**Lower Limb Amputation Study**  
**National Confidential Enquiry into Patient Outcome and Death (NCEPOD)**  
**ADVISOR ASSESSMENT FORM**

### A. PATIENT DETAILS

1. Age at time of admission: [ ]

2. Gender
   - [ ] Male
   - [ ] Female

3. Weight [ ] kg  
   - [ ] Not documented

4. Height [ ] cm  
   - [ ] Not documented

5. BMI [ ]  
   - [ ] Not documented

### B. ADMISSION DETAILS

6. Date and time of arrival at hospital: [ ] / [ ] / [ ] [ ] : [ ]
   - [ ] Not documented

7. Date and time of first medical review: [ ] / [ ] / [ ] [ ] : [ ]
   - [ ] Not documented

8. What grade of doctor admitted the patient? (Please use grade codes) [ ]
   - [ ] Not documented

9. What was the specialty of the admitting doctor? (Please use specialty codes)
   - [ ]
   - [ ] Not documented

10. Date and time of first consultant review: [ ] / [ ] / [ ] [ ] : [ ]
    - [ ] Not documented

11. Reason for admission (answers may be multiple)
    - [ ] Ischaemic rest pain
    - [ ] Ischaemic rest pain with ulceration and/or gangrene
    - [ ] Neuropathy
    - [ ] Neuropathy with ulceration and/or gangrene
    - [ ] Other (please specify)

12. Reason for amputation (answers may be multiple)
    - [ ] Ischaemic rest pain
    - [ ] Ischaemic rest pain with ulceration and/or gangrene
    - [ ] Neuropathy
    - [ ] Neuropathy with ulceration and/or gangrene
    - [ ] Other (please specify)

13. To what specialty was the patient first admitted? [ ]
    - [ ] Not documented
    (Please use specialty codes)
14. In your opinion was the timing of the first consultant review appropriate?  
   Yes  No  Unable to answer

15a. Was a clear initial management/monitoring plan documented?  
   Yes  No  Unable to answer

15b. If YES, In your opinion was this management/monitoring plan appropriate?  
   Yes  No  Unable to answer

16. Was the admission:  
   Selective  Non-elective

17. Mode of admission:  
   Via emergency department  Direct from GP
   From vascular clinic  From outpatient clinic
   Via diabetic foot clinic  Hospital transfer
   Other (please specify)

18. If the initial admission was not under a vascular surgical team, would review at this stage have had the potential to change the outcome?  
   Yes  No  Unable to answer  Not applicable

C. INTERNAL HOSPITAL TRANSFERS

19a. Was the patient subsequently transferred to another specialty within the hospital?  
   Yes  No  Unable to answer

19b. Was this an appropriate specialty for the patient to be transferred to?  
   Yes  No  Unable to answer

19c. To which specialty was the patient transferred? (Please use grade codes)  
   Unable to answer

20a. In your opinion, was the transfer appropriate?  
   Yes  No  Unknown

20b. If NO, please give details:
D. INITIAL MANAGEMENT AND PRE-OPERATIVE CARE

21a. Were there any comorbidities present at the time of admission?

- [ ] Type 1 Diabetes
- [ ] Type 2 Diabetes
- [ ] Respiratory disease
- [ ] Chronic Kidney Disease (≥stage 3; GFR<60)
- [ ] Kidney Dialysis
- [ ] Hypertension (requiring medication)
- [ ] Previous TIA
- [ ] Previous stroke
- [ ] Atrial fibrillation
- [ ] Angina
- [ ] Previous myocardial infarction
- [ ] Congestive cardiac failure
- [ ] Previous coronary stent insertion or CABG
- [ ] Obesity
- [ ] Previous peripheral vascular stent insertion/reconstruction
- [ ] Concurrent sepsis
- [ ] Current smoker
- [ ] Dyslipidaemia
- [ ] Other (please specify)

21b. If YES to 21a, was there potential to improve or control any of the comorbidities present?  
- [ ] Yes
- [ ] No
- [ ] Unable to answer

21c. If YES to 21b, in your opinion, was an adequate attempt made to control the co-morbidities present?  
- [ ] Yes
- [ ] No
- [ ] Unable to answer

