What is this study about?
The aim of this study is to identify the remedial factors in process of care of patients with both large and small intestinal obstruction.

Inclusions:
Data will be collected on patients aged 16 and over admitted between (Monday 16th April - Sunday 13th May 2018) and diagnosed with an acute bowel obstruction.

Eligible cases were identified from the hospital central record system (using ICD10 codes). Up to 10 cases per hospital have been selected for review.

Who should complete this questionnaire?
For completion by the consultant who was responsible for the patient at the time of hospital admission.

A list of definitions can be found here:
http://bit.ly/2qYWnOL
If you have any queries about this study or this questionnaire, please contact: abo@ncepod.org.uk or telephone 020 7251 9060.

CPD Accreditation
Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. Completion of questionnaires also provides an opportunity for consultants to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual consultants. Consequently, NCEPOD recommends that consultants who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence of internal/self directed Continuous Professional Development in their appraisal

This study was commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into medical and surgical care.
B. CLINICIAN DETAILS AND STRUCTURED COMMENTARY

1a. Grade:
Please note this questionnaire should ideally be completed by the Consultant that the patient was under the care of during the admission. To be included in this study patients must have been admitted between 16/04/2018 and 13/05/2018.

- 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 - Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)
- 08 - Senior staff nurse, enrolled nurse (EN etc.)
- 09 - First level nurse, staff nurse (RGN)
- 10 - Allied health professional (Physiotherapy/Speech and language therapy/Occupational therapy)
- 11 - Non Registered staff (HCA etc.)

If not listed above, please specify here...

1b. Specialty:
- General surgery
- Colorectal surgery
- Upper gastrointestinal surgery
- Ear, nose & throat (ENT)
- Oral Surgery
- Neurosurgery
- Cardiothoracic surgery
- Anaesthetics
- General medicine
- Palliative medicine
- Acute internal medicine
- Infectious diseases
- Neurology
- Obstetrics and gynaecology
- Gynaecology
- Haematology
- Urology
- Hepatobiliary & pancreatic surgery
- Trauma and orthopaedics
- Ophthalmoology
- Oral and maxillo facial surgery
- Plastic surgery
- Accident & Emergency (A&E)
- Critical care medicine
- Clinical haematology
- Cardiology
- Respiratory medicine
- Medical oncology
- Geriatric medicine
- Obstetrics
- Clinical oncology
- Unknown

If not listed above, please specify here...

2. Please use the box below to provide a brief summary of this case, adding any additional comments or information you feel relevant. You should be assured that this information is confidential. NCEPOD attaches great importance to this summary. Please give as much information as possible about the care of this patient.
C. PATIENT DETAILS

1. **Age at the time of admission**
   - [ ] Unknown

2. **Sex**
   - [ ] Male
   - [ ] Female

3. **Please indicate the location of the obstruction:**
   - [ ] Large bowel
   - [ ] Small bowel
   - [ ] Both large and small
   - [ ] Unknown
D. ARRIVAL IN HOSPITAL

1a. What was the date of arrival in hospital?
Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.


1b. What was the time of arrival in hospital?


2a. What was the mode of arrival?

☐ Emergency Department  ☐ GP direct to ward
☐ Unplanned admission  ☐ Transferred from another hospital
☐ Unknown

Please specify any additional options here...

2b. If answered "Transferred from another hospital" to [2a] then:
If the patient was TRANSFERRED, what was the reason for the transfer? (Please tick all that apply)

☐ Stenting  ☐ Critical care admission
☐ Other surgical specialty input  ☐ Other medical specialty input
☐ Unknown

Please specify any additional options here...

3a. Did the patient have any communication difficulties? (Please tick all that apply)

☐ Language  ☐ Hearing difficulties  ☐ Learning disability
☐ Dementia  ☐ None  ☐ Unknown

Please specify any additional options here...

3b. Did the patient have the capacity to consent to treatment?

☐ Yes  ☐ No  ☐ Unknown

4a. Did the patient see the GP for this condition prior to admission?

☐ Yes  ☐ No  ☐ Unknown

4b. Did a GP refer the patient for THIS hospital admission?

☐ Yes  ☐ No  ☐ Unknown

4c. If answered "Yes" to [4a] then:
If YES, was there a delay in referral by the GP?

☐ Yes  ☐ No  ☐ Unknown

5a. Please indicate the number of previous ATTENDANCES to the Emergency Department (ED) with gastrointestinal symptoms in the 1 year period prior to admission:
If NONE please answer 0


Value should be no more than 30
5b. Please indicate the number of previous HOSPITAL ADMISSIONS with gastrointestinal symptoms in the 1 year period prior to admission:
If NONE please answer 0

Value should be no more than 30

6a. Had the patient undergone previous abdominal surgery related to this condition in the 1 year period prior to admission?

☐ Yes  ☐ No  ☐ Unknown

6b. If answered "Yes" to [6a] then:
If the patient had undergone previous abdominal surgery please give further details
1. What was the presenting complaint on arrival?

2a. Where was the location of the initial assessment on arrival?
- Emergency department
- Medical ward
- Level 2 care
- Medical assessment unit
- Surgical ward
- Surgical assessment unit
- Level 3 care
- Unknown
- If not listed above, please specify here...

2b. If answered "Medical ward" to [2a] then:
   If MEDICAL WARD, please specify the specialty?
   If unknown please select unknown
- General medicine
- Clinical haematology
- Acute internal medicine
- Nephrology
- Geriatric medicine
- Gynaecology
- Accident and Emergency
- Gastroenterology
- Palliative medicine
- Respiratory medicine
- Medical oncology
- Obstetrics & gynaecology
- Clinical oncology
- Critical care medicine
- Endocrinology
- Cardiology
- Infectious diseases
- Neurology
- Obstetrics
- Haematology
- Unknown
- If not listed above, please specify here...

2c. If answered "Surgical ward" to [2a] then:
   If SURGICAL WARD, please specify the specialty?
   If unknown please select unknown
- General surgery
- Colorectal surgery
- Upper gastrointestinal surgery
- Ear, nose and throat (ENT)
- Oral surgery
- Neurosurgery
- Cardiothoracic surgery
- Critical care medicine
- Urology
- Hepatobiliary & pancreatic surgery
- Trauma & orthopaedics
- Ophthalmology
- Oral and maxillo facial surgery
- Plastic surgery
- Accident & Emergency
- Unknown
- If not listed above, please specify here...

3a. Please indicate the date of the first assessment on arrival:
   Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

- [ ] Unknown
3b. Please indicate the time of the first assessment on arrival:

☐ Unknown

3c. Please indicate the grade of the clinician responsible for undertaking the first assessment on arrival?

*If unknown please select unknown*

☐ 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 - Specialist Nurse (Nurse consultant, Nurse practitioner, clinical nurse specialist)
☐ 08 - Senior staff nurse, enrolled nurse (EN etc.)
☐ 09 - 1st Level nurse, staff nurse (RGN)
☐ 10 - Allied health professional (Physiotherapy/ Speech & language therapy/Occupational therapy)
☐ 11 - Non-registered staff (HCA etc.)
☐ Unknown

If not listed above, please specify here...

3d. Please indicate the specialty of the clinician responsible for undertaking the first assessment on arrival?

*If unknown please select unknown*

☐ General surgery
☐ Colorectal surgery
☐ Upper gastrointestinal surgery
☐ Ear, nose and throat (ENT)
☐ Oral surgery
☐ Neurosurgery
☐ Cardiothoracic surgery
☐ Anaesthetics
☐ General medicine
☐ Endocrinology
☐ Palliative medicine
☐ Acute internal medicine
☐ Infectious diseases
☐ Medical oncology
☐ Geriatric medicine
☐ Obstetrics
☐ Clinical oncology
☐ Unknown

☐ Urology
☐ Hepatobiliary & pancreatic surgery
☐ Trauma and orthopaedics
☐ Ophthalmology
☐ Oral and maxillo facial surgery
☐ Plastic surgery
☐ Accident and emergency (A&E)
☐ Critical care medicine
☐ Gastroenterology
☐ Clinical haematology
☐ Cardiology
☐ Respiratory medicine
☐ Nephrology
☐ Neurology
☐ Obstetrics & gynaecology
☐ Gynaecology
☐ Haematology

If not listed above, please specify here...
4a. Please describe the clinical presentation of the patient at initial assessment: (Please tick all that apply)

☐ Abdominal pain - colicky
☐ Abdominal pain - non-colicky
☐ Right Iliac fossa pain
☐ Vomiting - bilious
☐ Vomiting - faeculent
☐ Constipation (i.e. overflow diarrhea/absolute constipation)
☐ Weight loss
☐ Abdominal tenderness
☐ Peritonism
☐ Abdominal distention
☐ Unknown

Please specify any additional options here...

4b. If answered "Abdominal pain - colicky" to [4a] then:
   Please indicate the duration of abdominal pain - colicky

   Hours

☐ Unknown

4c. If answered "Abdominal pain - non-colicky" to [4a] then:
   Please indicate the duration of abdominal pain - non-colicky

   Hours

☐ Unknown

4d. If answered "Right Iliac fossa pain" to [4a] then:
   Please indicate the duration of right iliac fossa pain

   Hours

☐ Unknown

4e. If answered "Vomiting - bilious" to [4a] then:
   Please indicate the duration of vomiting - bilious

   Hours

☐ Unknown

4f. If answered "Vomiting - faeculent" to [4a] then:
   Please indicate the duration of vomiting - faeculent

   Hours

☐ Unknown

4g. If answered "Constipation (i.e. overflow diarrhea/absolute constipation)" to [4a] then:
   Please indicate the duration of constipation (i.e. overflow diarrhea/absolute constipation)

   Days

☐ Unknown

4h. If answered "Weight loss" to [4a] then:
   Please indicate the duration of weight loss

   Days

☐ Unknown

4i. If answered "Abdominal tenderness" to [4a] then:
   Please indicate the duration of abdominal tenderness

   Hours

☐ Unknown

4j. If answered "Peritonism" to [4a] then:
   Please indicate the duration of peritonism

   Hours

☐ Unknown

4k. If answered "Abdominal distention" to [4a] then:
   Please indicate the duration of abdominal distention

   Hours

☐ Unknown
5. Which of the following were recorded at the time of the initial assessment? (Answers may be multiple)

- [ ] Pulse
- [ ] Oxygen saturation
- [ ] Pain score
- [ ] Blood pressure
- [ ] Weight
- [ ] GCS
- [ ] Respiratory rate
- [ ] Hydration status
- [ ] None
- [ ] Temperature
- [ ] BMI
- [ ] Unknown

Please specify any additional options here...

