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):

2. Gender:

   Male   Female

3. Day, date, time of arrival to hospital:
   Time: h h m m
   Date: d d m m y y
   Day: 

4. Day, date, time of admission to first ward:
   Time: h h m m
   Date: d d m m y y
   Day: 

5. Day, date, time of Cardiac Arrest:
   Time: h h m m
   Date: d d m m y y
   Day: 

6. Day, date, time of 2222 call:
   Time: h h m m
   Date: d d m m y y
   Day: 

7a. Mode of admission (please choose)
   
   Elective   Emergency

7b. If the admission was an emergency, what was the route of admission?
   
   Via emergency department   Referral from GP

8. Specialty admitted to (please use national specialty codes provided)

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: h h m m
   Date: d d m m y y

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

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

10. Did the initial assessment cover:
   a. The presenting complaint?
   b. The history of presenting complaint?
   c. Past Medical History?
   d. Drug History?
   e. Social History?
   f. Assessment of ADL?

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?
   b. Investigation plan?
   c. Physiological Monitoring plan?
   d. Treatment Plan?

12. Did the doctor performing the initial clerking appreciate the severity of the situation?

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

14a. Was a decision made about the patient's resuscitation status at this time?

14b. Was this appropriate?
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:  ___  ___

25. Following review, were there changes to:  
☐ Other (please specify)  ☐ No evidence of any changes  
☐ Investigations  ☐ Monitoring  ☐ Diagnosis

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:

- [ ] Yes
- [ ] No
- [ ] Insufficient data

Time: [ ] [ ] Date: [ ] [ ] [ ] [ ]

### f. Pulse Rate: > 130 beats/min:

- [ ] Yes
- [ ] No
- [ ] Insufficient data

Time: [ ] [ ] Date: [ ] [ ] [ ]

### g. Systolic BP <90mmHg:

- [ ] Yes
- [ ] No
- [ ] Insufficient data

Time: [ ] [ ] Date: [ ] [ ] [ ]

### h. Repeated/prolonged seizures:

- [ ] Yes
- [ ] No
- [ ] Insufficient data

Time: [ ] [ ] Date: [ ] [ ] [ ]

### i. Any unexplained decrease in consciousness:

- [ ] Yes
- [ ] No
- [ ] Insufficient data

Time: [ ] [ ] Date: [ ] [ ] [ ]

### j. Agitation/Delirium:

- [ ] Yes
- [ ] No
- [ ] Insufficient data

Time: [ ] [ ] Date: [ ] [ ] [ ]

### k. Concern about patient status not expressed above:

- [ ] Yes
- [ ] No
- [ ] Insufficient data

Time: [ ] [ ] Date: [ ] [ ] [ ]

### 32. Patient Reviews:

In chronological order, please provide details of patient reviews in the 48 hours 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)

<table>
<thead>
<tr>
<th>Time (24 hr clock)</th>
<th>Date:</th>
<th>un-planned</th>
<th>Insufficient data</th>
<th>Grade of reviewer</th>
<th>Specialty of reviewer</th>
<th>Contact details of reviewer recorded?</th>
</tr>
</thead>
<tbody>
<tr>
<td>h h m m d d m m</td>
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</tbody>
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6 of 13
32. continued

<table>
<thead>
<tr>
<th>Time (24 hr clock)</th>
<th>Date:</th>
<th>planned</th>
<th>un-planned</th>
<th>Insufficient data</th>
<th>Grade of reviewer</th>
<th>Specialty of reviewer</th>
<th>Contact details of reviewer recorded?</th>
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<tbody>
<tr>
<td>h.</td>
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</tbody>
</table>

33. Concerns expressed in nursing notes:

<table>
<thead>
<tr>
<th>Time (24 hr clock)</th>
<th>Date:</th>
<th>Summary of note</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
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<td>b.</td>
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<td>c.</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Observations requested?</th>
<th>If YES, frequency of observation requested:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>a. Pulse</td>
<td></td>
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<tr>
<td>b. BP</td>
<td></td>
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<tr>
<td>c. Respiratory Rate</td>
<td></td>
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<tr>
<td>d. Urine output:</td>
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<tr>
<td>e. Fluid Balance:</td>
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<tr>
<td>f. CVP</td>
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<td>g. SpO₂</td>
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<tr>
<td>h. Other</td>
<td></td>
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</tbody>
</table>

35a. Are there instructions to the nurses as to when to alert the medical staff in the event of deterioration in specific variables?

b. Was the patient monitored on a standardised 'Track and Trigger' chart?
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).

<table>
<thead>
<tr>
<th></th>
<th>48-24 hours prior to cardiac arrest</th>
<th>24-0 hours prior to cardiac arrest</th>
<th>Insufficient data</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Pulse</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b. Blood Pressure</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c. Respiratory Rate</td>
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<td></td>
<td></td>
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<tr>
<td>d. Temperature</td>
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<td></td>
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<tr>
<td>e. Sats</td>
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</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th></th>
<th>Insufficient data</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Organisational aspects of care</td>
<td></td>
</tr>
<tr>
<td>b. Clinicians' knowledge</td>
<td></td>
</tr>
<tr>
<td>c. Appreciation of clinical urgency</td>
<td></td>
</tr>
<tr>
<td>d. Supervision of junior staff</td>
<td></td>
</tr>
<tr>
<td>e. Advice from senior doctors</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>Not applicable</th>
<th>Insufficient data</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Airway management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Breathing</td>
<td></td>
<td></td>
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<tr>
<td>c. Circulation</td>
<td></td>
<td></td>
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<tr>
<td>d. Oxygen therapy</td>
<td></td>
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<tr>
<td>e. Monitoring</td>
<td></td>
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<tr>
<td>f. ICU requirement</td>
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</tbody>
</table>

**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)

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)

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? [ ] 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:  
      - [ ] Earlier recognition of problems and intervention may have prevented deterioration  
      - [ ] A DNAR decision should have been made  

   answers may be multiple
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

□ Speed of response of resuscitation team □ Appropriateness of staff responding to cardiac arrest

□ Drugs □ Equipment □ Defibrillation

□ Airway management □ Communication & teamwork

□ Any other problems (please specify)

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:

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

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: 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 ☐ Clarity of care required ☐ Other (please state)

59b. 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

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

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?
   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  
  
Less than satisfactory- this is a case in which the advisor has serious concerns  

5. ☐ 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?  

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  

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