21d. If NO to 21c, please give details:

21e. If YES to 21c, were the comorbidities adequately controlled?  
- [ ] Yes
- [ ] No
- [ ] Unable to answer

22. What was the patient’s smoking history?

- [ ] Current smoker
- [ ] Ex-smoker
- [ ] Never smoked
- [ ] Unable to answer

23. Which of the following medications was the patient already prescribed prior to admission? (Answers may be multiple)

- [ ] Statins / Lipid modifying drugs
- [ ] Antiplatelet drugs
- [ ] ACE Inhibitor
- [ ] Anticoagulants
- [ ] Antibiotics
- [ ] Unable to answer

24. Was the patient’s nutritional state assessed within 48 hours of admission to hospital?  
- [ ] Yes
- [ ] No
- [ ] Unable to answer

25. Was a nutritional plan documented?  
- [ ] Yes
- [ ] No
- [ ] Unable to answer
26. Which of the following specialists (consultants) other than the admitting consultant and vascular surgeon saw or discussed the patient pre-operatively during this episode of care? (please answer for all specialties)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Yes - appropriately</th>
<th>No - should have been reviewed</th>
<th>No - NA</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetology</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Renal medicine</td>
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<tr>
<td>Care of the Elderly</td>
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<tr>
<td>Cardiology</td>
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<tr>
<td>Anaesthesia</td>
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<tr>
<td>Respiratory</td>
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<tr>
<td>Other (specify)</td>
<td></td>
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</tbody>
</table>

27a. How was the viability of the IPSILATERAL limb/foot assessed prior to surgery (in this admission or treatment episode)?

- No assessment
- Clinical assessment
- Ankle-brachial pressure index
- Duplex ultrasound
- Unable to answer
- NA – bilateral amputation
- Angiography (conventional, MRA, CTA)
- Previous major amputation (Hindquarter, AK, TK, BK)

27b. What was the interval between assessment and the operation appropriate?

27c. If no, why not?

27d. In your opinion, was this assessment adequate?  

- Yes  
- No  
- Unable to answer

27e. If assessment was not adequate please specify why not

28a. How was the viability of the CONTRALATERAL limb/foot assessed prior to surgery (in this admission or treatment episode)?

- No assessment
- Clinical assessment
- Ankle-brachial pressure index
- Duplex ultrasound
- Unable to answer
- NA – bilateral amputation
- Angiography (conventional, MRA, CTA)
Previous major amputation (Hindquarter, AK, TK, BK)

28b. In your opinion, was this assessment adequate?  
☐ Yes  ☐ No  ☐ Unable to answer

28c. If assessment was not adequate please specify why not

29. Was this patient discussed at a vascular MDT prior to surgery?  
☐ Yes  ☐ No  ☐ Unable to answer

30a. Did the patient require pain relief in the pre-operative period?  
☐ Yes  ☐ No  ☐ Unable to answer

30b. If YES, was a specialist pain team involved in pre-operative pain management?  
☐ Yes  ☐ No  ☐ Unable to answer

30c. If NO, would specialist pain management have been appropriate?  
☐ Yes  ☐ No  ☐ Unable to answer

31a. How would you rate the management of pain in this patient?  
☐ Good  ☐ Adequate  ☐ Poor  ☐ Unsatisfactory  ☐ Unable to answer

31b. If POOR or UNSATISFACTORY please give reasons for your answer:

32. Is there evidence in the case notes that discharge planning and rehabilitation were discussed in the pre-operative period?  
☐ Yes  ☐ No  ☐ Unable to answer

33. Is there evidence in the case notes that a named individual was allocated to co-ordinate care, rehabilitation and discharge planning?  
☐ Yes  ☐ No  ☐ Unable to answer

34. Was antithrombotic prophylaxis contraindicated on admission?  
☐ Yes  ☐ No  ☐ Unable to answer

35. What prophylaxis against VTE was prescribed and used?  
☐ Low molecular weight heparin  ☐ Compression stockings

☐ Pneumatic compression  ☐ Other (please specify)

☐ Unknown  ☐ None

36. Was antithrombotic prophylaxis continued appropriately?  
☐ Yes  ☐ No  ☐ Unable to answer

37a. Was an attempt made to re-vascularise the limb in the pre-operative period?  
☐ Yes  ☐ No  ☐ Unable to answer
37b. If NO, would an attempt at revascularisation have been appropriate?  