---

6a. Was there an escalation of care of the patient during the initial assessment and prior to admission?

- [ ] Yes – Following use of early warning score
- [ ] Yes – No use of early warning score
- [ ] No
- [ ] Unknown

6b. If answered "Yes – Following use of early warning score" or "Yes – No use of early warning score" to [6a] then:

Please give further details:

---

7a. Which of the following investigations were undertaken as a result of the initial assessment? (Please tick all that apply)

- [ ] Abdominal x-ray
- [ ] Abdominal ultrasound
- [ ] Gastrografin follow through (WSCS)
- [ ] Lactate
- [ ] Full blood Count
- [ ] None
- [ ] CT scan
- [ ] MRI
- [ ] Arterial blood gas
- [ ] C-reactive protein
- [ ] Urea & electrolytes
- [ ] Unknown

Please specify any additional options here...

---

7b. Were you able to access all necessary investigations during the initial assessment?

- [ ] Yes
- [ ] No
- [ ] Unknown

7c. If answered "No" to [7b] then:

If NO, please specify which investigations could not be accessed: (Please tick all that apply)

- [ ] Abdominal x-ray
- [ ] Abdominal ultrasound
- [ ] Gastrografin follow through (WSCS)
- [ ] Lactate
- [ ] Full blood count
- [ ] Unknown
- [ ] CT scan
- [ ] MRI
- [ ] Arterial blood gas
- [ ] C-reactive protein
- [ ] Urea & electrolytes

Please specify any additional options here...
8. Was there any evidence of Acute Kidney Injury on arrival?
Please see definitions - http://bit.ly/2qYWnOL

- Yes
- No
- Unknown

9a. Was the patient commenced on a dedicated pathway for bowel obstruction?
- Yes
- No
- Unknown
- NA - no dedicated pathway

9b. If answered "Yes" to [9a] then:
   If YES, was this a dedicated pathway for:
   - Small bowel obstruction
   - Large bowel obstruction
   - Unknown
F. ADMISSION TO WARD

1a. Please indicate the date of admission to the ward:
   Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

1b. Please indicate the time of admission to the ward:

2a. Where was the patient admitted to?

   - Medical assessment unit
   - Surgical assessment unit
   - Medical ward
   - Surgical ward
   - Level 3 care
   - Level 2 care
   - Unknown

   If not listed above, please specify here...

2b. If answered "Medical ward" to [2a] then:
   If the patient was admitted to a medical ward please specify the specialty?
   If unknown please select unknown

   - General medicine
   - Clinical haematology
   - Acute internal medicine
   - Nephrology
   - Geriatric medicine
   - Gynaecology
   - Accident & Emergency
   - Gastroenterology
   - Palliative medicine
   - Respiratory medicine
   - Medical oncology
   - Obstetrics & gynaecology
   - Clinical oncology
   - Critical care medicine
   - Endocrinology
   - Cardiology
   - Infectious diseases
   - Neurology
   - Obstetrics
   - Haematology
   - Unknown

   If not listed above, please specify here...

2c. If answered "Surgical ward" to [2a] then:
   If the patient was admitted to a surgical ward please specify the specialty?
   If unknown, please select unknown?

   - General surgery
   - Colorectal surgery
   - Upper gastrointestinal surgery
   - Ear, nose and throat (ENT)
   - Oral surgery
   - Neurosurgery
   - Cardiothoracic Surgery
   - Critical Care Medicine
   - Urology
   - Hepatobiliary & pancreatic surgery
   - Trauma & orthopaedics
   - Ophthalmology
   - Oral and maxillo facial surgery
   - Plastic surgery
   - Accident & Emergency
   - Unknown

   If not listed above, please specify here...
3. Please indicate the specialty the patient was admitted under
   If unknown please select unknown
   - General surgery
   - Colorectal surgery
   - Upper gastrointestinal surgery
   - Ear, nose and throat (ENT)
   - Oral surgery
   - Neurosurgery
   - Cardiothoracic Surgery
   - Anaesthetics
   - General medicine
   - Endocrinology
   - Palliative medicine
   - Acute internal medicine
   - Infectious diseases
   - Medical oncology
   - Geriatric medicine
   - Obstetrics
   - Clinical oncology
   - Unknown

   If not listed above, please specify here...

4. What was the diagnosis on admission? (Please specify)

5a. What was the date of the first review following admission?
   Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

5b. What was the time of the first review following admission?
5c. What was the grade of the clinician responsible for undertaking the first review following admission?
If unknown please select unknown
- 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 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
- 08 - Senior staff nurse, enrolled nurse (EN etc.)
- 09 - 1st Level nurse, staff nurse (RGN)
- 10 - Allied health professional (Physiotherapy/ Speech & language therapy/Occupational therapy)
- 11 - Non-registered staff (HCA etc.)
- Unknown
If not listed above, please specify here...

5d. What was the specialty of the clinician responsible for undertaking the first review following admission?
If unknown please select unknown
- General surgery
- Colorectal surgery
- Upper gastrointestinal surgery
- Ear, nose and throat (ENT)
- Oral surgery
- Neurosurgery
- Cardiothoracic surgery
- Anaesthetics
- General medicine
- Endocrinology
- Palliative medicine
- Acute internal medicine
- Infectious diseases
- Medical oncology
- Geriatric medicine
- Obstetrics
- Clinical oncology
- Unknown
If not listed above, please specify here...

5e. Was the patient seen by a CT3+ level clinician within 4 hours of admission?
- Yes
- No
- Unknown

6a. What was the date of the first CONSULTANT review following admission?
Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

6b. What was the time of the first CONSULTANT review following admission?

Unknown
6c. What was the specialty of the first CONSULTANT review following admission?

If unknown please select unknown

- General surgery
- Colorectal surgery
- Upper gastrointestinal surgery
- Ear, nose and throat (ENT)
- Oral surgery
- Neurosurgery
- Cardiothoracic surgery
- Anaesthetics
- General medicine
- Endocrinology
- Palliative medicine
- Acute internal medicine
- Infectious diseases
- Medical Oncology
- Geriatric Medicine
- Obstetrics
- Clinical oncology
- Unknown

If not listed above, please specify here...

7. Was the patient reviewed by a surgical team/surgeon following admission?

- Yes
- No
- Unknown

8a. If answered “Yes” to [7] then:
If YES, what was the date of the first SURGICAL review following admission?

Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

- Unknown

8b. If answered “Yes” to [7] then:
If YES, what was the time of the first SURGICAL review following admission?

- Unknown

8c. If answered "Yes" to [7] then:
What was the grade of the clinician responsible for undertaking the first SURGICAL TEAM review following admission?

If unknown please select unknown

- 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 – Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
- 08 – Senior staff nurse, enrolled nurse (EN etc.)
- Unknown

If not listed above, please specify here...
8d. If answered "Yes" to [7] then:
What was the specialty of the clinician responsible for undertaking the first SURGICAL TEAM review following admission?
If unknown please select unknown

- General surgery
- Colorectal surgery
- Upper gastrointestinal surgery
- Ear, nose and throat (ENT)
- Oral surgery
- Neurosurgery
- Cardiothoracic Surgery
- Critical care medicine
- Urology
- Hepatobiliary & pancreatic surgery
- Trauma & orthopaedics
- Ophthalmology
- Oral and maxillo facial surgery
- Plastic surgery
- Accident & Emergency
- Unknown

If not listed above, please specify here...

9a. If answered "Yes" to [7] then:
What was the date of the first SURGICAL CONSULTANT review following admission?
Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

9b. If answered "Yes" to [7] then:
What was the time of the first SURGICAL CONSULTANT review following admission?

9c. If answered "Yes" to [7] then:
What was the sub-specialty of the clinician responsible for undertaking the first SURGICAL CONSULTANT review following admission?
If unknown please select unknown

- General surgery
- Colorectal surgery
- Upper gastrointestinal surgery
- Ear, nose and throat (ENT)
- Oral surgery
- Neurosurgery
- Cardiothoracic surgery
- Critical care medicine
- Urology
- Hepatobiliary & pancreatic surgery
- Trauma & orthopaedics
- Ophthalmology
- Oral and maxillo facial surgery
- Plastic surgery
- Accident & Emergency
- Unknown

If not listed above, please specify here...

10a. Were there any delays that were outside of your control during the admission process?

- Yes
- No
- Unknown

10b. If answered "Yes" to [10a] then:
If YES, please give details:
11a. Were there any concerns with communication/the handover of the patient during the admission process?

☐ Yes  ☐ No  ☐ Unknown

11b. If answered "Yes" to [11a] then:
If YES, please give details:
G. EARLY MANAGEMENT ON THE WARD Within 24 hours of admission

1a. Following admission, was the patient treated with: (Please tick all that apply)

- [ ] Oxygen
- [ ] Antibiotics
- [ ] None
- [ ] IV Fluids
- [ ] Nasogastric tube drainage
- [ ] Urinary Catheterisation
- [ ] None

Please specify any additional options here...

1b. Were there any factors out of your control which led to the inadequate optimisation of the patient during admission?

