriateness of staff responding to cardiac arrest |
| <input type="checkbox"/> Drugs | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Defibrillation | <input type="checkbox"/> Communication & teamwork |
| <input type="checkbox"/> Airway management | |
| <input type="checkbox"/> Any other problems (please specify) | <input type="text"/> |

50c. If YES to any of the above, in your opinion was the outcome affected? Yes No Insufficient data

50d. If YES, please provide details:

SECTION 6: POST-CARDIAC ARREST

51. Did the patient survive the cardiac arrest resuscitation attempt? Yes No

If YES, please continue to question 52; if NO, please go to SECTION 7 (question 72)

52. Following successful resuscitation:

a. Did the patient receive care in the appropriate location? Yes No Insufficient data

b. If NO, please provide details: Patient should have received higher level of care

There was no ultimate benefit from the higher level of care that the patient received

Other (please specify)

53. Was the patient referred for consideration of admission to:

a. Critical care? Yes No Insufficient data

b. Coronary care? Yes No Insufficient data

c. If YES to part a or b, what was the grade of the clinician that made the referral? (please use grade codes provided) Insufficient data

d. If not a consultant, was the responsible consultant aware of the referral? Yes No Insufficient data





- 54.** What was the outcome of the referral? Admit Not admit
- 55a.** What was the grade of clinician that made the admission decision (please use grade codes provided) Insufficient data
- b.** If not a consultant, was the consultant responsible for critical care aware of the decision? Yes No Insufficient data
- 56.** Were the following carried out in the immediate post-arrest period:
answers may be multiple
- 12 lead ECG FBC Chest X-Ray
 Cooling U&E Blood Gas
- 57a.** In your opinion, was the aetiology of this arrest likely to be cardiovascular? (i.e. Myocardial ischaemia or primary rhythm problem) Yes No Insufficient data
- b.** If YES to part A, was consideration given to coronary angiography? Yes No Insufficient data
- c.** If YES to part A, Was discussion undertaken with cardiology? Yes No Insufficient data
- d.** If YES to part A, Was angiography +/- intervention performed? Yes No Insufficient data
- 58.** In your opinion, was the clinical care in the immediate (up to the first hour) post-arrest period: Good Adequate Poor
- 59a.** In your opinion, was the decision making in the immediate (up to the first hour) post arrest period: Good Adequate Poor
- b.** If less than GOOD, were there problems in: Speed of decision making Seniority of decision making
answers may be multiple Clarity of care required
- Other (please state)
- 60.** Did the patient have obtunded cerebral function post-arrest? Yes No Insufficient data
- 61a.** Was the patient actively cooled as part of post-cardiac arrest care? Yes No Insufficient data
- b.** In your opinion, should the patient have been cooled as part of post-cardiac arrest care? Yes No Insufficient data
- c.** please provide reasons for your answer to part B:
- 62a.** Was the responsible consultant / on-call consultant aware that the patient had suffered cardiac arrest and resuscitation? Yes No Insufficient data
- b.** If YES, was this: Immediately Delayed Insufficient data





63. Can you identify the time of consultant review after cardiac arrest for:

h h m m

- a. Responsible consultant? Yes No Insufficient data Time:
- b. On-Call Consultant? Yes No Not Applicable Time:
- c. ICU Consultant? Yes No Not Applicable Time:
- d. Other Consultant? Yes No Not Applicable Time:

64a. Was the patient admitted to critical care? Yes No Insufficient data

b. If the patient was not admitted to critical care, was the decision made due to:

- No need for admission. Patient expected to recover with lower level of care
- No need for admission. Patient expected to die and therefore not for higher level of care
- No critical care beds. The patient would have been admitted but no facility was available.
- Other (please give details)

Questions 64-71 refer to patients that WERE admitted to critical care post-cardiac arrest

65a. In your opinion, was it appropriate to admit this patient to critical care? Yes No Insufficient data

b. If NO, please give details:

- No need for admission. Patient expected to recover with lower level of care
- No need for admission. Patient expected to die and therefore not for higher level of care
- Other (please give details)

66a. In your opinion, was appropriate organ support provided? Yes No Insufficient data

- b. if NO where were the deficiencies? Cardiovascular Respiratory Renal
- Neurological Nutritional

Other (please give details)

67a. Were active life sustaining therapies withdrawn? Yes No Insufficient data

b. If YES, in your opinion was this the correct decision? Yes No Insufficient data

68a. If life sustaining therapies were withdrawn was this on the basis of predicted poor neurological outcome? Yes No Insufficient data

days hours minutes

b. If YES, what was the time between cardiac arrest and assessment of likely neurological outcome?





69. How was likely neurological outcome determined? Clinical examination EEG Evoked potentials

Other (please give details)

70. Was a diagnosis of brain stem death made? Yes No Insufficient data

71. If active life sustaining therapies were withdrawn:

a. Was organ donation considered? Yes No Insufficient data

b. In your opinion was the patient a potential organ donor? Yes No Insufficient data

SECTION 7: OVER ALL QUALITY OF CARE

72. How would you categorise the quality of care for this patient?

1. Good Practice:- A standard that you would expect from yourself, your trainees and your institution
2. Room for improvement: Clinical aspects of clinical care that could have been better
3. Room for improvement: Organisational aspects of organisation of care that could have been better
4. Room for improvement: Clinical AND Organisational aspects of organisation of care AND clinical care that could have been better
5. Less than satisfactory- this is a case in which the advisor has serious concerns about the patient care, although recognising that NCEPOD had incomplete information and does not know fully the local circumstances
6. Insufficient information submitted to assess the quality of care

73a. Did this patient survive to discharge from hospital? Yes No Insufficient data

b. If NO, and if the overall quality of care was rated as less than good practice (Q72), do you think that deficiencies in care may have contributed to the patient's death? Yes No Insufficient data

74. Cause for concern cases – occasionally NCEPOD will refer cases that have been identified as “5” – less than satisfactory when it is felt that further feedback to the trust concerned is warranted. This is usually due to an area of concern particular to the hospital or clinician involved, and not for issues highlighted across the body of case-notes. This process has been agreed by the NCEPOD Steering group and the GMC. The medical director of the trust is written to by the Chief Executive of NCEPOD explaining our concerns. This process has been in operation for ten years and the responses received have always been positive in that they feel we are dealing with concerns in the most appropriate manner. If you feel that this case should be considered for such action, please cross:

75. Are there any issues that you feel should be highlighted in the report? If YES, please specify Yes No

76. Would this case form the basis of a good case-study to highlight a specific theme in the report? (If YES, please give brief case history below) Yes No