☐ Yes  ☐ No  ☐ Unable to answer

37c. Please give reasons for your answer:


38a. Overall how would you rate the initial management and pre-operative care?  

☐ Good  ☐ Adequate  ☐ Poor  ☐ Unacceptable  ☐ Unable to answer

38b. Please give reasons for your answer:


E. PRE-ASSESSMENT

39. Did the patient attend a pre-assessment clinic?  

☐ Yes  ☐ No  ☐ Unable to answer  

☐ Not Applicable (urgent admission)

If NO or Not applicable please go to question 44

40. What was the grade of the clinician responsible for the assessment? (Please use grade codes)  

☐ ☐ Unable to answer

41. What was the specialty of the clinician responsible for the assessment? (Please use specialty codes)  

☐ ☐ Unable to answer

42a. Were any medical issues identified at this pre-assessment that required specialist review to optimise the patient for surgery?  

☐ Yes  ☐ No  ☐ Unable to answer

42b. If YES, please specify:


42c. If YES, were appropriate measures put in place to optimise the patient’s medical condition?  

☐ Yes  ☐ No  ☐ Unable to answer

43a. Were there any discrepancies identified on admission compared with this clinic’s assessment?  

☐ Yes  ☐ No  ☐ Unable to answer
43b. If YES, please specify: 

F. CONSENT

44. What was the grade of the person taking consent? 
   (Please use grade codes) 
   [ ] [ ] Unable to answer

45a. Was the seniority of the person taking consent appropriate?

45b. If no, please explain your answer

46. Were the risks and benefits of surgery fully recorded on the consent form? 
   [ ] Yes [ ] No [ ] Unable to answer

47. Was the risk of death included on the consent form? 
   [ ] Yes [ ] No [ ] Unable to answer

48a. How would you rate the quality of information on the consent form? 
   [ ] Good [ ] Adequate [ ] Poor [ ] Unacceptable [ ] Unable to answer

48b. If POOR or UNSATISFACTORY, what was omitted? Please give reasons for your answer:

G. PERI-OPERATIVE CARE

49a. Were any important investigations not included in this patient’s pre-operative assessment?

49b. If YES, please specify?

50a. In your opinion, was the patient’s pre-operative risk assessed adequately? 
   [ ] Yes [ ] No [ ] Unable to answer

50b. If NO, what should have been done differently?

51a. Were factors that increased the patient’s operative risk managed appropriately? 
   [ ] Yes [ ] No [ ] Unable to answer
51b. If NO, what should have been done differently?

52. If the operation was undertaken as a palliative procedure, was this appropriate?

### H. THE SURGICAL PROCEDURE

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unable to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>53a. Is the date and time of the decision to operate recorded in the notes?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>53b. If YES, at what date and time was this decision made?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54. What was the date and time of the operation?</td>
<td></td>
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<tr>
<td>55a. If the operation was undertaken out of hours (6pm-8am Mon-Fri or weekends) was this appropriate?</td>
<td></td>
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<tr>
<td>55b. If NO, why not?</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unable to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>56a. Was there evidence in the case notes to suggest the operation was not given adequate priority?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>56b. If yes, please explain you answer:</td>
<td></td>
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<tr>
<td>57. What was the grade of the most senior surgeon present in theatre? (Please use specialty codes)</td>
<td></td>
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</tr>
<tr>
<td>58a. Were there any immediate complications of surgery?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>58b. If YES, what were they?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unable to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>59a. In your opinion was the most appropriate procedure undertaken?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>59b. If NO, please give reasons for your answer:</td>
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</tr>
</tbody>
</table>
60a. In your opinion was there unnecessary delay between the decision to operate and the time of the operation?  
☐ Yes ☐ No ☐ Unable to answer

60b. If YES, please give details:

61a. In your opinion, did the time spent waiting for the operation affect the outcome?  
☐ Yes ☐ No ☐ Unable to answer

61b. If YES, please give details:

62a. In your opinion, was this an appropriate amputation?  
Yes No Unable to answer

62b. If NO, why not?

