

**ANAESTHETIC QUESTIONNAIRE (INDEX CASE) 1991-1992**

QUESTIONNAIRE No. 

A	I				
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**DO NOT PHOTOCOPY ANY PART OF THIS QUESTIONNAIRE**

**QUESTIONNAIRE COMPLETION**

The whole questionnaire will be shredded when data collection is complete.

The information you supply is important. It must be accurate if valid conclusions are to be drawn.

Neither the questions nor the choices for answers are intended to suggest standards of practice.

Please **enclose** a copy of the ANAESTHETIC record and of the fluid balance chart(s). Any identification will be removed in the NCEPOD office.

Many of the questions can be answered by "Yes" or "No". Please insert the relevant number in the appropriate box eg

1	2
for Yes	for No

Where multiple choices are given, please insert the relevant letter(s) of your answer in the box(es), and leave the remaining boxes blank.

Eg question 6b

C	D	
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indicates that advice was sought from both a Senior Registrar and a Consultant.

Consultants or junior staff may write to the NCEPOD office under separate cover, quoting the questionnaire number.

All original copies of correspondence will be confidential **(but do not retain copies of your correspondence)**.

In case of difficulty, please contact the NCEPOD office on:

**071 831 6430**

**HAVE YOU ENCLOSED COPIES OF THE ANAESTHETIC RECORD AND FLUID BALANCE CHARTS?**

**HOSPITAL**

1. In what type of hospital did the anaesthetic take place? 1
- A District General Hospital
  - B University/Teaching Hospital
  - C Surgical Specialty Hospital
  - D Other Acute/Partly Acute Hospital
  - E Community Hospital
  - F Defence Medical Services Hospital
  - G Independent Hospital
  - H Other (please specify)

2. Is this hospital part of, or wholly, an NHS Trust? 2
- Yes = 1      No = 2

**PROXY ANAESTHETISTS**

3. If you were not involved in any way with this anaesthetic and have filled out this questionnaire on behalf of someone else, please indicate your position. 3
- A Chairman of Division
  - B College Tutor
  - C Duty Consultant
  - D Other Consultant
  - E Other (please specify)

**THE ANAESTHETIST(S)**

4. Grade(s) of anaesthetist(s) who were present at this anaesthetic. Enter the appropriate letter for each person present. 4

A	SHO	<input type="checkbox"/>	A
B	Registrar	<input type="checkbox"/>	B
C	Senior Registrar	<input type="checkbox"/>	C
D	Consultant	<input type="checkbox"/>	D
E	Staff Grade	<input type="checkbox"/>	E
F	Associate Specialist	<input type="checkbox"/>	F
G	Clinical Assistant	<input type="checkbox"/>	G
H	General Practitioner	<input type="checkbox"/>	H
I	Hospital Practitioner	<input type="checkbox"/>	I
J	Other (please specify)	<input type="checkbox"/>	J

5. Were any of the above anaesthetists employed in a locum capacity?

5a

Yes = 1      No = 2

If **yes**, specify grade(s)

\_\_\_\_\_ b

6. Did the anaesthetist (of whatever grade) **seek advice** at any time from another anaesthetist (not mentioned in question 4)?

6a

Yes = 1      No = 2

If **yes**, grade(s) of anaesthetist(s) from whom advice sought:

6b

A	SHO
B	Registrar
C	Senior Registrar
D	Consultant
E	Staff Grade
F	Associate Specialist
G	Clinical Assistant
H	General Practitioner
I	Hospital Practitioner
J	Other (please specify)

7. Did any colleague(s) (not mentioned in question 4) **come to help** at any time?

7a

Yes = 1      No = 2

If **yes**, grade(s) of anaesthetist(s) who came to help:

7b

A	SHO
B	Registrar
C	Senior Registrar
D	Consultant
E	Staff Grade
F	Associate Specialist
G	Clinical Assistant
H	General Practitioner
I	Hospital Practitioner
J	Other (please specify)

We want to know about the experience of the **most senior anaesthetist** in the operating room at the start of this procedure

Questions 8 to 10 inclusive refer to this anaesthetist

8. Year of primary medical qualification

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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8a

and the university (or institution) awarding this qualification:

8b

If not in UK, please state country: \_\_\_\_\_ 8c

9. Year of first full-time anaesthetic training post

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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9a

Which higher diploma in anaesthesia is held?

