

# LOWER LIMB AMPUTATION STUDY

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

Hospital number

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## A. PATIENT DETAILS

1. Age at the time of amputation: 

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2. Gender ☐ Male ☐ Female

## B. INITIAL MANAGEMENT AND PRE-OPERATIVE CARE

- 3a. Date of hospital admission: 

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☐ Unknown  
d d m m y y y y
- 3b. Time of hospital admission: 

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☐ Unknown  
h h m m
- 3c. Was the patient reviewed by a consultant within 12 hours of the decision to admit or 14 hours from the time of arrival? ☐ Yes ☐ No
4. Admission category
- ☐ Elective A time agreed between the patient and surgical service
- ☐ Planned (urgent) Within 48 hours of referral/consultation
- ☐ Emergency Immediately following referral/consultation, where admission is unexpected and at short notice because of clinical need
- 5a. If admitted electively, was this patient assessed in a pre-assessment clinic (prior to admission for amputation)? ☐ Yes ☐ No
- 5b. If YES to 5a, was an attempt made to optimise any medical comorbidities? ☐ Yes ☐ No  
☐ NA - no comorbidities
- 5c. If YES to 5a, was a discharge or rehabilitation plan discussed and recorded at the pre-assessment clinic? ☐ Yes ☐ No
6. What was the reason for admission?
- ☐ Ischaemic rest pain ☐ Diabetic foot sepsis
- ☐ Neuropathy ☐ Other

- |     |  |  |
|-----|--|--|
| 7a. | Was the patient reviewed by a consultant within 12 hours of the decision to admit or 14 hours from the time of arrival?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7b. | If the patient was admitted with ISCHAEMIA or DIABETIC FOOT SEPSIS, were they reviewed by a consultant vascular surgeon within 24 hours of admission?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8.  | Was the patients nutritional state assessed within 48 hours of admission to hospital?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9.  | Was the patient screened for MRSA pre-operatively?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | Is there evidence in the case notes that discharge planning and rehabilitation were discussed as soon as the requirement of amputation was identified? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. | Is there evidence in the case notes that a named individual was allocated to co-ordinate care, rehabilitation and discharge planning?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. | Was the patient seen by an amputation/discharge co-ordinator pre-operatively?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. | Was a falls assessment undertaken pre-operatively?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## C. THE OPERATION

- |      |   |  |
|------|---|--|
| 14a. | Was the decision to amputate made by a multidisciplinary team?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14b. | If YES, did this team include:  |  |
|      | Vascular surgery  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      | Physiotherapy   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      | Occupational therapy  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      | Diabetology   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      | Radiology   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      | Specialist nursing  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      | Amputation/Discharge co-ordinator   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14c. | If NO to 14a, was this due to the urgency of surgery?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14d. | If YES to 14c, was the patient discussed by a consultant vascular surgeon and reviewed by an consultant anaesthetist prior to amputation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15.  | Is there evidence that a physiotherapist was involved in the decision making process regarding the level of amputation?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

16. Please indicate the urgency of the procedure:

- ☐ **Immediate** Immediate life or limb saving surgery. Resuscitation simultaneous with surgical treatment.
- ☐ **Urgent** Acute onset or deterioration of conditions that threaten life, limb or organ survival; fixation of fractures; relief of distressing symptoms including acute surgical admissions not requiring an operation.
- ☐ **Expedited** Stable patient requiring early intervention for a condition that is not an immediate threat to life, limb or organ survival.
- ☐ **Elective** Surgical procedure planned or booked in advance of routine admission to hospital.

17. What was the grade of the primary surgeon who performed the operation?

- |   |   |
|---|---|
| <input type="checkbox"/> Consultant   | <input type="checkbox"/> Staff grade/Associate specialist               |
| <input type="checkbox"/> Trainee with CCT                                       | <input type="checkbox"/> Senior specialist trainee (ST3+ or equivalent) |
| <input type="checkbox"/> Junior specialist trainee (ST1 & ST2 or CT equivalent) | <input type="checkbox"/> Basic grade (HO/FY1 or SHO/FY2 or equivalent)  |
| <input type="checkbox"/> Other  |   |

18. If the operation was not performed by a consultant or trainee with CCT, was a consultant present in the operating theatre?

☐ Yes ☐ No

19. Was the operation undertaken on a planned operating list?

☐ Yes ☐ No

20. Was the operation undertaken within normal working hours (as defined by your Trust)?

☐ Yes ☐ No

21a. Was the operation undertaken within 48 hours of the decision to operate?

☐ Yes ☐ No

21b. If NO, was the case the subject of local review?

☐ Yes ☐ No

## D. POST OPERATIVE CARE

22a. Is there evidence that physiotherapy started on the first day post surgery?

☐ Yes ☐ No

☐ NA - patient died during the procedure

22b. If YES, did this team include:

Appropriate exercise

☐ Yes ☐ No

Appropriate and timely oedema control measures

☐ Yes ☐ No

The use of early walking aids where clinically indicated

☐ Yes ☐ No

☐ NA - Not clinically indicated

23. Was a falls assessment undertaken post operatively?

☐ Yes ☐ No

24. Were measures put into place to reduce the risk of falls during the inpatient stay?

☐ Yes ☐ No

## E. DIABETES MANAGEMENT

25. Did the patient have diabetes at the time of admission?

☐ Yes ☐ No

If NO, many thanks for taking the time to complete this questionnaire

26. Was the patient reviewed PRE-OPERATIVELY by the specialist diabetes team to optimise the control of diabetes and the management of comorbidities?

☐ Yes ☐ No

27. Was the patient reviewed POST OPERATIVELY by the specialist diabetes team to optimise the control of diabetes and the management of comorbidities?

☐ Yes ☐ No

28. If the surgery was undertaken on an emergency basis, did pre-operative review by the specialist diabetes team delay the operation?

☐ Yes ☐ No

29. Was insulin prescribed according to National Patient Safety Agency (NPSA) recommendations?

☐ Yes ☐ No

30a. Were the patients blood glucose levels outside the acceptable range at any point during their admission?

☐ Yes ☐ No

30b. If YES, were hospital guidelines on the management of blood glucose levels implemented?

☐ Yes ☐ No