63. Did the patient require an escalation of care to Level 2 or 3 in the post operative period?  
☐ Yes ☐ No ☐ Unable to answer

64. Did the patient receive the appropriate escalation in care?  
☐ Yes at the appropriate time ☐ Yes but delay in escalation ☐ No ☐ Not applicable

65. For patients who required organ support, what organ support was required?  
☐ Ventilation ☐ Cardiovascular ☐ Renal ☐ Unable to answer
☐ Other (please specify) 

66. Was the patient already receiving antibiotics prior to surgery?  
Yes No Unable to answer

67a. Were prophylactic antibiotics indicated in this case?  
☐ Yes ☐ No ☐ Unable to answer

67b. If YES, were they administered?  
☐ Yes ☐ No ☐ Unable to answer

68c. If YES, what time were the prophylactic antibiotics administered?  
☐ ☐ ☐ Unable to answer (24hr clock)

It is recommended that prophylactic antibiotics are administered between 1 and 60 minutes prior to the first incision.

69a. Was this standard met?  
☐ Yes ☐ No ☐ Unable to answer

69b. If UNABLE TO ANSWER was this due to (answers may be multiple)
<table>
<thead>
<tr>
<th>Time antibiotics given not documented</th>
<th>Time of knife to skin not documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other (please explain)</td>
<td></td>
</tr>
</tbody>
</table>

**I. ANAESTHESIA**

70. What was the grade of the most senior anaesthetist present in theatre?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unable to answer

71. Was the patient assessed on the ward prior to surgery by the anaesthetist?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unable to answer

72a. In your view, were there aspects of the anaesthetic assessment that could have been improved?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unable to answer

72b. If YES, please give details?

73a. Were there any immediate complications of anaesthesia?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unable to answer

73b. If yes, what were they?

**J. POST OPERATIVE CARE**

74. Did an anaesthetist review the patient post operatively (within 24 hours of surgery)?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unable to answer

75a. Did any of the following post operative complications occur:
   - [ ] Post operative bleeding (return to theatre)  
   - [ ] Wound infection  
   - [ ] Chest infection  
   - [ ] Retention of urine  
   - [ ] Urinary tract infection  
   - [ ] Respiratory failure  
   - [ ] Cardiac failure  
   - [ ] Cardiac arrhythmia (New)  
   - [ ] Myocardial infarction  
   - [ ] Stroke/TIA  
   - [ ] Post operative delirium  
   - [ ] Bloodstream infection (bacteraemia)  
   - [ ] Clostridium difficile infection  
   - [ ] Significant deterioration in renal function  
   - [ ] Deep vein thrombosis  
   - [ ] Acute renal failure requiring renal replacement therapy  
   - [ ] Pulmonary embolus  
   - [ ] Pressure ulcers (If yes state site)  
   - [ ] Cardiac failure/pulmonary oedema  
   - [ ] Death
75b. If YES, were they well managed?  
- Yes  - No  - Unable to answer

75c. If they were not well managed please explain your answer?

76. Was fluid management satisfactory in the post-operative period?  
- Yes  - No  - Unable to answer

77. Was monitoring of post operative fluid balance adequate?  
- Yes  - No  - Unable to answer

78. Was the patient reviewed by an acute pain team in the post-operative period?  
- Yes  - No  - Unable to answer

79. How was pain relief provided in the immediate post operative period?  
- Simple analgesics i.e. paracetamol, NSAIDs
- Weak opioids i.e. tramadol, codeine
- Strong opioids i.e. morphine, fentanyl, oxycodone, pethidine
- Adjuvants – e.g. antidepressants, anticonvulsants
- Patient controlled analgesia system
- Epidural catheter  - Nerve sheath catheter
- Other (please specify)

80. How would you rate the management of the patient's post operative pain?  
- Good  - Adequate  - Poor  - Unacceptable  - Unable to answer

81. Did any of the following occur?  
- Stump cellulitis (infection) without breakdown  
- Stump breakdown  
- Stump contracture  
- Yes  - No  - Unable to answer