9b

- A none
  - B FFARCS/FCAnaes/FFARCS/FFARACS
  - C DA (ie Part 1 FCAnaes)
  - D Other (please specify)
- |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|
- A B C D

Year of award of higher qualification:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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9c

10. If the most senior anaesthetist present was **not** in a training grade, please enter the appropriate letters in the boxes provided if he/she has regular weekly (ie more than 50 operations per year) NHS commitments in anaesthesia for the following:

10

- A cardiac surgery
  - B children under 3 years old
  - C neurosurgery
  - D plastic surgery
- |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|
- A B C D

**THE PATIENT**

11. Date of patient's birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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D D M M Y Y 11

12. Age of patient at time of operation

\_\_\_\_\_ Y \_\_\_\_\_ M 12

13. Date of admission to hospital in which operation took place  
eg 05 04 91 (5th April 1991).

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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D D M M Y Y 13

**REMINDER**

Have you enclosed copies of the anaesthetic record and fluid balance charts?

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

**YOU MUST NOT KEEP A COPY OF THIS QUESTIONNAIRE**

Please send it to NCEPOD  
35-43 LINCOLN'S INN FIELDS  
LONDON  
WC2A 3PN  
in the reply paid envelope provided

**THIS FORM IS THE PROPERTY OF THE NCEPOD**

If you wish to inform the NCEPOD of any other details of this case, please do so here or on a separate sheet.

93. Were other sedative/hypnotic or other analgesic (non-narcotic) drugs given?  93

Yes = 1      No = 2

If **yes**, please specify drug(s), dose(s), times and routes

\_\_\_\_\_

**DISCHARGE**

94. Date of discharge           94  
D D M M Y Y

95. Was this later than anticipated?

Yes = 1      No = 2

If **yes**, why?

\_\_\_\_\_

96. To which destination was the patient discharged?

- a Home  96
- b Another hospital
- c Convalescent home
- d Rehabilitation
- e Other (please specify) \_\_\_\_\_

97. Do you have audit meetings in your department?

Yes = 1      No = 2

98. Do you have meetings combined with other disciplines?

Yes = 1      No = 2

99. Has a consultant anaesthetist seen and agreed this form?

Yes = 1      No = 2

14. Time of admission

14

use 24 hour clock

15. Date of operation

15

D D M M Y Y

16. Date of discharge

16

D D M M Y Y

17. Was the patient transferred from another hospital?

Yes = 1      No = 2

If **no**, please go to question 26

If **yes**, please answer questions 18 to 25

17

18. From what type of hospital was the patient transferred?

- A District General Hospital
- B University/Teaching Hospital
- C Surgical Specialty Hospital
- D Other Acute/Partly Acute Hospital
- E Community Hospital
- F Defence Medical Services Hospital
- G Independent Hospital
- H Other (please specify) \_\_\_\_\_

18

19. Who accompanied the patient during transit?

- A ambulance crew
- B relative(s)
- C nurse (specify grade) \_\_\_\_\_
- D anaesthetist (specify grade) \_\_\_\_\_
- E other doctor (please specify) \_\_\_\_\_
- F other (please specify) \_\_\_\_\_

19

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	B	C	D	E	F

20. Was there any special care of the airway during transfer?

Yes = 1      No = 2

20a

if yes, which

- A added oxygen
- B pharyngeal airway
- C tracheal tube
- D controlled ventilation
- E other (please specify)

20b

- A
- B
- C
- D
- E

21. Did the patient's condition deteriorate during transfer?

Yes = 1      No = 2      Not known = 3

21

If yes, please explain:

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22. What was the patient's clinical circulatory state on arrival?

