

ALCOHOL RELATED LIVER DISEASE STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Data Collection Tool

PATIENT

Hospital number [grid]

1. Age at time of death [grid]

2. Gender [] Male [] Female

3a. Did the patient have any comorbidities? [] Yes [] No

3b. If YES please tick all that apply.

- [] Alcohol related trauma [] Current smoker [] Hypertension
[] Angina [] Chronic Obstructive Pulmonary Disease [] Neurological
[] Arrhythmia [] Diabetes (insulin dependent) [] Pancreatitis
[] Asthma [] Diabetes (non-insulin dependent) [] Renal dysfunction
[] Cancer [] Previous myocardial infarction
[] Other (Please specify) []

ADMISSION

4. Date of admission: [] [] [] [] [] []
d d m m y y

5. Time of admission: [] [] [] [] [] Not recorded
h h m m

6. Was this admission [] Non-elective [] Elective

7a. What was the mode of admission?
[] Via the Emergency Department [] Hospital transfer
[] Following outpatients/telephone consultation [] Other []
[] Direct from a GP [] Unknown

7b. If transferred, what was the reason for the inter-hospital transfer
[] Endoscopy [] Specialist surgical input
[] Specialist GI/hepatologist care [] Palliative care
[] HDU or ICU bed [] Other []
[] Consideration for Transjugular Intrahepatic Portal Systemic Shunt (TIPS) [] Not applicable



18a. Is there evidence that this patient had received previous advice/support for alcohol misuse? Yes No

18b. If YES, was this: (Please tick all that apply)

- Primary care (e.g. GP, Alcohol Liaison Team)
- Secondary care (e.g. regular gastro/hepatology follow up)
- Tertiary care (e.g. regular follow up by a specialist Liver unit)
- Addiction services/mental health services
- Alcoholics Anonymous support services
- Other (Please specify)

18c. If YES to 18a in your opinion, was this support appropriate? Yes No

18d. If NO, please comment on any deficiencies

19a. Was this patient known to present at any other hospitals? Yes No

19b. If YES, was there any documented communication of care between hospitals? Yes No

ALCOHOL WITHDRAWAL

20a. Was an alcohol withdrawal scale used? Yes No

20b. If YES which scale?

21. Was an assessment of the likelihood of alcohol withdrawal made? Yes No

22a. Was treatment given to prevent alcohol withdrawal? Yes No

22b. In your opinion was this appropriate? Yes No

22c. If NO please expand on your answer?





PRESENTING FEATURES

23. What were the patient's presenting features? (please tick all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Acute alcoholic hepatitis | <input type="checkbox"/> Evidence of encephalopathy | <input type="checkbox"/> Sepsis |
| <input type="checkbox"/> Chronic liver disease | <input type="checkbox"/> Gastrointestinal bleeding | <input type="checkbox"/> Acute pancreatitis |
| <input type="checkbox"/> Ascites | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Chronic pancreatitis |
| <input type="checkbox"/> Renal failure | <input type="checkbox"/> Other (please specify) | <input type="text"/> |

INVESTIGATIONS

24a. Which investigations were documented as being undertaken during the INITIAL ASSESSMENT? (please tick all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Clotting screen | <input type="checkbox"/> Chest X-ray | <input type="checkbox"/> CT |
| <input type="checkbox"/> Full blood count | <input type="checkbox"/> Ultrasound scan | <input type="checkbox"/> MRI |
| <input type="checkbox"/> Blood cultures | <input type="checkbox"/> Liver function tests | <input type="checkbox"/> Urea and electrolytes |
| <input type="checkbox"/> Ascitic tap | <input type="checkbox"/> Other (please specify) | <input type="text"/> |

24b. Which investigations were documented as being undertaken AFTER the initial assessment? (please tick all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Clotting screen | <input type="checkbox"/> Chest X-ray | <input type="checkbox"/> CT |
| <input type="checkbox"/> Full blood count | <input type="checkbox"/> Ultrasound scan | <input type="checkbox"/> MRI |
| <input type="checkbox"/> Blood cultures | <input type="checkbox"/> Liver function tests | <input type="checkbox"/> Urea and electrolytes |
| <input type="checkbox"/> Ascitic tap | <input type="checkbox"/> Other (please specify) | <input type="text"/> |

24c. Were all investigations undertaken timely? Yes No

24d. If NO, please give details:

25a. In your opinion, was there any evidence of over or under investigation? Yes No

25b. If YES, please give details:

26a. Were alternative causes of Liver Disease adequately excluded? Yes No Not applicable

26b. If NO please expand on your answer?