- [ ] Yes
- [ ] No
- [ ] Unknown

2a. Were the following recorded on admission? (Please tick all that apply)

- [ ] Lactate
- [ ] Blood pressure
- [ ] Urine output
- [ ] Fluid balance
- [ ] Antibiotic administration
- [ ] None
- [ ] Unknown

Please specify any additional options here...

2b. If any of the above were not recorded, should they have been?

- [ ] Yes
- [ ] No
- [ ] Unknown

2c. If answered “Yes” to [2b] then:

If YES, please specify:

3. If the patient had AKI, was this normalised within 24 hours of recognition?

Please see definitions - http://bit.ly/2qYWnOL

- [ ] Yes
- [ ] No
- [ ] Unknown

4a. Was a Malnutrition Universal Screening Tool (MUST) or equivalent score recorded?

- [ ] Yes
- [ ] No
- [ ] Unknown

4b. If answered "Yes" to [4a] then:

If YES, by whom was this undertaken? (Please tick all that apply)

- [ ] Dietitian
- [ ] Nurse
- [ ] Nutrition team
- [ ] Unknown

Please specify any additional options here...

5a. Following admission, was a nutritional assessment undertaken?

- [ ] Yes
- [ ] No
- [ ] Unknown
5b. If answered "Yes" to [5a] then:
If YES, by whom was this undertaken? (Please tick all that apply)

☐ Dietitian  ☐ Nurse  ☐ Nutrition team  ☐ Doctor
☐ Unknown

Please specify any additional options here...

5c. If answered "Yes" to [5a] then:
If YES, following assessment what treatment was advised? (Please specify)


6. Was this patient identified as being frail on admission?

☐ Yes  ☐ No  ☐ Unknown

7a. What was the functional status of the patient prior to the onset of bowel obstruction
using the Rockwood Score?

Please see definitions - http://bit.ly/2qYWnOL

☐ Unknown

7b. What was the functional status of the patient at the time of admission, using the
Rockwood Score?

Please see definitions - http://bit.ly/2qYWnOL

☐ Unknown

8. Was the patient's pain score measured on admission?

☐ Yes  ☐ No  ☐ Unknown

9a. Did the patient receive analgesia during this admission?

☐ Yes  ☐ No  ☐ Unknown

9b. If answered "Yes" to [9a] then:
How long after admission did the patient first receive analgesia?

[ ] Hours  ☐ Unknown

9c. Were there any issues in managing pain control in this patient during this admission?

☐ Yes  ☐ No  ☐ Unknown
9d. If answered "Yes" to [9b] then:
If YES, please give further details:

10. Was the patient seen by an acute pain team prior to the delivery of their definitive treatment?
- Yes
- No
- Unknown

11a. Did the patient have an NG tube in situ?
- Yes – on arrival to hospital
- Yes – on admission to the ward
- Yes – following ward admission
- No – should have been in situ
- No – not necessary
- Unknown

11b. Did the patient have a urinary catheter in situ?
- Yes – on arrival to hospital
- Yes – on admission to the ward
- Yes – following ward admission
- No – should have been in situ
- No – not necessary
- Unknown

11c. Did the patient have an intravenous cannula in situ?
- Yes
- No
- Unknown

11d. If answered "Yes" to [11c] then:
If YES, what type? (Please tick all that apply)
- Peripheral cannula
- Peripherally inserted central catheter
- Central line
- Unknown

11e. If answered "No" to [11c] then:
In No, should there have been?
- Yes
- No
- Unknown
1. Following admission, what diagnostic imaging did the patient have? (Please tick all that apply)

- [ ] Abdominal x-ray
- [ ] CT scan with IV contrast
- [ ] CT scan without IV contrast
- [ ] MRI scan
- [ ] Gastrografin follow through (WSCS)
- [ ] Unknown
- [ ] None

Please specify any additional options here...

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2. If answered "Abdominal x-ray" to [1] then:
Where was the abdominal x-ray imaging organised?

- [ ] Emergency Department
- [ ] Medical Assessment Unit
- [ ] Surgical Assessment Unit
- [ ] Medical ward
- [ ] Surgical ward
- [ ] Level 3 care
- [ ] Level 2 care
- [ ] Unknown

If not listed above, please specify here...

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3a. If answered "Abdominal x-ray" to [1] then:
Please indicate the date that the abdominal x-ray was requested?

Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

- [ ] 16-04-2018
- [ ] 17-04-2018
- [ ] 18-04-2018
- [ ] 19-04-2018
- [ ] 20-04-2018
- [ ] 21-04-2018
- [ ] 22-04-2018
- [ ] 23-04-2018
- [ ] 24-04-2018
- [ ] 25-04-2018
- [ ] 26-04-2018
- [ ] 27-04-2018
- [ ] 28-04-2018
- [ ] 29-04-2018
- [ ] 30-04-2018
- [ ] 01-05-2018
- [ ] 02-05-2018
- [ ] 03-05-2018
- [ ] 04-05-2018
- [ ] 05-05-2018
- [ ] 06-05-2018
- [ ] 07-05-2018
- [ ] 08-05-2018
- [ ] 09-05-2018
- [ ] 10-05-2018
- [ ] 11-05-2018
- [ ] 12-05-2018
- [ ] 13-05-2018
- [ ] Unknown

3b. If answered "Abdominal x-ray" to [1] then:
Please indicate the time that the abdominal x-ray was requested?

- [ ] Unknown

3c. If answered "Abdominal x-ray" to [1] then:
Please indicate the date that the abdominal x-ray was reported?

Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

- [ ] 16-04-2018
- [ ] 17-04-2018
- [ ] 18-04-2018
- [ ] 19-04-2018
- [ ] 20-04-2018
- [ ] 21-04-2018
- [ ] 22-04-2018
- [ ] 23-04-2018
- [ ] 24-04-2018
- [ ] 25-04-2018
- [ ] 26-04-2018
- [ ] 27-04-2018
- [ ] 28-04-2018
- [ ] 29-04-2018
- [ ] 30-04-2018
- [ ] 01-05-2018
- [ ] 02-05-2018
- [ ] 03-05-2018
- [ ] 04-05-2018
- [ ] 05-05-2018
- [ ] 06-05-2018
- [ ] 07-05-2018
- [ ] 08-05-2018
- [ ] 09-05-2018
- [ ] 10-05-2018
- [ ] 11-05-2018
- [ ] 12-05-2018
- [ ] 13-05-2018
- [ ] Unknown

3d. If answered "Abdominal x-ray" to [1] then:
Please indicate the time that the abdominal x-ray was reported?

- [ ] Unknown
3e. If answered "Abdominal x-ray" to [1] then:
Please indicate the grade of reporter of the abdominal x-ray?
If unknown please select unknown

- 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 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
- 08 - Senior staff nurse, enrolled nurse (EN etc.)
- 09 - 1st Level nurse, staff nurse (RGN)
- 10 - Allied health professional (Physiotherapy/Speech and language therapy/Occupational therapy)
- 11 - Non-registered staff (HCA etc.)
- Unknown

If not listed above, please specify here...

4a. If answered "Abdominal x-ray" to [1] then:
Did the result of the abdominal x-ray influence decision making?

- Yes
- No
- Unknown

4b. If answered "Abdominal x-ray" to [1] then:
Was the abdominal x-ray adequate to identify the cause of the bowel obstruction?

- Yes
- No
- Unknown

5. If answered "Abdominal x-ray" to [1] then:
Was there any delay in undertaking the abdominal x-ray (Please tick all that apply)

- Yes - delay in referral
- Yes - delay in request
- Yes - decision making
- Yes - deferred to allow treatment of AKI
- Yes - access
- No delay
- Unknown

Please specify any additional options here...

6. If answered “CT scan with IV contrast” to [1] then:
Where was the CT scan with IV contrast organised?

- Emergency Department
- Medical Assessment Unit
- Surgical Assessment Unit
- Medical ward
- Surgical ward
- Level 3 care
- Unknown

If not listed above, please specify here...

7a. If answered "CT scan with IV contrast" to [1] then:
Please indicate the date that the CT scan with IV contrast was requested?

Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

- Unknown

7b. If answered "CT scan with IV contrast" to [1] then:
Please indicate the time that the CT scan with IV contrast was requested?

- Unknown
7c. If answered "CT scan with IV contrast" to [1] then:
Please indicate the date that the CT scan with IV contrast was reported?

Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

☐ Unknown

7d. If answered "CT scan with IV contrast" to [1] then:
Please indicate the time that the CT scan with IV contrast was reported?

☐ Unknown

7e. If answered "CT scan with IV contrast" to [1] then:
Please indicate the grade of reporter of the CT scan with IV contrast
If unknown please select unknown

☐ 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 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
☐ 08 - Senior staff nurse, enrolled nurse (EN etc.)
☐ 09 - 1st Level nurse, staff nurse (RGN)
☐ 10 - Allied Health Professional (Physiotherapy/Speech and language therapy/Occupational therapy)
☐ 11 - Non-registered staff (HCA etc.)
☐ Unknown

If not listed above, please specify here...

8a. If answered "CT scan with IV contrast" to [1] then:
Did the results of the CT scan with IV contrast influence decision making?

☐ Yes  ☐ No  ☐ Unknown

8b. If answered "CT scan with IV contrast" to [1] then:
Was the CT scan with IV contrast adequate to identify the cause of the bowel obstruction?

☐ Yes  ☐ No  ☐ Unknown

9. If answered “CT scan with IV contrast” to [1] then:
Was there any delay in undertaking the CT scan with IV contrast? (Please tick all that apply)

☐ Yes - Delay in referral  ☐ Yes - Delay in request
☐ Yes - Delay in reporting  ☐ Yes - Decision making
☐ Yes - Deferred to allow treatment of AKI  ☐ Yes - Access to CT scanning
☐ No delay  ☐ Unknown

Please specify any additional options here...