- A well-perfused and warm
- B cold and vasoconstricted

22

23. What was the patient's state of clinical oxygenation on arrival?

- A well oxygenated
- B mild hypoxaemia
- C severe hypoxaemia

23

24. Was cardiorespiratory resuscitation required immediately on arrival?

Yes = 1      No = 2

24

If yes, please explain (eg fluids, inotropes etc):

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continued

90b

D septicæmia

D

E renal failure

E

F central nervous system failure  
(eg failure to recover consciousness)

F

H other (please specify)

H

Please give an account of any adverse events during this period.

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91. Were narcotic analgesic drugs given in the first 48 hours after operation?

Yes = 1      No = 2

91

If yes, please specify drug(s), dose(s), frequency and route(s):

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92. Did complications occur as a result of these analgesic methods?

Yes = 1      No = 2

92

If yes, please specify:

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Please specify location of patient, treatment and outcome.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

89. Was there any mechanical failure of equipment (excluding that for monitoring)?

Yes = 1      No = 2

89a

If **yes**, please specify:

- A equipment for IPPV
- B suction equipment
- C syringe drivers
- D infusion pump
- E other (please specify)

89b 

<input type="checkbox"/>	A
<input type="checkbox"/>	B
<input type="checkbox"/>	C
<input type="checkbox"/>	D
<input type="checkbox"/>	E

90. Were there **early** (ie up to 7 days) complications or events after this operation?

Yes = 1      No = 2

90a

Please enter a letter for each, and specify in the space below each category:

A ventilatory problems (eg pneumonia, pulmonary oedema)

B cardiac problems (eg acute LVF, intractable arrhythmias, post-cardiac arrest)

C hepatic failure

90b 

<input type="checkbox"/>	A
<input type="checkbox"/>	B
<input type="checkbox"/>	C

25. What was the patient's neurological status at the time of arrival?

25

- A Glasgow Coma Scale less than 7
- B Glasgow Coma Scale 7 or more

**Glasgow Coma Scale**

Eye opening	Pts	Verbal response	Pts	Motor response to pain (best limb)	Pts
Spontaneous	4	Orientated verbal response	5	Obeys commands	5
Eye opening to speech	3	Confused verbal response	4	Localisation	4
Eye opening to pain	2	Inappropriate words	3	Flexion normal/abnormal	3
None	1	Incomprehensible sounds	2	Extension	2
		No verbal response	1	No motor response	1

**THE OPERATION**

26. Primary diagnosis

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. What operation was planned?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. What operation was performed, if different?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. If this operation was the most recent in a sequence, please list the previous procedures.

Procedure	Date

Please enclose a copy of all anaesthetic record(s)

30. Classification of operation. See definitions below.

- A Emergency
- B Urgent
- C Scheduled
- D Elective

30

**Definitions**

- A Emergency**  
Immediate life-saving operation, resuscitation simultaneous with surgical treatment (eg trauma, ruptured aortic aneurysm). Operation usually within one hour.
- B Urgent**  
Operation as soon as possible after resuscitation (eg irreducible hernia, intussusception, oesophageal atresia, intestinal obstruction, major fractures). Operation within 24 hours.
- C Scheduled**  
An early operation, but not immediately life-saving (eg malignancy). Operation usually within 3 weeks.
- D Elective**  
Operation at a time to suit both patient and surgeon (eg cholecystectomy, joint replacement).

**CRITICAL INCIDENTS DURING ANAESTHESIA OR RECOVERY**

88 Did any of the following events, which required specific treatment, occur during anaesthesia or recovery (see definition below)?

Yes = 1      No = 2       88a

**Definition**

**A critical incident is defined as an adverse event, which did cause, or might have caused if left uncorrected, an adverse outcome.**

If yes, please specify nature by insertion of the appropriate letter(s) in a box.