82. Was a falls assessment undertaken? (answers may be multiple)  
- Pre-operatively  - Post operatively  - Not undertaken  - Unable to answer

83a. Did the patient experience a fall post operatively?  
- Yes  - No  - Unable to answer

83b. Please give further details:
83c. If YES to 83a, was there any adverse consequence to the fall?  
☐ Yes ☐ No ☐ Unknown

84. Was a nutritional assessment performed post operatively?  
☐ Yes ☐ No ☐ Unknown

85. Were nutritional supplements provided?  
☐ Yes ☐ No ☐ Unknown

86. Post operatively was the patient referred to any of the following services and if so, please specify the date of referral and the date of review:

<table>
<thead>
<tr>
<th>Yes / No / Unknown / NA</th>
<th>Date referred</th>
<th>Date seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Physiotherapy</td>
<td>Y ☐ N ☐ U ☐ NA</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>b) Occupational therapy</td>
<td>Y ☐ N ☐ U ☐ NA</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>c) Social services</td>
<td>Y ☐ N ☐ U ☐ NA</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>d) Foot care team</td>
<td>Y ☐ N ☐ U ☐ NA</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>e) Specialist amputation rehabilitation service</td>
<td>Y ☐ N ☐ U ☐ NA</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>f) Clinical psychology</td>
<td>Y ☐ N ☐ U ☐ NA</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>g) Palliative care</td>
<td>Y ☐ N ☐ U ☐ NA</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

87. For patients who were seen, was there inappropriate delay in review by any of the above?  
☐ Yes ☐ No ☐ Unable to answer

88. If the patient was not seen, in your view, which of the following should have seen them?

<table>
<thead>
<tr>
<th>Yes / No / Not applicable</th>
<th>Unable to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Physiotherapy</td>
<td>☐ Yes ☐ No ☐ Not applicable</td>
</tr>
<tr>
<td>b) Occupational therapy</td>
<td>☐ Yes ☐ No ☐ Not applicable</td>
</tr>
<tr>
<td>c) Social services</td>
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<tr>
<td>e) Specialist amputation rehabilitation service</td>
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</tr>
<tr>
<td>f) Clinical psychology</td>
<td>☐ Yes ☐ No ☐ Not applicable</td>
</tr>
<tr>
<td>g) Palliative care</td>
<td>☐ Yes ☐ No ☐ Not applicable</td>
</tr>
</tbody>
</table>
89a. Would any specialist review that was not obtained have been appropriate?  
[ ] Yes  [ ] No  [ ] Unable to answer  
Not applicable

89b. If YES, please specify giving reasons

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89. In addition to vascular surgery which of the following specialists were involved in the post operative care of the patient?

- Diabetology  [ ] Yes  [ ] No  [ ] Unable to answer  Not applicable
- Renal medicine  [ ] Yes  [ ] No  [ ] Unable to answer  Not applicable
- Care of the elderly  [ ] Yes  [ ] No  [ ] Unable to answer  Not applicable
- Cardiology  [ ] Yes  [ ] No  [ ] Unable to answer  Not applicable
- Microbiology  [ ] Yes  [ ] No  [ ] Unable to answer  Not applicable
- Other (please specify below)  [ ] Yes  [ ] No  [ ] Unable to answer  Not applicable

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91a. Were there any delays in the patients discharge?  
[ ] Yes  [ ] No  [ ] Unable to answer

91b. If YES what was the cause of this? (Please tick all that apply)

[ ] Delays in recovery  [ ] Delay in Social Service assessment?
[ ] Delay in access to a secondary/tertiary care bed  [ ] Delay in wheelchair provision
[ ] Delays in Occupational Therapy assessment  [ ] Waiting for home alterations
[ ] Delay in Physiotherapy assessment  [ ] Waiting for re-housing
[ ] Other (please specify) ________________________________

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K. DISCHARGE

92. Was the patient discharged:  
[ ] Alive  
[ ] Died within 30 days of surgery  
[ ] Died >30 days post-surgery while still an in-patient

For all patients transferred to a secondary care facility (i.e. back to another hospital):
93a. In your opinion was this an appropriate transfer?  Yes ☐ No ☐ Unable to answer