10. If answered "CT scan without IV contrast" to [1] then:
Where was the CT scan without IV contrast organised?

☐ Emergency Department  ☐ Medical Assessment Unit  ☐ Surgical Assessment Unit
☐ Medical ward  ☐ Surgical ward  ☐ Level 3 care
☐ Level 2 care  ☐ Unknown

If not listed above, please specify here...
11a. If answered "CT scan without IV contrast" to [1] then: 
Please indicate the date that the CT scan without IV contrast was requested 
Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

11b. If answered "CT scan without IV contrast" to [1] then: 
Please indicate the time that the CT scan without IV contrast was requested

11c. If answered "CT scan without IV contrast" to [1] then: 
Please indicate the date that the CT scan without IV contrast was reported 
Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

11d. If answered "CT scan without IV contrast" to [1] then: 
Please indicate the time that the CT scan without IV contrast was reported

11e. If answered "CT scan without IV contrast" to [1] then: 
Please indicate the grade of reporter of the CT scan without IV contrast 
If unknown please select unknown

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 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
08 - Senior staff nurse, enrolled nurse (EN etc.)
09 - 1st Level nurse, staff nurse (RGN)
10 - Allied health professional (Physiotherapy/Speech & language therapy/Occupational therapy)
11 - Non-registered staff (HCA etc.)
Unknown

If not listed above, please specify here...

12a. If answered "CT scan without IV contrast" to [1] then: 
Did the results of the CT scan without IV contrast influence decision making?

Yes ☐
No ☐
Unknown ☐

12b. If answered "CT scan without IV contrast" to [1] then: 
Was the CT scan without IV contrast adequate to identify the cause of the bowel obstruction?

Yes ☐
No ☐
Unknown ☐

13. If answered "CT scan without IV contrast" to [1] then: 
Was there any delay in undertaking the CT scan without IV contrast?

Yes - Delay in referral ☐
Yes - Delay in reporting ☐
Yes - Deferred to allow treatment of AKI ☐
No delay ☐
Yes - Delay in request ☐
Yes - Decision making ☐
Yes - Access to CT scanning ☐
Unknown ☐

Please specify any additional options here...
14. If answered "CT scan without IV contrast" to [1] then:
   Why was the scan undertaken without contrast? (Please give details)

15. If answered "MRI scan" to [1] then:
   Where was the MRI scan imaging organised?
   - Emergency Department
   - Medical ward
   - Level 2 care
   - Medical Assessment Unit
   - Surgical ward
   - Level 3 care
   - Unknown
   If not listed above, please specify here...

16a. If answered "MRI scan" to [1] then:
   Please indicate the date that the MRI scan was requested
   Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

16b. If answered "MRI scan" to [1] then:
   Please indicate the time that the MRI scan was requested

16c. If answered "MRI scan" to [1] then:
   Please indicate the date that the MRI scan was reported
   Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

16d. If answered "MRI scan" to [1] then:
   Please indicate the time that the MRI scan was reported
### 16. If answered "MRI scan" to [1] then:

**Please indicate the grade of reporter of the MRI Scan**

*If unknown please select unknown*

- 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 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
- 08 - Senior staff nurse, enrolled nurse (EN etc.)
- 09 - 1st Level nurse, staff nurse (RGN)
- 10 - Allied health professional (Physiotherapy/ Speech & language therapy/Occupational therapy)
- 11 - Non-registered staff (HCA etc.)
- Unknown

If not listed above, please specify here...

### 17a. If answered "MRI scan" to [1] then:

**Did the results of the MRI scan influence decision making?**

- Yes
- No
- Unknown

### 17b. If answered "MRI scan" to [1] then:

**Was the results of the MRI scan adequate to identify the cause of the bowel obstruction?**

- Yes
- No
- Unknown

### 18. If answered "MRI scan" to [1] then:

**Was there any delay in undertaking the MRI scan?**

- Yes - Delay in referral
- Yes - Delay in reporting
- Yes - Deferred to allow treatment of AKI
- Yes - Decision making
- Yes - Access to MRI
- No delay
- Unknown

Please specify any additional options here...

### 19. If answered “Gastrografen follow through (WSCS)” to [1] then:

**Where was the Gastrografen follow through (WSCS) imaging organised?**

- Emergency Department
- Medical Assessment Unit
- Surgical Assessment Unit
- Medical ward
- Surgical ward
- Level 3 care
- Level 2 care
- Unknown

If not listed above, please specify here...

### 20a. If answered "Gastrografen follow through (WSCS)” to [1] then:

**Please indicate the date Gastrografen follow through (WSCS) was requested**

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

- Unknown

### 20b. If answered "Gastrografen follow through (WSCS)” to [1] then:

**Please indicate the time Gastrografen follow through (WSCS) was requested**

- Unknown
20c. If answered "Gastrografin follow through (WSCS)" to [1] then:
Please indicate the date Gastrografin follow through (WSCS) was reported
Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

☐ Unknown

20d. If answered "Gastrografin follow through (WSCS)" to [1] then:
Please indicate the time Gastrografin follow through (WSCS) was reported

☐ Unknown

20e. If answered "Gastrografin follow through (WSCS)" to [1] then:
Please indicate the grade of the reporter of gastrografin follow through (WSCS)

If unknown please select unknown

☐ 01 - Consultant
☐ 02 - Staff grade/associate specialist
☐ 03 - Trainee with CCT
☐ 04 - Senior specialist trainee
☐ 05 - Junior specialist trainee (ST1 & ST2 or CT equivalent)
☐ 06 - Basic grade (HO/FY1 or SHO/FY2 or equivalent)
☐ 07 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
☐ 08 - Senior staff nurse, enrolled nurse (EN etc.)
☐ 09 - 1st level nurse, staff nurse (RGN)
☐ 10 - Allied Health Professional (Physiotherapy/Speech and language therapy/Occupational therapy)
☐ 11 - Non - registered staff (HCA etc.)
☐ Unknown

If not listed above, please specify here...

21a. If answered "Gastrografin follow through (WSCS)" to [1] then:
Did the results of the Gastrografin follow through (WSCS) influence decision making?

☐ Yes ☐ No ☐ Unknown

21b. If answered "Gastrografin follow through (WSCS)" to [1] then:
Was the results of the Gastrografin follow through (WSCS) adequate to identify the cause of the bowel obstruction?

☐ Yes ☐ No ☐ Unknown

22. If answered “Gastrografin follow through (WSCS)” to [1] then:
Was there any delay in undertaking the gastrografin follow through (WSCS)? Please tick all that apply

☐ Yes - Delay in referral ☐ Yes - Delay in request
☐ Yes - Delay in reporting ☐ Yes - Decision making
☐ Yes - Deferred to allow treatment of AKI ☐ Yes - Access
☐ No delay ☐ Unknown

Please specify any additional options here...

23a. Was all appropriate imaging undertaken?

☐ Yes ☐ No ☐ Unknown
23b. If answered "No" to [23a] then:
   If NO, what should have been undertaken? (Please tick all that apply)

☐ Abdominal x-ray
☐ CT scan with IV contrast
☐ CT scan without IV contrast
☐ MRI scan
☐ Gastrografin follow through (WSCS)
☐ Unknown

Please specify any additional options here...

24a. Was any unnecessary imaging undertaken?

☐ Yes  ☐ No  ☐ Unknown

24b. If answered "Yes" to [24a] then:
   If YES, what should not have been undertaken? (Please tick all that apply)

☐ Abdominal x-ray
☐ CT scan with IV contrast
☐ CT scan without IV contrast
☐ MRI scan
☐ Gastrografin follow through (WSCS)

Please specify any additional options here...
1a. What was the date of diagnosis?

*Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

[ ] Unknown

1b. What was the time of diagnosis?

[ ] Unknown

1c. What was the grade of the clinician who made the diagnosis of acute bowel obstruction?

*If unknown please select unknown*

- [ ] 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 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
- [ ] 08 - Senior staff nurse, enrolled nurse (EN etc.)
- [ ] 09 - 1st Level nurse, staff nurse (RGN)
- [ ] 10 - Allied health professional (Physiotherapy/ Speech & language therapy/Occupational therapy)
- [ ] 11 - Non-registered staff (HCA etc.)
- [ ] Unknown

If not listed above, please specify here...

1d. What was the specialty of the clinician who made the diagnosis of acute bowel obstruction?

*If unknown please select unknown*

- [ ] General surgery
- [ ] Colorectal surgery
- [ ] Upper gastrointestinal surgery
- [ ] Ear, nose and throat (ENT)
- [ ] Oral surgery
- [ ] Neurosurgery
- [ ] Cardiothoracic Surgery
- [ ] Anaesthetics
- [ ] General medicine
- [ ] Endocrinology
- [ ] Palliative medicine
- [ ] Acute internal medicine
- [ ] Infectious diseases
- [ ] Medical oncology
- [ ] Geriatric medicine
- [ ] Obstetrics
- [ ] Clinical oncology
- [ ] Unknown

- [ ] Urology
- [ ] Hepatobiliary & pancreatic surgery
- [ ] Trauma & orthopaedics
- [ ] Ophthalmology
- [ ] Oral and maxillo facial surgery
- [ ] Plastic surgery
- [ ] Accident & Emergency
- [ ] Critical care medicine
- [ ] Gastroenterology
- [ ] Clinical haematology
- [ ] Cardiology
- [ ] Respiratory medicine
- [ ] Nephrology
- [ ] Neurology
- [ ] Obstetrics & gynaecology
- [ ] Gynaecology
- [ ] Haematology

If not listed above, please specify here...
2a. Where was the patient cared for when the diagnosis of acute bowel obstruction was made?

- Emergency department
- Medical ward
- Level 2 care
- Medical assessment unit
- Surgical assessment unit
- Surgical ward
- Unknown
- Level 3 care

Please specify any additional options here...

2b. If answered "Medical ward" to [2a] then:

If the diagnosis was made on the medical ward please specify the specialty?