- A air embolus
- B airway obstruction
- C anaphylaxis
- D arrhythmia
- E bronchospasm
- F cardiac arrest (unintended)
- G convulsions
- H cyanosis
- J disconnection of breathing system
- K hyperpyrexia (greater than 40°C or very rapid increase in temperature)
- M hypertension (increase of more than 50% resting systolic)
- N hypotension (decrease of more than 50% resting systolic)
- P hypoxia
- Q misplaced tracheal tube
- S pneumothorax
- T pulmonary aspiration
- V pulmonary oedema
- W respiratory arrest (unintended)
- X total spinal
- Y wrong dose or overdose of drug
- Z other (please specify)

88b

A	
B	
C	
D	
E	
F	
G	
H	
J	
K	
M	
N	
P	
Q	
S	
T	
V	
W	
X	
Y	
Z	



86. If the patient was **not** admitted to a recovery room, where did this patient go on leaving theatre?

86

- A ward
- B high dependency unit
- C intensive care unit
- D specialised ICU
- E home
- F another hospital
- G other (please specify)

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87. Was controlled ventilation used postoperatively?

87a

Yes = 1      No = 2

If **yes**, why?

87b

A
B
C
D

- A respiratory inadequacy
- B control of intracranial pressure or other neurosurgical indications
- C part of the management of pain
- D other reasons (please specify)

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### CONDITION BEFORE OPERATION

31. Was a record of the patient's weight available?

31

Yes = 1      No = 2

If **yes**, what was this weight? \_\_\_\_\_ kg

If **no**, the estimated weight was \_\_\_\_\_ kg

32. Was a record of the patient's height available?

32

Yes = 1      No = 2

If **yes**, what was this height? \_\_\_\_\_ cm

If **no**, estimated height was \_\_\_\_\_ cm

33. Was an anaesthetist **consulted** by the surgeon (as distinct from informed) before the operation?

33

Yes = 1      No = 2

34. Did an anaesthetist visit the patient before the operation?

34a

Yes = 1      No = 2

If **yes**, was this anaesthetist present at the start of the operation?

34b

Yes = 1      No = 2

35. Were any investigations done before the operation? (Including tests carried out in the referral hospital and available before the operation.)

Yes = 1      No = 2

If **yes**, which of the following?

PLEASE WRITE RESULTS IN THE SPACE NEXT TO THE TEST NAME

INDICATE WHICH TEST(S) BY INSERTION OF THE APPROPRIATE LETTER IN EACH BOX

- |   |  |                          |   |
|---|--|--------------------------|---|
| A | Haemoglobin _____ gm.litre <sup>-1</sup>                     | <input type="checkbox"/> | A |
| B | Packed cell volume (haematocrit) _____                       | <input type="checkbox"/> | B |
| C | White cell count _____ x10 <sup>9</sup> .litre <sup>-1</sup> | <input type="checkbox"/> | C |
| D | Sickle cell test (eg Sickledex) _____                        | <input type="checkbox"/> | D |
| E | Coagulation screen _____                                     | <input type="checkbox"/> | E |
| F | Plasma electrolytes  | <input type="checkbox"/> | F |
|   | Na _____ m mol.litre <sup>-1</sup>                           | <input type="checkbox"/> | F |
| G | K _____ m mol.litre <sup>-1</sup>                            | <input type="checkbox"/> | G |
| H | Cl _____ m mol.litre <sup>-1</sup>                           | <input type="checkbox"/> | H |
| I | HCO <sub>3</sub> _____ m mol.litre <sup>-1</sup>             | <input type="checkbox"/> | I |
| J | Blood urea _____ m mol.litre <sup>-1</sup>                   | <input type="checkbox"/> | J |
| K | Creatinine _____ micro mol.litre <sup>-1</sup>               | <input type="checkbox"/> | K |
| L | Serum albumin _____ g.litre <sup>-1</sup>                    | <input type="checkbox"/> | L |
| M | Bilirubin (total) _____ micro mol.litre <sup>-1</sup>        | <input type="checkbox"/> | M |
| N | Glucose _____ m mol.litre <sup>-1</sup>                      | <input type="checkbox"/> | N |
| O | Urinalysis (ward or lab) _____                               | <input type="checkbox"/> | O |
| P | Blood gas analysis _____                                     | <input type="checkbox"/> | P |
| Q | Chest x-ray _____  | <input type="checkbox"/> | Q |
| R | Electrocardiography _____                                    | <input type="checkbox"/> | R |
| S | Respiratory function tests _____                             | <input type="checkbox"/> | S |

