

10. Did the initial assessment cover:

- a. The presenting complaint? Yes No Unable to answer Present but incomplete
- b. The history of the 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. Past medical history? Yes No Unable to answer Present but incomplete
- g. Physical assessment of the following systems?
 Cardiovascular Respiratory CNS
 Gastro-intestinal Genito-urinary Unable to answer
 None of the above

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. During the initial admission process, was resuscitation status:

- a. Considered Yes No Unable to answer
- b. Discussed Yes No Unable to answer
- c. Documented Yes No Unable to answer

14. Did the doctor performing the initial clerking escalate to a more senior doctor in a timely fashion? Yes No Unable to answer
 Not applicable

15a. To what level of care was the patient admitted?
 Level 0/1 (ward/assessment unit)
 Level 2 (HDU) Unable to answer
 Level 3 (ICU)

15b. In your opinion, to what level of care should the patient have been admitted?
 Level 0/1 (ward/assessment unit)
 Level 2 (HDU) Unable to answer
 Level 3 (ICU)

16a. Were there any delays in admitting the patient? Yes No Unable to answer

16b. If YES, please provide details:

16c. If YES, did they affect the outcome? Yes No Unable to answer

17a. How many entries are there during the 48 hours prior to cardiac arrest in the case notes? Unable to answer

17b. How many included: (please indicate the number and the percentage of the total)

	n	%
i. The date of review	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
ii. The time of review	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
iii. The location of the patient at the time of review	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
iv. The name of the clinician undertaking the review	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
v. The grade of the clinician undertaking the review	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
vi. The contact details of the clinician undertaking the review	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
vii. The name of the most senior team member present during the review	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
viii. The grade of the most senior team member present during the review	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Questions 18-22 refer to the first consultant review:

18a. Can you identify the first consultant review? Yes No Unable to answer

18b. If YES, what was the time of the first review? Unable to answer
h h m m

18c. If YES, what was the date of the first review? Unable to answer
d d m m y y

19. What was the time from admission to first consultant review? Unable to answer
h h m m

20. In your opinion, was the consultant review obtained in an appropriate time frame? Yes No Unable to answer

21. During the first consultant review, was resuscitation status:

a. Considered Yes No Unable to answer

b. Discussed Yes No Unable to answer

c. Documented Yes No Unable to answer

22. If a decision was made that CPR was inappropriate, was a consultant involved with making this decision? Yes No Unable to answer
 Not applicable - patient for resuscitation

C. 48 HOURS PRIOR TO CARDIAC ARREST

- 23a. Was the patient monitored on a standardised 'Track and Trigger' chart? Yes No Unable to answer
- 23b. If YES, was the initial frequency of observation clearly stated by the admitting doctor? Yes No Unable to answer
- 23c. If no standard 'Track and Trigger' chart was used to monitor the patient, please state the documented request for type and frequency of physiological observations to be made:

	Observations requested?			If YES, frequency of observation requested:			
	Yes	No	Unable to answer	Hourly	4-hourly	Other	Unable to answer
a. Pulse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
b. Blood pressure	<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"/>

- 24a. Are there instructions to the nurses as to when to alert the medical staff in the event of deterioration in specific variables? Yes No Unable to answer
- 25a. If the patient continued to deteriorate after non-consultant review, was there an escalation of care to a more senior doctor? Yes No Unable to answer
- 25b. If NO, was the reason for non-escalation clearly recorded in the case notes? Yes No Unable to answer
26. In the 48 hours prior to cardiac arrest, please grade the following on a scale of 1-9, where 1=very poor and 9=excellent:
- a. Organisational aspects of care Unable to answer
- b. Clinician's knowledge Unable to answer
- c. Appreciation of clinical urgency Unable to answer
- d. Supervision of junior staff Unable to answer
- e. Advice from senior doctors Unable to answer

D. DNAR STATUS

27. Is there a record of resuscitation status at any point after admission to the time of cardiac arrest? Yes No Unable to answer

If NO, please go to question 33

If YES:

28. Was the patient for resuscitation? Yes No Unable to answer
29. Was the grade of clinician who MADE the decision recorded in the casenotes? Yes No Unable to answer
- 30a. Is there a record in the case notes that the decision was discussed with the patient? Yes No Unable to answer
- 30b. If YES, what grade of clinician had the discussion? Unable to answer
- 31a. Is there a record in the case notes that the decision was discussed with the relatives? Yes No Unable to answer
- 31b. If YES, what grade of clinician had the discussion? Unable to answer
32. 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 patient? Yes No Unable to answer
- b. Effective communication and explanation of DNAR decision with the patient (where appropriate)? Yes No Unable to answer
- c. Effective communication and explanation of DNAR decision with the patient's family, friends and other representatives? Yes No Unable to answer
- Not applicable - Patient was for resuscitation
33. If there was no decision documented or the patient was documented as being 'For Resuscitation', should the patient have had a DNACPR decision made prior to their arrest? Yes No Unable to answer

E. RESUSCITATION ATTEMPT

- 34a. In your opinion were there warning signs that the patient was at risk of deterioration and cardiac arrest? Yes No Unable to answer
- 34b. If YES, were these signs:
- a. Recognised well enough? Yes No Unable to answer
- b. Acted upon adequately? Yes No Unable to answer
- c. Communicated to appropriate seniority of doctor? Yes No Unable to answer
35. Was the cardiac arrest reported through the Trust/Hospital critical incident reporting system? Yes No Unable to answer

F. POST CARDIAC ARREST

If the patient died at the time of arrest please go to question 41

- 36a. In your opinion, was the aetiology of this arrest likely to be cardiovascular? (i.e Myocardial ischaemia or primary rhythm problem) Yes No Unable to answer
- 36b. If YES to 36a, was consideration given to coronary angiography? Yes No Unable to answer

- 36c. If YES to 36a, was discussion undertaken with cardiology? Yes No Unable to answer
- 36d. If YES to 36a, was angiography +/- intervention CONSIDERED? Yes No Unable to answer
- 36e. If YES to 36d, was angiography +/- intervention PERFORMED? Yes No Unable to answer
37. In your opinion, was the clinical care in the immediate (up to first hour) post arrest period: Good Adequate Poor
 Unable to answer
- 38a. In your opinion, was the decision making in the immediate (up to first hour) post arrest period: Good Adequate Poor
 Unable to answer
- 38b. If LESS THAN GOOD were there problems in:
- a. Speed of decision making? Yes No Unable to answer
- b. Seniority of decision making? Yes No Unable to answer
- c. Clarity of care required? Yes No Unable to answer
- d. Other? Yes No Unable to answer
- 39a. Was the responsible consultant/on-call consultant aware that the patient had suffered cardiac arrest and resuscitation? Yes No Unable to answer
- 39b. If YES was this: Immediately Delayed Unable to answer
40. Can you identify the time of consultant review after cardiac arrest for:
- | | | | | | |
|----------------------------|------------------------------|-----------------------------|---|----------------------|----------------------|
| | | | | h h | m m |
| a. Responsible consultant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer | <input type="text"/> | <input type="text"/> |
| b. On-call consultant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable | <input type="text"/> | <input type="text"/> |
| c. ICU consultant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable | <input type="text"/> | <input type="text"/> |
| c. Other consultant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable | <input type="text"/> | <input type="text"/> |
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- 41a. If active life sustaining therapies were withdrawn, was organ donation CONSIDERED? Yes No Unable to answer
- 41b. In your opinion, was the patient a potential organ donor? Yes No Unable to answer
- 41c. If YES, was the patient referred to a specialist nurse for organ donation? Yes No Unable to answer