- General medicine
- Clinical haematology
- Acute internal medicine
- Nephrology
- Geriatric medicine
- Gynaecology
- Accident & Emergency

- Gastroenterology
- Palliative medicine
- Respiratory medicine
- Medical oncology
- Obstetrics & gynaecology
- Clinical oncology
- Critical care medicine

- Endocrinology
- Cardiology
- Infectious diseases
- Neurology
- Obstetrics
- Haematology
- Unknown

If not listed above, please specify here...

2c. If answered "Surgical ward" to [2a] then:

If the diagnosis was made on the surgical ward please specify the specialty?

- General surgery
- Colorectal surgery
- Upper gastrointestinal surgery
- Oral surgery
- Neurosurgery
- Cardiothoracic surgery
- Critical care medicine

- Urology
- Hepatobiliary & pancreatic surgery
- Trauma & orthopaedics
- Ophthalmology
- Oral & maxillo facial surgery
- Plastic surgery
- Accident & Emergency

- Unknown

If not listed above, please specify here...

3a. Was there a delay in diagnosis that was outside of your control?

- Yes
- No
- Unknown

3b. If answered "Yes" to [3a] then:

If YES, how long was the delay?

- Hours

Value should be no more than 1,000

- Unknown

3c. If answered "Yes" to [3a] then:

If YES, could this have been avoided?

- Yes
- No
- Unknown

3d. If answered "Yes" to [3a] then:

If YES, did this affect the outcome?

- Yes
- No
- Unknown
J. TREATMENT PLAN

1a. Was a treatment plan recorded in the notes?
   - Yes
   - No
   - Unknown

1b. If answered "Yes" to [1a] then:
   If YES, did this include: (Please tick all that apply)
   - Correction of organ failure
   - Imaging
   - Initial management strategy
   - Time bound plan for intervention
   - Nutrition plan
   - Frailty/comorbidity plan
   - Unknown

   Please specify any additional options here...

1c. If answered "No" to [1a] then:
   If NO, should there have been?
   - Yes
   - No
   - Unknown

2. Was there Care of the Elderly input pre-operatively/pre-treatment?
   - Yes
   - No
   - Unknown
   - Not applicable

3. Prior to treatment, how many different consultant surgeons reviewed the patient?
   Value should be no more than 20

4. Was there adequate consultant input?
   - Yes
   - No - Too little
   - No - Too much
   - Unknown

5a. Was there a delay in making the decision about the best treatment for the patient?
   - Yes
   - No
   - Unknown

5b. If answered "Yes" to [5a] then:
   If YES, how long was the delay?
   Value should be no more than 1,000

5c. If answered "Yes" to [5a] then:
   If YES, did this impact on outcome?
   - Yes
   - No
   - Unknown

5d. If answered "Yes" to [5a] then:
   What was the impact of the delay? (Please tick all that apply)
   If other organ other failure please select other and specify
   - Sepsis
   - Bowel perforation
   - Bowel ischaemia
   - Acute kidney injury
   - Increased risk of malnutrition
   - No impact
   - Peritonitis
   - Pain
   - Unknown

   Please specify any additional options here...
6a. Was a risk assessment undertaken to aid decision making?
   ○ Yes  ○ No  ○ Unknown

6b. If answered "Yes" to [6a] then:
   If YES, which tool was used? (Please tick all that apply)
   □ POSSUM score (or equivalent)  □ ASA classification system
   □ ACS risk calculator  □ NELA risk calculator
   □ Surgical outcome risk tool (SORT)  □ Clinical judgement
   □ Unknown

   Please specify any additional options here...

6c. If answered "Yes" to [6a] then:
   If YES, did this influence management?
   ○ Yes  ○ No  ○ Unknown

7a. Was an anaesthetic opinion sought to aid decision making about the appropriateness of surgery?
   ○ Yes  ○ No  ○ Unknown

7b. If answered "Yes" to [7a] then:
   If YES, did this influence management??
   ○ Yes  ○ No  ○ Unknown

7c. If answered "Yes" to [8a] and "Yes" to [8b] then:
   If YES, please specify how:
   □ Decision to palliate  □ Not fit for surgery  □ Optimisation
   □ Changed priority for surgery  □ Unknown

   Please specify any additional options here...

7d. If answered "No" to [7a] then:
   Should anaesthetic opinion have been sought?
   ○ Yes  ○ No  ○ Unknown

8a. Was a critical care opinion sought to aid decision making?
   ○ Yes  ○ No  ○ Unknown

8b. If answered "Yes" to [8a] then:
   If YES, did this influence management?
   ○ Yes  ○ No  ○ Unknown

8c. If answered "Yes" to [7a] and "Yes" to [7b] then:
   If YES, please specify how:
   □ Decision to palliate
   □ Not fit for surgery
   □ Optimisation
   □ Changed priority for surgery
   □ Admitted to critical care pre-operatively
   □ Decision made patient was for post op critical care admission
   □ Ceiling in place for treatment
   □ Not appropriate for critical care
   □ Unknown

   Please specify any additional options here...
8d. If answered "No" to [8a] then:
   If NO, was there any barrier to seeking a critical care opinion?
   ○ Yes  ○ No  ○ Unknown

8e. If answered "No" to [8a] and "Yes" to [8d] then:
   If Yes, please give details:

9a. Were the treatment plan options discussed with the patient?
   ○ Yes  ○ No  ○ Unknown  ○ Not applicable

9b. Were the treatment plan options discussed with the family?
   ○ Yes  ○ No  ○ Unknown

10a. Was there any room for improvement in shared decision making?
   ○ Yes  ○ No  ○ Unknown

10b. If answered "Yes" to [10a] then:
   If Yes, please give details:
K. NON-SURGICAL THERAPY FOR ALL PATIENTS

1a. For how long was the patient starved prior to admission to hospital?

□ Days

□ Unknown

1b. Was the patient’s bowel obstruction surgically managed?

☐ Yes

☐ No

☐ Unknown

1c. If medically managed, for how long was the patient starved in hospital?

□ Days

□ Unknown

1d. If answered "Yes" to [9k] then:

If surgically managed, for how long was the patient starved prior to surgery?

□ Days

□ Unknown

1e. If answered "Yes" to [9k] then:

If surgically managed, for how long was the patient starved post-surgery?

□ Days

□ Unknown

2a. How long was it until normal* nutrition was re-introduced (*normal amount to meet requirements)?

□ Days

□ Unknown

2b. Were there any barriers to reinstating normal nutrition?

☐ Yes

☐ No

☐ Unknown

2c. If answered "Yes" to [2b] then:

If YES, please give details:


3a. During treatment, did the patient have any of the following supplementary feeding methods? (Please tick all that apply)

☐ Nasogastric feeding tube

☐ Peripheral parenteral nutrition via cannula

☐ Total parenteral nutrition via peripherally inserted central catheter line

☐ Total parenteral nutrition via central line

☐ None

☐ Unknown

3b. If answered "None" to [3a] then:

If NONE, should they have done?

☐ Yes

☐ No

☐ Unknown
3c. If answered "Yes" to [3b] and "None" to [3a] then:
If YES, please give further details:

3d. If answered "Nasogastric feeding tube", "Peripheral parenteral nutrition via cannula",
"Total parenteral nutrition via peripherally inserted central catheter line" or "Total
parenteral nutrition via central line" to [3a] then:
If YES, was there any delay in insertion

☐ Yes ☐ No ☐ Unknown

3e. If answered "Nasogastric feeding tube", "Peripheral parenteral nutrition via cannula",
"Total parenteral nutrition via peripherally inserted central catheter line" or "Total
parenteral nutrition via central line" to [3a] and "Yes" to [3d] then:
If YES, please specify?

4. Was pain assessment ongoing throughout the admission?

☐ Yes ☐ No ☐ Unknown
1. Did the patient have a small bowel obstruction?
   *This question is for the purpose of filtering*
   - [ ] Yes
   - [ ] No
   - [ ] Unknown

2. If answered "Yes" or "Unknown" to [1] then:
   - Was the cause of the bowel obstruction:
     - [ ] Adhesional
     - [ ] Non-adhesional
     - [ ] Unknown
     - Please specify any additional options here...

3a. If answered "Yes" to [1] then:
   - Was Gastrografin given?
     - [ ] Yes
     - [ ] No
     - [ ] Unknown
     - [ ] Not applicable

3b. If answered "Yes" to [3a] and "Yes" or "Unknown" to [1] then:
   - If YES, was this given: (Please tick all that apply)
     - [ ] Diagnostically
     - [ ] Therapeutically
     - [ ] Unknown

3c. If answered "Yes" to [3a] and "Yes" or "Unknown" to [1] then:
   - If YES, please specify the date given:
     *Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

3d. If answered "Yes" to [3a] and "Yes" or "Unknown" to [1] then:
   - If YES, please specify the time given:

3e. If answered "Yes" or "Unknown" to [1] then:
   - Was imaging subsequently undertaken?
     - [ ] Yes
     - [ ] No
     - [ ] Unknown

3f. If answered "Yes" to [3e] and "Yes" or "Unknown" to [1] then:
   - If YES, please specify the date of imaging:
     *Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

3g. If answered "Yes" to [3e] and "Yes" or "Unknown" to [1] then:
   - If YES, please specify the time of imaging

3h. If answered "Yes" to [3a] and "Yes" or "Unknown" to [1] then:
   - Were there any delays in Gastrografin being given?
     - [ ] Yes
     - [ ] No
     - [ ] Unknown
3i. If answered "Yes" to [1] and "Yes" to [3h] then:
If YES, please specify?
M. LARGE BOWEL OBSTRUCTION

1. Did the patient have a large bowel obstruction?
   This question is for the purpose of filtering
   ○ Yes  ○ No  ○ Unknown

2. If answered "Yes" or "Unknown" to [1] then:
   What was the cause of the bowel obstruction?
   □ Cancer    □ Volvulus    □ Benign stricture    □ Unknown
   Please specify any additional options here...

3a. If answered "Cancer", "Benign stricture" or "Unknown" to [2] and "Yes" or "Unknown" to [1] then:
   Was stenting considered?
   ○ Yes  ○ No – should have been  ○ No – should not have been
   ○ Unknown
   If not listed above, please specify here...