27a. If this was the first presentation of Liver disease was an adequate Liver screen done? Yes No Not applicable

27b. If NO please expand on your answer?





28a. Were the patient's liver function tests abnormal on admission? Yes No

28b. Was there any deterioration in liver function tests? Yes No

29a. Was renal function abnormal on admission? Yes No

29b. Was there any deterioration in renal function? Yes No

30a. If YES to 28b or 29b, was there evidence of an iatrogenic contribution to the deterioration? Yes No

30b. If YES was this pre-admission post-admission unknown
please give details

30c. If there was evidence of deterioration (liver and/or renal function) was this identified promptly? Yes No Insufficient data

30d. If deterioration in liver or renal function was identified, in your opinion was it appropriately managed? Yes No Insufficient data

30e. If NO, please give details

TREATMENT/MANAGEMENT

31. Please indicate what treatment was given (please tick all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Antibiotics (as a general prophylactic) | <input type="checkbox"/> Steroids |
| <input type="checkbox"/> Detoxification (to prevent alcohol withdrawal) | <input type="checkbox"/> Diuretics | <input type="checkbox"/> Vitamin K |
| <input type="checkbox"/> Lactulose | <input type="checkbox"/> Pentoxifylline | <input type="checkbox"/> Methadone |
| <input type="checkbox"/> IV Thiamine | <input type="checkbox"/> Antibiotics (at the time of a procedure) | <input type="checkbox"/> Opioid analgesia |
| <input type="checkbox"/> Oral Thiamine | <input type="checkbox"/> IV Fluids | <input type="checkbox"/> Sedation |
| <input type="checkbox"/> Terlipressin | <input type="checkbox"/> Other (please specify) <input type="text"/> | <input type="checkbox"/> NSAIDs |

32a. Was the patients fluid balance documented adequately? Yes No

32b. Was fluid management appropriate? Yes No

33. Did the patient receive renal replacement therapy? Yes No

34a. Were the patients nutritional needs assessed? Yes No

34b. Who made the assessment?

34c. How long after admission were the patient's nutritional needs assessed? days hours





34d. Was an appropriate nutritional plan documented? Yes No

34e. If No please expand on your answer?

35a. In your opinion was all the treatment that the patient received appropriate? Yes No

35b. If NO, please give details:

35c. In your opinion was any treatment omitted? Yes No

35d. If YES, please give details:

36a. In your opinion did the patient require a ward transfer to a higher care area? Yes No

36b. Did the patient receive an escalation in care to a higher care area? Yes No

36c. If YES, was this timely? Yes No

37a. Is there evidence in the notes that an escalation in care (ward transfer) was requested but declined? Yes No

37b. If YES what was the reason for it being declined?

37c. If YES to 37a do you think the fact this was a patient with ARLD influenced the decision? Yes No

37d. If YES please expand on your answer

38a. Did the patient receive renal replacement therapy? Yes No

38b. If YES, was this undertaken in a timely manner? Yes No Unknown

38c. If NO, please give details

39a. In your opinion, would any further treatment that was NOT given have been appropriate in this patient? For example, mechanical ventilation, renal replacement therapy etc. Yes No Insufficient data

39b. If YES, please give details



GASTROINTESTINAL BLEEDING

40. Did the patient suffer a GI bleed as part of this admission? Yes No Unknown

41a. Did the patient undergo an endoscopy? Yes No Unknown

If the patient had multiple endoscopies, please answer the following questions with respect to the first endoscopy. The supplement page can be copied and used for subsequent endoscopies.

41b. If YES to 29a, please state the date and time of the endoscopy

Date Unknown Time Unknown
d d m m y y y y h h m m

41c. Where was the endoscopy undertaken?