93b. If NO, please give details:

L. DIABETES MANAGEMENT

94. What type of diabetes did the patient have?

☐ Type 1  ☐ Type 2  ☐ Other (e.g. post pancreatitis)

95. What treatment was the patient on for diabetes at the time of admission?

☐ Diet controlled  ☐ Insulin  ☐ Thiazolidinediones ("Glitazones")
☐ Metformin  ☐ Sulphonylureas (e.g. gliclazide, glipizide)
☐ GLP-1 agonists (Exenatide/liraglutide)
☐ Dipeptidyl peptidase-4 inhibitors ("gliptins")
☐ Other (Please specify) ____________________________

96. In your opinion was preoperative glycaemic control

☐ Good  ☐ Adequate  ☐ Poor  ☐ Unacceptable  ☐ Unable to answer

97. If the glucose was >12mmol/l were either urinary or blood ketones measured?  Yes ☐ No ☐ Unable to answer

98. If the preoperative diabetes control was poor was there evidence that an effort made to address this prior to surgery?  Yes ☐ No ☐ Unable to answer

99a. Was a member of the diabetes team involved in advising on improving preoperative glycaemic control?  Yes ☐ No ☐ Unable to answer

99b. If YES, was the frequency of monitoring appropriate?  Yes ☐ No ☐ Unable to answer

100. With good control defined as no more than one reading > 11 mmol/L and none < 4 mmol/L in a 24hr period, in your opinion, was:

a) The immediate post-operative glycaemic control (up to the 4th post op day)

☐ Good  ☐ Adequate  ☐ Poor  ☐ Unacceptable  ☐ Unable to answer
b) The glycaemic control during the recovery period (beyond the 4th day)

- Good
- Adequate
- Poor
- Unacceptable
- Unable to answer

101a. Did the patient receive an intravenous insulin infusion at any time during this admission?
- Yes
- No
- Unable to answer

If NO, please go to question 106

101b. How many days was the intravenous insulin given for?
- Unable to answer

101c. Were glucose measurements made at least two hourly while on the infusion?
- Yes
- No
- Unable to answer

102. On which post-operative day was an oral diet re-established?
- Unable to answer

103. Was the usual diabetes treatment re-started before the intravenous insulin was stopped?
- Yes
- No
- Unable to answer

104. In your opinion was hyperglycaemia adequately managed/avoided during the insulin infusion?
- Yes
- No
- Unable to answer

105. Did hypoglycaemia occur while on the insulin infusion (glucose <4mmol/L)?
- Yes
- No
- Unable to answer

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**M. DIABETES PRESCRIBING & DRUG MANAGEMENT**

106a. Was the drug chart available for review?
- Yes
- No

106b. If YES, which of the following occurred?

<table>
<thead>
<tr>
<th>Oral Hypoglycaemic Agent (OHA) prescription / management errors:</th>
<th>Did occur</th>
<th>Did not occur</th>
<th>Unable to answer</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHA was written up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription was signed by prescriber</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OHA was signed as given</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose was reduced following hypoglycaemia (BG&lt;4mmol/l)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose was changed when persistent BG&gt;11mmol/l</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inappropriate omission of dose after hypoglycaemia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Insulin prescription / management errors:*

<p>| Insulin was written up                                         |           |              |                 |               |
| Name of insulin correct                                       |           |              |                 |               |</p>
<table>
<thead>
<tr>
<th>Number (dose) clear</th>
<th>□</th>
<th>□</th>
<th>□</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit abbreviated to ‘u’ or written unclearly</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Insulin prescription was signed by prescriber</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Insulin was signed as given</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Insulin was increased when persistent BG &gt;11 mmol/L</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Insulin was reduced if unexplained BG &lt;4mmol/L</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Inappropriate omission of insulin after episode of hypoglycaemia</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

107. Overall how would you rate the care of diabetes in this patient?

- Good
- Adequate
- Poor
- Unacceptable
- Unable to answer

### N. OVERALL ASSESSMENT OF CARE

108. Overall assessment of care for this patient (please select one category only)

- Good practice: a standard of care you would expect from yourself, your trainees and your institution
- Room for improvement: aspects of clinical care that could have been better
- Room for improvement: aspects of organisational care that could have been better
- Room for improvement: aspects of clinical and organisational care that could have been better
- Less than satisfactory: several aspects of clinical and/or organisational care that were well below a standard you would expect from yourself, your trainees and institution
- Insufficient data

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: □

109a. Are there any issues that you feel should be highlighted in the report?  
□ Yes □ No

109b. If YES, please give details:

□

16
110a. Would this case form the basis of a good case study to highlight a specific theme in the report?  