3b. If answered "Cancer", "Benign stricture" or "Unknown" to [2] and "Yes" to [3a] then:
   If YES, did the patient subsequently have a stent inserted?
   ○ Yes  ○ No  ○ Unknown

3c. If answered "Yes" to [3b] and "Yes" to [3a] and "Cancer", "Benign stricture" or "Unknown" to [2] and "Yes" or "Unknown" to [1] then:
   If YES, please specify date of the stent insertion:
   Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.
   □ Unknown

3d. If answered "Yes" to [3b] and "Yes" to [3a] and "Cancer", "Benign stricture" or "Unknown" to [2] and "Yes" or "Unknown" to [1] then:
   If YES, please specify time of the stent insertion:
   □ Unknown

3e. If answered "Yes" to [3b] and "Yes" to [3a] and "Yes" to [3b] and "Cancer", "Benign stricture" or "Unknown" to [2] and "Yes" or "Unknown" to [1] then:
   Please specify the grade of the clinician responsible for undertaking the procedure?
   If unknown please select unknown
   ○ 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 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
   ○ 08 - Senior staff nurse, enrolled nurse (EN etc.)
   ○ 09 - 1st Level nurse, staff nurse (RGN)
   ○ 10 - Allied health professional (Physiotherapy/ Speech & language therapy/Occupational therapy)
   ○ 11 - Non-registered staff (HCA etc.)
   ○ Unknown
   If not listed above, please specify here...
3f. If answered "Cancer", "Benign stricture" or "Unknown" to [2] and "Yes" to [3a] and "Yes" to [3b] and "Yes" or "Unknown" to [1] then:
Please specify the specialty of the clinician responsible for undertaking the procedure?
If unknown please select unknown

- General surgery (100)
- Urology (101)
- Breast Surgery (103)
- Trauma & orthopaedics (110)
- Ear, nose and throat (ENT) (120)
- Ophthalmology (130)
- Oral surgery (140)
- Oral and maxillo facial surgery (145)
- Plastic surgery (160)
- Cardiothoracic Surgery (170)
- Accident & Emergency (180)
- Anaesthetics (190)
- Pain management (191)
- Clinical haematology (200)
- Vascular surgery (201)
- Gastroenterology (202)
- Clinical haematology (203)
- Rehabilitation (310)
- Palliative medicine (315)
- Cardiology (320)
- Acute internal medicine (321)
- Dermatology (330)
- Respiratory medicine (340)
- Infectious diseases (350)
- Genito-urinary medicine (360)
- Nephrology (361)
- Medical oncology (370)
- Neurology (400)
- Obstetrics & gynaecology (500)
- Obstetrics (501)
- Gynaecology (502)
- General medical practice (600)
- Gynaecology (601)
- Gynaecology (602)
- General medical practice (603)
- Community medicine (700)
- General medicine (800)
- Gastroenterology (801)
- Gastroenterology (802)
- Haematology (823)
- Community medicine (900)
- General medical practice (901)
- General medical practice (902)
- General medical practice (903)
- General medical practice (904)

3g. If answered "Yes" to [3b] and "Yes" to [3a] and "Cancer", "Benign stricture" or "Unknown" to [2] and "Yes" or "Unknown" to [1] then:
Where was this undertaken?

- X-ray department
- Endoscopy department
- Another hospital
- Unknown

Please specify any additional options here...

4. If answered "Cancer", "Benign stricture" or "Unknown" to [2] and "Yes" to [3a] and "Yes" to [3b] and "Yes" or "Unknown" to [1] then:
Were the options (i.e. stent vs. operation) discussed with the patient and the family prior to surgery?

- Yes – patient
- Yes – family
- Yes – both patient & family
- No
- Unknown
- Not Applicable

5a. If answered "Yes" to [3a] and "Yes" to [3b] and "Cancer", "Benign stricture" or "Unknown" to [2] and "Yes" or "Unknown" to [1] then:
Was the stent insertion successful?

- Yes
- No
- Unknown

5b. If answered "No" to [5a] and "Cancer", "Benign stricture" or "Unknown" to [2] and "Yes" to [3b] and "Yes" to [3a] and "Yes" or "Unknown" to [1] then:
If NOT, why not? (Please tick all that apply)

- Failed stent
- Stent migration
- Stoma
- Stent perforation leading to surgery
- Unknown

Please specify any additional options here...
6a. If answered "Volvulus" or "Unknown" to [2] and "Yes" or "Unknown" to [1] then:
Is there a record of endoscopic intervention during the admission?
- Yes
- No
- Unknown

6b. If answered "Yes" to [6a] and "Volvulus" or "Unknown" to [2] and "Yes" or "Unknown" to [1] then:
If YES, please specify date of the last endoscopy:
Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

6c. If answered “Yes” to [6a] and “Volvulus” to [2] and “Yes” to [1] then:
If YES, please specify time of the last endoscopy:
Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

7. If answered "Yes" to [6a] and "Volvulus" or "Unknown" to [2] and "Yes" or "Unknown" to [1] then:
What type of endoscopy was undertaken?
- Rigid sigmoidoscopy
- Flexible sigmoidoscopy
- Unknown
- Rigid sigmoidoscopy and flatus tube
- Colonoscopy

Please specify any additional options here...

8a. If answered "Yes" to [6a] and "Volvulus" or "Unknown" to [2] and "Yes" or "Unknown" to [1] then:
Were there any barriers to undertaking a timely endoscopy?
- Yes
- No
- Unknown

8b. If answered "Volvulus" or "Unknown" to [2] and "Yes" to [6a] and "Yes" to [8a] and "Yes" or "Unknown" to [1] then:
If YES, please give further details:

9. If answered “Volvulus” or “Unknown” to [2] and “Yes” to [6a] and “Yes” or “Unknown” to [1] then:
Was a percutaneous endoscopic colostomy inserted?
- Yes
- No
- Unknown
1. Was this patient’s bowel obstruction surgically managed?

   This question is for the purpose of filtering

   ○ Yes  ○ No  ○ Unknown

2a. If answered "Yes" to [1] then:
   Was a consent form completed?

   ○ Yes  ○ No  ○ Unknown

2b. If answered "Yes" to [2a] and "Yes" to [1] then:
   What was the grade of the clinician taking consent?

   If unknown please select unknown

   ○ 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 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
   ○ 08 - Senior staff nurse, enrolled nurse (EN etc.)
   ○ 09 - 1st Level nurse, staff nurse (RGN)
   ○ 10 - Allied Health Professional (Physiotherapy/ Speech & language therapy/Occupational therapy)
   ○ 11 - Non-registered staff (HCA etc.)
   ○ Unknown

2c. If answered "Yes" to [1] and "Yes" to [2a] then:
   What was the specialty of the clinician taking consent?

   If unknown please select unknown

   ○ General surgery
   ○ Colorectal surgery
   ○ Upper gastrointestinal surgery
   ○ Ear, nose and throat (ENT)
   ○ Oral surgery
   ○ Neurosurgery
   ○ Cardiothoracic surgery
   ○ Anaesthetics
   ○ General medicine
   ○ Endocrinology
   ○ Palliative medicine
   ○ Acute internal medicine
   ○ Infectious diseases
   ○ Medical oncology
   ○ Geriatric medicine
   ○ Obstetrics
   ○ Clinical oncology
   ○ Unknown

   If not listed above, please specify here...

3a. If answered "Yes" to [1] and "Yes" to [2a] then:
   Were the benefits and risks of the procedure stated on the consent form?

   ○ Yes  ○ No  ○ Unknown
3b. If answered "Yes" to [3a] and "Yes" to [1] and "Yes" to [2a] then:
If YES, did this include risk of death?
- Yes
- No
- Unknown

4. If answered "Yes" to [1] then:
What operation was undertaken?

5a. If answered "Yes" to [1] then:
Please state the date of the decision to operate:
Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

5b. If answered "Yes" to [1] then:
Please state the time of the decision to operate:

5c. If answered "Yes" to [1] then:
What was the grade of the clinician who made the decision to operate?
If unknown please select unknown
- 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 – Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist)
- 08 – Senior staff nurse, enrolled nurse (EN etc.)
- 09 – 1st Level nurse, staff nurse (RGN)
- 10 – Allied health professional (Physiotherapy/ Speech & language therapy/Occupational therapy)
- 11 – Non-registered staff (HCA etc.)
- Unknown

If not listed above, please specify here...
5d. If answered "Yes" to [1] then:
What was the specialty of the clinician who made the decision to operate?
If unknown please select unknown

- General surgery
- Colorectal surgery
- Upper gastrointestinal surgery
- Ear, nose and throat (ENT)
- Oral surgery
- Neurosurgery
- Cardiothoracic Surgery
- Anaesthetics
- General medicine
- Endocrinology
- Palliative medicine
- Acute internal medicine
- Infectious diseases
- Medical oncology
- Geriatric medicine
- Obstetrics
- Clinical oncology
- Unknown

If not listed above, please specify here...

---

6a. If answered "Yes" to [1] then:
Please state the date the operation was undertaken
Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

- Unknown

6b. If answered "Yes" to [1] then:
Please state the time the operation was undertaken
- Unknown

7. If answered "Yes" to [1] then:
Was there a delay between the decision to operate and the operation?
- Yes
- No
- Unknown

8. If answered "Yes" to [1] then:
Please specify the category of urgency:
Please see definitions - http://bit.ly/2qYWnOL

- IMMEDIATE
- URGENT
- EXPEDITED
- ELECTIVE

---

9a. If answered "Yes" to [1] then:
Were there any delays in undertaking the surgery?
- Yes
- No
- Unknown

9b. If answered "Yes" to [1] and "Yes" to [9a] then:
If YES, how long was the delay?

