PERI-OPERATIVE CARE

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Clinical form to be completed by an anaesthetist

SITE NAME

TRUST NAME

1. Hospital number of patient (or if not applicable, A&E number)

2. NHS number (10 digits)

3. Date of hospital admission (d d m m y y)

4. Date of birth (d d m m y y)

5. Gender ☐ Male ☐ Female

6. Ethnicity (for calculating eGFR) ☐ Black ☐ Other

7. ASA class ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8a. Weight (kg) **8b.** ☐ Actual ☐ Estimated

9a. Height (cm) **9b.** ☐ Actual ☐ Estimated

10a. Was the patient assessed in a pre-admission clinic? ☐ Yes ☐ No ☐ Unknown

10b. If YES, was this: ☐ within 4 weeks of surgery ☐ 4 weeks or more prior to surgery ☐ Unknown

11. Specific co-morbidities
☐ arrhythmia ☐ cancer ☐ documented cirrhosis ☐ congestive cardiac failure - see definitions ☐ current smoker
☐ diabetes (insulin) ☐ diabetes (non insulin) ☐ ischaemic heart disease - see definitions ☐ respiratory disease ☐ prior TIA/stroke

12. Do you consider this patient to be a high risk patient? ☐ Yes ☐ No

13. Please state the last known values within 2 weeks of surgery for the following:

13a. Creatinine (mmol/ml) ☐ Not done ☐ Unknown **13b.** Haemoglobin (g/dl) ☐ Not done ☐ Unknown

14. Start time and date of anaesthetic (h h m m) (d d **0 3** **1 0** m m y y)

15. Anaesthetic technique - please select all that apply: ☐ General ☐ Spinal/epidural ☐ Combined

16a. Arterial catheter? ☐ Yes ☐ No **16b.** CVC? ☐ Yes ☐ No **16c.** Cardiac output monitoring? ☐ Yes ☐ No

17. Urgency of surgery (see DEFINITIONS) ☐ Immediate ☐ Urgent ☐ Expedited ☐ Elective

18. Post op planning (see definitions)	Recovery to ward (level 0/1)	Recovery to HDU (level 2)	Recovery to ICU (level 3)	Straight to HDU (level 2)	Straight to ICU (level 3)	Other - please do NOT detail further
18a. Intention before surgery	☐	☐	☐	☐	☐	☐

19. Procedure performed

20a. Laparoscopic? ☐ Yes ☐ No **20b.** Laparoscopic converted surgery? - see definitions ☐ Yes ☐ No

21a. Intra-abdominal? ☐ Yes ☐ No **21b.** Intra-thoracic? ☐ Yes ☐ No

22a. Gut resection? ☐ Yes ☐ No **22b.** If YES, primary anastomosis? ☐ Yes ☐ No

23. Intra-operative estimated blood loss ☐ <100ml ☐ 100 to <500ml ☐ 500 to <1000ml ☐ ≥1000ml

PLEASE TURN OVER TO COMPLETE THE REMAINING QUESTIONS

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24a. Was a surgical checklist used during this procedure? ☐ Yes ☐ No

24b. If YES to 24a ☐ Original WHO checklist ☐ Modified WHO checklist ☐ Other

25. Post op planning (see definitions)	Recovery to ward (level 0/1)	Recovery to HDU (level 2)	Recovery to ICU (level 3)	Straight to HDU (level 2)	Straight to ICU (level 3)	Other
25a. Actual discharge after surgery	☐	☐	☐	☐	☐	☐

26a. Was the actual discharge location ideal? ☐ Yes ☐ No

26b. If NO, please specify why not:

STRUCTURED COMMENTARY

27. If there are any points re the pre-operative assessment, intra-operative or post operative care of this patient or their procedure that you would like to highlight for our clinical advisors, or anything else you would like to add, please do so here:

ANAESTHETIST TO ASK RECOVERY STAFF TO COMPLETE Q28, AND RETRIEVE THEREAFTER

QUESTION 28 IS FOR PATIENTS WHO WENT FROM THEATRE TO RECOVERY - RECOVERY STAFF TO COMPLETE AND RETURN TO ANAESTHETIST:

28a. Time/date/day into recovery — Time: [ ][ ] [ ][ ] (h h m m) Date: [ ][ ] [0][3] [1][0] (d d m m y y)

28b. Time/date/day out of recovery — Time: [ ][ ] [ ][ ] (h h m m) Date: [ ][ ] [0][3] [1][0] (d d m m y y)

28c. First location after recovery (see definitions) ☐ Ward (level 0/1) ☐ HDU (level 2) ☐ ICU (level 3)

Thank you for contributing to this study!

FOR NCEPOD USE ONLY

NCEPOD NUMBER [ ][ ][ ][ ][ ][ ] **DATE RECEIVED** [ ][ ] [ ][ ] [ ][ ][ ][ ]

SITE NUMBER [ ][ ][ ][ ][ ][ ]

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DEFINITIONS

ASA CLASS:

I healthy
II mild systemic, no limitations
III severe systemic, limitations
IV severe systemic, threat to life
V moribund, not expected to survive

CO-MORBIDITIES AND LAPAROSCOPIC CONVERTED SURGERY:

Cerebrovascular disease
Cerebrovascular disease is defined as a history of transient ischemic attack or stroke.

Congestive heart failure
Congestive heart failure was defined by the presence of any of the following: history of congestive heart failure, pulmonary edema, or paroxysmal nocturnal dyspnea; physical examination showing bilateral rales or S3 gallop; or chest radiograph showing pulmonary vascular redistribution.

Ischaemic heart disease
Ischaemic heart disease includes any of the following: history of myocardial infarction, history of a positive exercise test, current complaint of chest pain considered to be secondary to myocardial ischemia, use of nitrate therapy, or ECG with pathological Q waves. Patients with prior coronary revascularization procedures are categorized as having ischaemic heart disease only if they had any of the other criteria for ischaemic heart disease listed above.

Laparoscopic converted surgery
An incision is made larger than that simply needed to extract the specimen.

URGENCY OF SURGERY:

Immediate – immediate life, limb or organ-saving intervention – resuscitation simultaneous with intervention. Normally within minutes of decision to operate. A) Life-saving B) Other e.g. limb or organ saving.

Urgent – intervention for acute onset or clinical deterioration of potentially life-threatening conditions, for those conditions that may threaten the survival of limb or organ, for fixation of many fractures and for relief of pain or other distressing symptoms. Normally within hours of decision to operate.

Expedited – patient requiring early treatment where the condition is not an immediate threat to life, limb or organ survival. Normally within days of decision to operate.

Elective – intervention planned or booked in advance of routine admission to hospital. Timing to suit patient, hospital and staff.

LEVEL OF CARE:

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

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

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

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