ITU (level 3) HDU (level 2) Theatre Endoscopy unit Ward Unknown

42a. Was the endoscopy carried out under general anaesthetic? Yes No Unknown

If YES, please go to question 44a

42b. If No was the patient sedated? Yes No Unknown

42c. If YES in your opinion, was the dose of sedation appropriate? Yes No Unknown

42d. If NO, please give details

43a. In your opinion, did any complications arise as a consequence of the administration of sedation? Yes No

43b. If YES, please give details

44a. Was a cause of bleeding identified? Yes No

44b. If YES was it a Variceal bleed or Non Variceal bleed

45a. Please indicate which of the following were used (answers may be multiple)

- | | |
|---|--|
| <input type="checkbox"/> Terlipressin | <input type="checkbox"/> Injection sclerotherapy |
| <input type="checkbox"/> Banding ligation | <input type="checkbox"/> Sengstanken/Linton (or similar) tube |
| <input type="checkbox"/> Adrenaline | <input type="checkbox"/> Other |
| <input type="checkbox"/> Prophylactic antibiotics | <div style="border: 1px solid black; width: 200px; height: 30px;"></div> |



45b. Was this treatment appropriate? Yes No Insufficient data

45c. If NO, please give details

46. Was bleeding arrested at the end of the procedure? Yes No

47. Did the patient require a blood transfusion? Yes No Unknown

48. Did the patient require correction of coagulopathy? Yes No Unknown

49a. Was there any delay to intervention? Yes No Unknown

49b. If YES, please give details:

50. Did the patient regain full consciousness to their previous state following the endoscopy? Yes No Unknown

SURGICAL PROCEDURES

51a. Were any surgical procedures undertaken during this admission? Yes No Insufficient data

51b. If YES, what?

51c. In your opinion, was the operation(s) performed appropriate? Yes No Insufficient data

51d. If NO, please give details

52a. If the patient had an operation(s) was the consent appropriate? Yes No Insufficient data

52b. If NO, please give details





COMPLICATIONS AND CRITICAL INCIDENTS

53a. Were any unexpected complications encountered during this admission? Yes No Insufficient data

53b. In your opinion, were any complications avoidable? Yes No Not applicable

53c. If YES, please give details

DEATH

54a. Was death anticipated? Yes No Unknown

54b. In your opinion was death avoidable during this admission? Yes No Unknown

54c. If YES to 54b, please expand on your answer

55a. Was treatment limited or withdrawn? Yes No

55b. In your opinion was this appropriate? Yes No

55c. If NO, please expand on your answer

55d. Who made the decision to limit or withdraw treatment?

56a. Was the patient put on an end of life pathway? Yes No

56b. Was the patients reususcitation status documented? Yes No

56c. Is there evience of communication of the above with the patient/family? Yes No

57. What was the date of death? Unknown
 d d m m y y y y

58. What level ward was the patient on when they died? Level 0 Level 1 Level 2 Level 3 Unknown

59. Was this case reported to the coroner? Yes No Unknown

60. Was a hospital or coronial autopsy performed? Yes No Unknown

61. Was the death discussed in an M & M meeting? Yes No Unknown





PREVIOUS ADMISSIONS/HOSPITAL CONTACT

Please complete this section for each previous hospital admission/visit in the last 2 years of life

62a. Date of contact Not recorded
d d m m y y

62b. Was the hospital contact Outpatient Non elective admission Elective admission
 Emergency dept Other

62c. What was the reason for hospital contact/admission?

63a. In your opinion was the patient's alcohol history adequately documented on admission? Yes No

63b. If NO please comment on any deficiencies

64a. Was the patient documented as drinking alcohol excessively? Yes No

64b. Is there evidence that the patient was advised to stop drinking? Yes No

64c. Was the patient referred for support? Yes No Unknown

65a. Was the patient documented as having ARLD? Yes No

65b. Was the patient documented as having an alcohol related disorder? Yes No

65c. If YES please specify?