- Hours
- Unknown

Value should be no more than 1,000
9c. If answered "Yes" to [1] and "Yes" to [9a] then:
If YES, what was the reason for the delay? (Please tick all that apply)

- Non-availability of surgeon
- Non availability of anaesthetist
- Non availability of critical care
- Non availability of theatre
- Non availability of theatre staff
- Patient requiring additional pre-operative treatment/optimisation/resuscitation
- Unknown

Please specify any additional options here...

9d. If answered "Yes" to [1] and "Yes" to [9a] then:
What was the impact of the delay? (Please tick all that apply)
If other organ other failure please select other and specify

- Sepsis
- Bowel ischaemia
- Bowel perforation
- Acute kidney injury
- Increased risk of malnutrition
- Peritonitis
- Pain
- No impact
- Unknown

Please specify any additional options here...

10a. If answered "Yes" to [1] then:
What was the grade of the clinician who undertook the operation?
If unknown please select unknown

- 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)
- Unknown

If not listed above, please specify here...

10b. If answered "Yes" to [1] then:
What was the specialty of the clinician who undertook the operation?
If unknown please select unknown

- General surgery
- Colorectal surgery
- Upper gastrointestinal surgery
- Ear nose & throat (ENT)
- Oral surgery
- Neurosurgery
- Cardiothoracic surgery
- Critical care medicine
- Urology
- Hepatobiliary & pancreatic surgery
- Trauma and orthopaedics
- Ophthalmology
- Oral and maxillo facial surgery
- Plastic surgery
- Accident & Emergency
- Unknown

If not listed above, please specify here...

10c. If answered "Yes" to [1] then:
If not performing the operation, was consultant surgeon supervising?

- Yes
- No
- Unknown
- Not applicable
10d. If answered "Yes" to [1] and "Yes" to [10c] then:
Where was this supervision based?

☐ At home  ☐ In hospital  ☐ Unknown

Please specify any additional options here...

11. If answered "Yes" to [1] then:
What was the grade of the anaesthetist?
If unknown please select unknown

☐ 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)
☐ Unknown

If not listed above, please specify here...

12a. If answered "Yes" to [1] then:
In hindsight, was the most appropriate operation undertaken?

☐ Yes  ☐ No  ☐ Unknown

12b. If answered "No" to [12a] and "Yes" to [1] then:
If NO, why not? (Please specify)

13a. If answered "Yes" to [1] then:
Did the surgical findings correlate with the pre-operative imaging?

☐ Yes  ☐ No
☐ Unknown  ☐ NA - No pre-operative imaging

13b. If answered “Yes" to [1] and "No" to [13a] then:
If NO, what were the differences?
14a. If answered "Yes" to [1] then:  
Where was the patient admitted immediately post operatively?

- Level 3 care
- Post-operative enhanced recovery
- Surgical ward
- Unknown

Level 2 care
Clinical ward
Post-operative enhanced recovery
Medical ward
Died in theatre
Unknown

Please specify any additional options here...

14b. If answered "Yes" to [1] and "Medical ward" to [14a] then:  
If MEDICAL WARD, please specify the specialty?

- General medicine
- Clinical haematology
- Acute internal medicine
- Nephrology
- Geriatric medicine
- Gynaecology
- Accident and Emergency

- Gastroenterology
- Palliative medicine
- Respiratory medicine
- Medical oncology
- Obstetrics & gynaecology
- Clinical oncology
- Critical care medicine

- Endocrinology
- Cardiology
- Infectious diseases
- Neurology
- Obstetrics
- Haematology
- Unknown

If not listed above, please specify here...

14c. If answered "Yes" to [1] and "Surgical ward" to [14a] then:  
If SURGICAL WARD, please specify the specialty?

- General surgery
- Colorectal surgery
- Upper gastrointestinal surgery
- Ear, nose and throat (ENT)
- Oral surgery
- Neurosurgery
- Cardiothoracic surgery
- Critical care medicine

- Urology
- Hepatobiliary & pancreatic surgery
- Trauma and orthopaedics
- Ophthalmology
- Oral and maxillo facial surgery
- Plastic surgery
- Accident & Emergency
- Unknown

If not listed above, please specify here...

14d. If answered "Yes" to [1] then:  
Was the post-operative location appropriate?

- Yes
- No
- Unknown
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Was an escalation of care required during the admission?</td>
<td>□ Yes - Level 3 □ Yes - Level 2 □ No □ Unknown</td>
</tr>
<tr>
<td></td>
<td>Please specify any additional options here...</td>
</tr>
<tr>
<td>1b. If answered &quot;Yes - Level 3&quot; or &quot;Yes - Level 2&quot; to [1a] then:</td>
<td>□ Yes □ No □ Unknown</td>
</tr>
<tr>
<td>If an escalation of care was required, was this achieved?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Yes □ No □ Unknown</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>2. If answered &quot;Yes - Level 3&quot; to [1a] then:</td>
<td>□ Planned □ Unplanned □ Unknown</td>
</tr>
<tr>
<td>Was this admission:</td>
<td></td>
</tr>
<tr>
<td>3a. If answered &quot;Yes - Level 3&quot; to [1a] then:</td>
<td>□ Yes □ No □ Unknown</td>
</tr>
<tr>
<td>Was the patient ventilated?</td>
<td></td>
</tr>
<tr>
<td>3b. If answered &quot;Yes - Level 3&quot; to [1a] and &quot;Yes&quot; to [3a] then:</td>
<td>□ Invasive □ Non-invasive □ Unknown</td>
</tr>
<tr>
<td>If YES, was this:</td>
<td></td>
</tr>
<tr>
<td>4. If answered &quot;Yes - Level 3&quot; to [1a] then:</td>
<td>□ Unknown</td>
</tr>
<tr>
<td>What was the duration of the critical care admission?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Days □ Unknown</td>
</tr>
<tr>
<td>5a. If answered &quot;Yes - Level 3&quot; to [1a] then:</td>
<td>□ Yes □ No □ Unknown</td>
</tr>
<tr>
<td>Following discharge from critical care, was the patient readmitted to critical care during this admission?</td>
<td></td>
</tr>
<tr>
<td>5b. If answered &quot;Yes - Level 3&quot; to [1a] and &quot;Yes&quot; to [5a] then:</td>
<td>□ Yes □ No □ Unknown</td>
</tr>
<tr>
<td>If YES, could this have been avoided?</td>
<td></td>
</tr>
<tr>
<td>5c. If answered &quot;Yes - Level 3&quot; to [1a] and &quot;Yes&quot; to [5a] and &quot;Yes&quot; to [5b] then:</td>
<td></td>
</tr>
<tr>
<td>If Yes, please give details:</td>
<td></td>
</tr>
</tbody>
</table>
6a. If answered "Yes - Level 2" or "No" to [1a] then:
If the patient was NOT ADMITTED to Level 3 care, was this appropriate?

☐ Yes  ☐ No  ☐ Unknown  ☐ Not applicable

6b. If answered "Yes - Level 2" or "No" to [1a] and "No" to [6a] then:
If NO, why not? (Please specify)
1a. Were there any delays in the care of this patient that were outside your control?
- Yes
- No
- Unknown

1b. If answered "Yes" to [1a] then:
What was the cause of the delay? (Please tick all that apply)
- Multiple handovers of care
- Infrequent consultant review
- Lack of clinical review
- Too many clinical reviews
- Review by inexperienced medical staff
- Unknown

Please specify any additional options here...

1c. If answered "Yes" to [1a] then:
What was the impact of the delay? (Please tick all that apply)
- Sepsis
- Bowel Perforation
- Bowel Ischaemia
- Acute kidney injury
- Increased risk of malnutrition
- Peritonitis
- Pain
- No Impact
- Unknown

1d. If answered "Yes" to [1a] then:
Could any of these delays have been avoided?
- Yes
- No
- Unknown

1e. If answered "Yes" to [1a] and "Yes" to [1d] then:
If YES, please specify:

---

2a. Were there adequate handover arrangements of this patient’s care?
- Yes
- No
- Unknown

2b. If answered "No" to [2a] then:
If NO, how could this have been improved? (Please specify)
3. Did formal consultant to consultant transfers occur for each transfer of care?
   - Yes
   - No
   - Unknown
   - Not applicable

4. Was post-operative/post treatment pain well managed?
   - Yes
   - No
   - Unknown

5. Was an acute pain team involved in the care of the patient post-operatively/post treatment?
   - Yes
   - No
   - Unknown

6a. Was there Care of the Elderly input post operatively/post-treatment?
   - Yes
   - No
   - Unknown
   - Not applicable

6b. If answered "No" to [6a] then:
   If NO, should there have been?
   - Yes
   - No
   - Unknown

7a. Were SOCIAL CARE involved in the care of this patient during this admission?
   - Yes
   - No
   - Unknown

7b. If answered "No" to [7a] then:
   If NO, should they have been?
   - Yes
   - No
   - Unknown

7c. Were PHYSIOTHERAPY involved in the care of this patient during this admission?
   - Yes
   - No
   - Unknown

7d. If answered "No" to [7c] then:
   If NO, should they have been?
   - Yes
   - No
   - Unknown

7e. Were OCCUPATIONAL THERAPY involved in the care of this patient during this admission?
   - Yes
   - No
   - Unknown

7f. If answered "No" to [7e] then:
   If NO, should they have been?
   - Yes
   - No
   - Unknown

7g. Were DIETETICS involved in the care of this patient during this admission?
   - Yes
   - No
   - Unknown

7h. If answered "No" to [7g] then:
   If NO, should they have been?
   - Yes
   - No
   - Unknown

7i. Was a NUTRITION TEAM involved in the care of this patient during this admission?
   - Yes
   - No
   - Unknown

7j. If answered "No" to [7i] then:
   If NO, should they have been?
   - Yes
   - No
   - Unknown

7k. Were ANY OTHER RELEVANT TEAMS involved in the care of this patient during this admission?
   - Yes
   - No
   - Unknown

7l. If answered "No" to [7k] then:
   If NO, should they have been?
   - Yes
   - No
   - Unknown
8a. Did the patient suffer any medical complications during this admission?
   - Yes
   - No
   - Unknown

8b. If answered "Yes" to [8a] then:
   If YES, which medical complications? (Please tick all that apply)
   - Acute Kidney injury
   - Hospital acquired infection requiring antibiotics
   - Urinary tract infection
   - Vascular thrombotic events
   - Malnutrition/weight loss
   - Intestinal perforation
   - Chest infection
   - Death
   - Unknown

   Please specify any additional options here...

