1. Age at time of death

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)

4. Date of admission: 

5. Time of admission: 

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
   - 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
8a. What was the specialty of the admitting clinician on the ward/unit?  
Please enter specialty code from the list on the back page

8b. What was the grade of the admitting clinician?  
Please enter grade code from the list on the back page

9a. To what location was the patient first admitted?  
Please see definitions on the back page

9b. Do you think this was an appropriate location for the patient to be admitted to?  
Yes  No

9c. If NO, please give details:

10a. What was the date of the first consultant review?  
d d  m m  y y y y

10b. What was the time of the first consultant review?  
h h  m m

10c. Length of time from admission to first consultant review?  
days  hours

10d. Was this a consultant hepatologist/gastroenterologist?  
Yes  No  Unknown

10e. If NO, when was the patient first reviewed by a consultant hepatologist/gastroenterologist?  
Date  
d d  m m  y y y y

10f. Length of time from admission to first consultant hepatologist/gastroenterologist review?  
days  hours

10g. If the patient was not reviewed by a consultant hepatologist/gastroenterologist was specialist advice obtained?  
Yes  No  Unknown

11a. In your opinion was the first consultant review sufficiently prompt for the patient's condition?  
Yes  No  Unknown

11b. In your opinion was the first hepatology/gastroenterology review sufficiently prompt for the patient's condition?  
Yes  No  Unknown

11c. If NO to 11a or 11b, please expand on your answer:

11d. Is it documented that the patient was seen by a specialist nurse?  
Yes  No  Unknown
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>12a. Was this the first known hospital admission for ARLD?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If NO, how many previous admissions for ARLD did the patient have in</td>
<td>12/12</td>
<td>60/12</td>
<td>Unknown</td>
</tr>
<tr>
<td>the last 12 and 60 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12b. IF NO to 12a What was the interval from the last known ARLD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>admission to this one?</td>
<td>&lt; 30 days</td>
<td>3 - 12 months</td>
<td>Unknown</td>
</tr>
<tr>
<td>12c. Did the patient have any previous hospital admissions in the</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>last 5 years, irrespective of reason?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>13a. If YES, how many previous admissions, in the last 12 and 60</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>months?</td>
<td>12/12</td>
<td>60/12</td>
<td>Unknown</td>
</tr>
<tr>
<td>13b. IF NO to 13a What was the interval from the last known admission</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to this one?</td>
<td>&lt; 30 days</td>
<td>3 - 12 months</td>
<td>Unknown</td>
</tr>
<tr>
<td>13c. Did the patient have any previous hospital admissions in the</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>last 5 years, irrespective of reason?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>14a. Prior to this hospital admission, was the patient known to drink</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>alcohol to excess?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>14b. Prior to this hospital admission, was the patient known to have</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARLD?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>14c. If YES to 16b what was the date of this diagnosis?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15a. Was the patient a current drinker?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15b. If NO when did they stop drinking? within:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15c. If YES to 15a how many units of alcohol per week was the patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>recorded as drinking?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a. At what age did the patient start drinking alcohol?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b. At what age did the patient start drinking alcohol hazardously?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16c. When was alcohol misuse first recorded in the case notes? (this</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>can be a date prior to this admission)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16d. What was the patient's maximum regular intake of alcohol in their</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>last year?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a. In your opinion was the patient's alcohol history adequately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>documented on admission?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>17b. If NO please comment on any deficiencies</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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?

☐ Yes  ☐ No
**PRESENTING FEATURES**

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

- [ ] Acute alcoholic hepatitis
- [ ] Evidence of encephalopathy
- [ ] Sepsis
- [ ] Chronic liver disease
- [ ] Gastrointestinal bleeding
- [ ] Acute pancreatitis
- [ ] Ascites
- [ ] Jaundice
- [ ] Chronic pancreatitis
- [ ] Renal failure
- [ ] Other (please specify)

**INVESTIGATIONS**

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

- [ ] Clotting screen
- [ ] Chest X-ray
- [ ] CT
- [ ] Full blood count
- [ ] Ultrasound scan
- [ ] MRI
- [ ] Blood cultures
- [ ] Liver function tests
- [ ] Urea and electrolytes
- [ ] Ascitic tap
- [ ] Other (please specify)

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

- [ ] Clotting screen
- [ ] Chest X-ray
- [ ] CT
- [ ] Full blood count
- [ ] Ultrasound scan
- [ ] MRI
- [ ] Blood cultures
- [ ] Liver function tests
- [ ] Urea and electrolytes
- [ ] Ascitic tap
- [ ] Other (please specify)

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)

[ ] Albumin [ ] Antibiotics (as a general prophylactic) [ ] Steroids
[ ] Detoxification (to prevent alcohol withdrawal) [ ] Diuretics [ ] Vitamin K
[ ] Lactulose [ ] Pentoxifylline [ ] Methadone
[ ] IV Thiamine [ ] Antibiotics (at the time of a procedure) [ ] Opioid analgesia
[ ] Oral Thiamine [ ] IV Fluids [ ] Sedation
[ ] Terlipressin [ ] Other (please specify) [ ] NSAIDs

32a. Was the patient's 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 patient's 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
☐ d  ☐ d  ☐ m  ☐ m  ☐ y  ☐ y  ☐ y  ☐ y  ☐ Unknown

Time
☐ h  ☐ h  ☐ m  ☐ m  ☐ Unknown

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)

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

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

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?

**DEATH**

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 evidence of communication of the above with the patient/family?  
☐ Yes  ☐ No

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

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

62b. Was the hospital contact

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

63a. In your opinion was the patient's alcohol history adequately documented on admission?

63b. If NO please comment on any deficiencies

64a. Was the patient documented as drinking alcohol excessively?

64b. Is there evidence that the patient was advised to stop drinking?

64c. Was the patient referred for support?

65a. Was the patient documented as having ARLD?

65b. Was the patient documented as having an alcohol related disorder?

65c. If YES please specify?

66. Did the patient have abnormal LFTs?

67a. Was the discharge summary for the patient adequate?

67b. If NO, please give details

68a. If your opinion were there any missed opportunities to alter the final outcome during this visit/admission?

68b. If YES, please give details
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

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

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

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

<table>
<thead>
<tr>
<th>DEFINITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 0: Patients whose needs can be met through normal ward care in an acute hospital.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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).</td>
</tr>
<tr>
<td>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).</td>
</tr>
</tbody>
</table>
1a. Please state the date and time of the endoscopy

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>d</td>
<td>m</td>
</tr>
</tbody>
</table>

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
- [ ] Non Variceal bleed

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

- [ ] Terlipressin
- [ ] Injection sclerotherapy
- [ ] Banding ligation
- [ ] Sengstanen/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