66. Did the patient have abnormal LFTs? Yes No Unknown

67a. Was the discharge summary for the patient adequate? Yes No

67b. If NO, please give details

68a. If your opinion were there any missed opportunities to alter the final outcome during this visit/admission? Yes No Unknown

68b. If YES, please give details



CODES FOR GRADES

- 01 - Consultant
- 02 - Post CCT SpR, post CCT ST, post CCT Senior Registrar, post CCT Specialist Fellow, post CCT ACL
- 03 - Pre CCT Senior Registrar, pre CCT SpR Yr 3+, pre CCT ST Yr 5+, pre CCT Specialist Fellow (with NTN), pre CCT ACL
- 04 - Career Registration, SpR 1-2, ST 3-4, ACF3
- 05 - SHO, ST 1-2, CT, ACF1-2, FY2
- 06 - HO, FY1
- 07 - Associate Specialist, Staff Grade, SAS, Specialty Doctor, Trust Grade, Clinical Fellow, any other grade without NTN

CODES FOR SPECIALTY

SURGICAL SPECIALTIES

100 = General Surgery	107 = Vascular Surgery	161 = Burns Care
101 = Urology	110 = Trauma & Orthopaedics	170 = Cardiothoracic Surgery
103 = Breast Surgery	120 = Ear, Nose & Throat (ENT)	172 = Cardiac Surgery
104 = Colorectal Surgery	130 = Ophthalmology	173 = Thoracic Surgery
105 = Hepatobiliary & Pancreatic Surgery	140 = Oral Surgery	180 = Accident & Emergency
106 = Upper Gastrointestinal Surgery	145 = Maxillo-Facial Surgery	190 = Anaesthetics
	150 = Neurosurgery	192 = Critical/Intensive Care Medicine
	160 = Plastic Surgery	

MEDICAL SPECIALTIES

300 = General Medicine	330 = Dermatology	430 = Geriatric Medicine
301 = Gastroenterology	340 = Respiratory Medicine	500 = Obstetrics & Gynaecology
302 = Endocrinology	350 = Infectious Diseases	501 = Obstetrics
303 = Clinical Haematology	352 = Tropical Medicine	502 = Gynaecology
306 = Hepatology	360 = Genito-Urinary Medicine	800 = Clinical Oncology
307 = Diabetic Medicine	361 = Nephrology	810 = Radiology
314 = Rehabilitation	370 = Medical Oncology	820 = General Pathology
315 = Palliative Medicine	400 = Neurology	823 = Haematology
320 = Cardiology	410 = Rheumatology	

DEFINITIONS

Level 0: Patients whose needs can be met through normal ward care in an acute hospital.

Level 1: Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care whose needs can be met on an acute ward with additional advice and support from the critical care team.

Level 2: (e.g. HDU) Patients requiring more detailed observation or intervention including support for a single failing organ system or post operative care, and those stepping down from higher levels of care. (NB: When Basic Respiratory and Basic Cardiovascular support are provided at the same time during the same critical care spell and no other organ support is required, the care is considered to be Level 2 care).

Level 3: (e.g. ICU) Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organs. This level includes all complex patients requiring support for multi-organ failure. (NB: Basic Respiratory and Basic Cardiovascular do not count as 2 organs if they occur simultaneously (see above under Level 2 care), but will count as Level 3 if another organ is supported at the same time).



ENDOSCOPY - SUPPLEMENTARY SHEET

1a. Please state the date and time of the endoscopy

Date Unknown Time Unknown
d d m m y y y y h h m m

1b. Where was the endoscopy undertaken?

ITU (level 3) HDU (level 2) Theatre Endoscopy unit Ward Unknown

2a. Was the endoscopy carried out under general anaesthetic? Yes No Unknown

If YES, please go to question 4a

2b. If No was the patient sedated? Yes No Unknown

2c. If YES in your opinion, was the dose of sedation appropriate? Yes No Unknown

2d. If NO, please give details

3a. In your opinion, did any complications arise as a consequence of the administration of sedation? Yes No

3b. If YES, please give details

4a. Was a cause of bleeding identified? Yes No

4b. If YES was it a Variceal bleed or Non Variceal bleed

5a. Please indicate which of the following were used (answers may be multiple)

Terlipressin Injection sclerotherapy
 Banding ligation Sengstanken/Linton (or similar) tube
 Adrenaline Other
 Prophylactic antibiotics

5b. Was this treatment appropriate? Yes No Insufficient data

5c. If NO, please give details

6. Was bleeding arrested at the end of the procedure? Yes No



7. Did the patient require a blood transfusion? Yes No Unknown
8. Did the patient require correction of coagulopathy? Yes No Unknown
- 9a. Was there any delay to intervention? Yes No Unknown

9b. If YES, please give details:

10. Did the patient regain full consciousness to their previous state following the endoscopy? Yes No Unknown