8c. If answered "Yes" to [8a] then:
   Were the medical complications managed appropriately?
   - Yes
   - No
   - Unknown

8d. If answered "Yes" to [8a] and "No" to [8c] then:
   If NO, please provide details?

8e. If answered "Yes" to [8a] then:
   Were any of the medical complications avoidable?
   - Yes
   - No
   - Unknown

8f. If answered "Yes" to [8a] and "Yes" to [8e] then:
   If YES, please give details?

8g. If answered "Yes" to [8a] then:
   Did any of the medical complications occur as a result of a delay?
   - Yes
   - No
   - Unknown
8h. If answered "Yes" to [8a] and "Yes" to [8g] then:
If YES, please give details:

8i. If answered "Yes" to [8a] then:
Did any of the medical complications result in a return to theatre?
- Yes
- No
- Unknown

8j. If answered "Yes" to [8a] and "Yes" to [8i] then:
If YES, please give details:

9a. Did the patient suffer any surgical complications during this admission?
- Yes
- No
- Unknown

9b. If answered "Yes" to [9a] then:
If YES, which surgical complications (please tick all that apply)
- Haemorrhage
- Surgical site infection
- Stoma-related complications
- Enterotomy requiring re-operation
- Unknown

- Anastomotic leak
- Abdominal wall dehiscence
- Mesenteric ischaemia
- Death

Please specify any additional options here...

9c. If answered "Yes" to [9a] then:
Were the surgical complications managed appropriately?
- Yes
- No
- Unknown
9d. If answered "Yes" to [9a] and "No" to [9c] then:
If NO, please provide details?

9e. If answered "Yes" to [9a] then:
Were any of the surgical complications avoidable?
☐ Yes ☐ No ☐ Unknown

9f. If answered "Yes" to [9a] and "Yes" to [9e] then:
If YES, please give details?

9g. If answered "Yes" to [9a] then:
Did any of the surgical complications occur as a result of a delay?
☐ Yes ☐ No ☐ Unknown

9h. If answered "Yes" to [9a] and "Yes" to [9g] then:
If YES, please give details?

9i. If answered "Yes" to [9a] then:
Did any of the surgical complications result in a return to theatre?
☐ Yes ☐ No ☐ Unknown
9j. If answered "Yes" to [9a] and "Yes" to [9i] then:
If YES, please give details?

9k. Was the patients bowel obstruction surgically managed?
This question is for the purpose of filtering

☐ Yes  ☐ No  ☐ Unknown
Q. DISCHARGE / FOLLOW-UP

1. What was the outcome of this admission?
   - [ ] Patient discharged alive
   - [ ] Patient died during admission
   - [ ] Unknown

2a. Please indicate the date of discharge/death during admission:
   *Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.*

   - [ ] Unknown

2b. Please indicate the time of discharge/death during admission:
   - [ ] Unknown

3. If answered "Patient discharged alive" or "Unknown" to [1] then:
   What was the discharge destination of the patient?
   - [ ] Home
   - [ ] Other hospital
   - [ ] Hospice
   - [ ] Nursing home
   - [ ] Unknown
   Please specify any additional options here...

4. If answered "Patient discharged alive" or "Unknown" to [1] then:
   What was the functional status of the patient at the time of discharge?
   *Please see definitions - http://bit.ly/2qYWnOL*
   - [ ] 1. Very fit
   - [ ] 2. Well
   - [ ] 3. Managing well
   - [ ] 4. Vulnerable
   - [ ] 5. Mildly frail
   - [ ] 6. Moderately frail
   - [ ] 7. Severely frail
   - [ ] 8. Very severely frail
   - [ ] 9. Terminally ill
   - [ ] Unknown

5a. If answered "Patient discharged alive" or "Unknown" to [1] then:
   Was a frailty assessment undertaken at discharge?
   - [ ] Yes
   - [ ] No
   - [ ] Unknown

5b. If answered “Yes” or "Unknown" to [5a] and "Patient discharged alive" or "Unknown" to [1] then:
   If YES, was there a change in score between admission and discharge?
   - [ ] Yes
   - [ ] No
   - [ ] Unknown

5c. If answered “Yes” to [5a] and “Yes” to [5b] and "Patient discharged alive" or "Unknown" to [1] then:
   If YES, please specify?
   - [ ] Patient less frail
   - [ ] Same level of frailty
   - [ ] Patient more frail
   - [ ] Unknown

6a. If answered "Patient discharged alive" or "Unknown" to [1] then:
   Were there any barriers to effective discharge planning?
   - [ ] Yes
   - [ ] No
   - [ ] Unknown

6b. If answered "Patient discharged alive" or "Unknown" to [1] then:
   At discharge, was the patient given advice on nutrition?
   - [ ] Yes
   - [ ] No
   - [ ] Unknown

6c. If answered "Patient discharged alive" or "Unknown" to [1] then:
   At discharge, was the patient given advice on new medications?
   - [ ] Yes
   - [ ] No
   - [ ] Unknown
   - [ ] Not applicable
7a. If answered "Patient discharged alive" or "Unknown" to [1] then:
   Was the patient readmitted to this Trust/Health Board within 30 days of discharge?
   ☐ Yes  ☐ No  ☐ Unknown

7b. If answered "Yes" to [7a] and "Patient discharged alive" or "Unknown" to [1] then:
   If YES, was this related to the original admission under review?
   ☐ Yes  ☐ No  ☐ Unknown

7c. If answered "Yes" to [7a] and "Yes" to [7b] and "Patient discharged alive" or "Unknown" to [1] then:
   What was the reason for the readmission? (Please tick all that apply)
   ☐ Recurrent small bowel obstruction  ☐ Recurrent volvulus
   ☐ Missed diagnosis  ☐ Post-operative complication
   ☐ Unknown
   Please specify any additional options here...

7d. If answered "Yes" to [7a] and "Yes" to [7b] and "Post-operative complication" to [7c] and "Patient discharged alive" or "Unknown" to [1] then:
   If POST OPERATIVE COMPLICATION, please give details:

8a. Was the outcome of this patient discussed at a multidisciplinary review/audit/mortality meeting?
   ☐ Yes  ☐ No  ☐ Unknown

8b. If answered "Yes" to [8a] then:
   Were remediable factors in the care of this patient identified?
   ☐ Yes  ☐ No  ☐ Unknown

8c. If answered "Yes" to [8a] and "Yes" to [8b] then:
   What action was taken?

9a. If answered "Patient discharged alive" to [1] then:
   Did the patient die within 30 days of the admission?
   This refers to the date of the admission. Section F. Admission to Ward. Q1
   ☐ Yes  ☐ No  ☐ Unknown
9b. If answered "Patient discharged alive" to [1] and "Yes" to [9a] then:
   Was the death expected?
   ☐ Yes ☐ No ☐ Unknown

9c. If answered "Patient discharged alive" to [1] and "Yes" to [9a] then:
   Did the patient die from: (Please tick all that apply)
   ☐ The underlying disease ☐ Complications
   ☐ A delay in operative intervention ☐ Non operation/ Not operated on
   ☐ Unknown

   Please specify any additional options here...

10a. If answered "Patient died during admission" or "Unknown" to [1] then:
    Was the death expected?
    ☐ Yes ☐ No ☐ Unknown

10b. If answered "Patient died during admission" or "Unknown" to [1] then:
    Did the patient die from: (Please tick all that apply)
    ☐ The underlying disease ☐ Complications
    ☐ A delay in operative intervention ☐ Non-operation/Not operated on
    ☐ Unknown

    Please specify any additional options here...
1a. Was the patient put on a End of Life Care Pathway?

- Yes – appropriately
- Yes – inappropriately
- No – appropriately
- No - inappropriately
- Unknown

1b. Was there any advanced care planning discussed within the last year?

- Yes
- No
- Unknown

2a. If answered "Yes - appropriately" or "Yes - inappropriately" to [1a] then:
   Was a palliative care team involved?

- Yes
- No
- Unknown

2b. If answered "Yes" to [2a] and "Yes - appropriately" or "Yes - inappropriately" to [1a] then:
   Please indicate which clinicians were members of this team? (Please tick all that apply)

- Palliative care physician
- GP
- Specialist nurse
- Unknown

   Please specify any additional options here...

3. If answered "Yes - appropriately" or "Yes - inappropriately" to [1a] then:
   Why was the patient put on to this pathway? (Please tick all that apply)

- Malignancy
- Moribund state
- Sudden post-operative deterioration
- Unknown

   Please specify any additional options here...

4a. If answered "Yes - appropriately" or "Yes - inappropriately" to [1a] then:
   Please indicate the date of the decision to put the patient on a palliative care pathway:
   Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

   □ Unknown

4b. If answered "Yes - appropriately" or "Yes - inappropriately" to [1a] and "Yes" to [2a] then:
   Please indicate the date of the first assessment by palliative care team:
   Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

   □ Unknown

4c. If answered "Yes - appropriately" or "Yes - inappropriately" to [1a] then:
   If the patient was discharged alive but subsequently died please indicate the date of death:
   Please note to be included in the study the patient must have been admitted between 16-04-2018 and 13-05-2018.

   □ Unknown
5. If answered "Yes - appropriately" or "Yes - inappropriately" to [1a] then:
Where was end of life care delivered? (Please tick all that apply)

- Hospital
- Home
- Hospice
- Care home
- Unknown

Please specify any additional options here...