Yes  No

110b. If YES, please give a brief case history below:

CODES FOR SPECIALTY

<table>
<thead>
<tr>
<th>SURGICAL SPECIALTIES</th>
<th>MEDICAL SPECIALTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 = General Surgery</td>
<td>300 = General Medicine</td>
</tr>
<tr>
<td>101 = Urology</td>
<td>301 = Gastroenterology</td>
</tr>
<tr>
<td>103 = Breast Surgery</td>
<td>302 = Endocrinology</td>
</tr>
<tr>
<td>104 = Colorectal Surgery</td>
<td>303 = Clinical Haematology</td>
</tr>
<tr>
<td>105 = Hepatobiliary &amp; Pancreatic Surgery</td>
<td>306 = Hepatology</td>
</tr>
<tr>
<td>106 = Upper Gastrointestinal Surgery</td>
<td>307 = Diabetic Medicine</td>
</tr>
<tr>
<td></td>
<td>314 = Rehabilitation</td>
</tr>
<tr>
<td></td>
<td>315 = Palliative Medicine</td>
</tr>
<tr>
<td></td>
<td>320 = Cardiology</td>
</tr>
<tr>
<td>107 = Vascular Surgery</td>
<td>330 = Dermatology</td>
</tr>
<tr>
<td>110 = Trauma &amp; Orthopaedics</td>
<td>340 = Respiratory Medicine</td>
</tr>
<tr>
<td>120 = Ear, Nose &amp; Throat (ENT)</td>
<td>350 = Infectious Diseases</td>
</tr>
<tr>
<td>130 = Ophthalmology</td>
<td>352 = Tropical Medicine</td>
</tr>
<tr>
<td>140 = Oral Surgery</td>
<td>360 = Genito-Urinary Medicine</td>
</tr>
<tr>
<td>145 = Maxillo-Facial Surgery</td>
<td>361 = Nephrology</td>
</tr>
<tr>
<td>150 = Neurosurgery</td>
<td>370 = Medical Oncology</td>
</tr>
<tr>
<td>160 = Plastic Surgery</td>
<td>400 = Neurology</td>
</tr>
<tr>
<td></td>
<td>410 = Rheumatology</td>
</tr>
<tr>
<td>161 = Burns Care</td>
<td>430 = Geriatric Medicine</td>
</tr>
<tr>
<td>170 = Cardiothoracic Surgery</td>
<td>500 = Obstetrics &amp; Gynaecology</td>
</tr>
<tr>
<td>172 = Cardiac Surgery</td>
<td>501 = Obstetrics</td>
</tr>
<tr>
<td>173 = Thoracic Surgery</td>
<td>502 = Gynaecology</td>
</tr>
<tr>
<td>180 = Accident &amp; Emergency</td>
<td>800 = Clinical Oncology</td>
</tr>
<tr>
<td>190 = Anaesthetics</td>
<td>810 = Radiology</td>
</tr>
<tr>
<td>192 = Critical/Intensive Care</td>
<td>820 = General Palliative Care</td>
</tr>
<tr>
<td></td>
<td>823 = Haematology</td>
</tr>
</tbody>
</table>

CODES FOR GRADE

| 01 – Consultant          | 02 – Staff Grade/Associate Specialist |
| 03 – Trainee with CCT    | 04 – Senior specialist trainee (ST3+ or equivalent) |
| 05 – Junior specialist trainee (ST1 & ST2 or CT equivalent) | 06 – Basic Grade (HO/FY1 or SHO/FY2 or equivalent) |
| 07 – Other               |                                          |