35a

35b

- N CVP
- O direct arterial BP (invasive)
- P pulmonary arterial pressure
- Q intracranial pressure
- R other (please specify)

81f  
 N  
 O  
 P  
 Q  
 R

82. Who decided that the patient should be discharged from the recovery room?

- A the most senior anaesthetist
- B another anaesthetist
- C surgeon
- D nurse
- E other (please specify)

82

83. Time of leaving recovery area

(enter "X" in boxes if times not recorded)

use 24 hour clock  
     83

84. Had this patient recovered protective reflexes before discharge from the recovery area?

Yes = 1      No = 2      Not known = 3

84

85. Where did this patient go next? (ie after the recovery room)

- A ward
- B high dependency unit
- C intensive care unit
- D specialised ICU
- E home
- F another hospital
- G other (please specify)

85

80. Were you unable at any time to transfer the patient into an ICU, HDU, etc?

80a

Yes = 1      No = 2

If yes, why?

- A closed at night
- B closed at weekend
- C understaffing
- D lack of beds
- E other (please specify)

80b

A
B
C
D
E

**RECOVERY AREA/ROOM**

81. Were monitoring devices used during the management of this patient in the recovery room?

81a

Yes = 1      No = 2

If yes, please indicate which monitors were used.

Enter a letter(s) in each box as follows:

81b

A
B
C
D
E

- A ECG
- B pulse oximeter
- C indirect BP
- D pulse meter
- E oesophageal or precordial (chest wall) stethoscope

81c

F

F inspired gas O<sub>2</sub> analyser

81d

G
H
I
J

- G expired CO<sub>2</sub> analyser
- H airway pressure gauge
- I ventilation volume
- J ventilator disconnect device

81e

K
L
M

- K peripheral nerve stimulator
- L temperature (state site) \_\_\_\_\_
- M urine output \_\_\_\_\_

Continued

35b

T
U
V
W

- T Echocardiography \_\_\_\_\_
- U Special cardiac investigation (eg cardiac catheterization) \_\_\_\_\_
- V Special neurological investigation (ie imaging) \_\_\_\_\_
- W Others relevant to anaesthesia (please specify) \_\_\_\_\_

36. Coexisting medical diagnoses (please enter the appropriate letter in a box, and specify the disorder in the space next to the category).

36

A
B
C
D
E
F
G
H
I
J
K

- A none \_\_\_\_\_
- B respiratory \_\_\_\_\_
- C cardiac \_\_\_\_\_
- D neurological \_\_\_\_\_
- E endocrine \_\_\_\_\_
- F alimentary \_\_\_\_\_
- G renal \_\_\_\_\_
- H musculoskeletal \_\_\_\_\_
- I haematological \_\_\_\_\_
- J genetic abnormality \_\_\_\_\_
- K other (please specify) \_\_\_\_\_

37. What drug or other therapy was the patient receiving at the time of operation (but excluding premedication or drugs for anaesthesia)?

Please enter each appropriate letter, and specify drugs and doses in the space below each category.

- A none \_\_\_\_\_
- B analgesic – aspirin \_\_\_\_\_
- C analgesic – other non-narcotic (specify) \_\_\_\_\_
- D analgesic – narcotic (specify) \_\_\_\_\_
- E anti-angina \_\_\_\_\_
- F anti-arrhythmic \_\_\_\_\_
- G anticoagulant \_\_\_\_\_
- H anticonvulsant \_\_\_\_\_
- I antidepressant \_\_\_\_\_
- J antidiabetic \_\_\_\_\_
- K antihypertensive \_\_\_\_\_
- L anti-infective (antibiotic, antifungal, antiviral etc) \_\_\_\_\_
- M anti-Parkinson's \_\_\_\_\_
- N anxiolytic \_\_\_\_\_
- O benzodiazepines \_\_\_\_\_
- P bronchodilator \_\_\_\_\_
- Q cardio- or vaso-active drug (not otherwise specified) \_\_\_\_\_
- R contraceptive \_\_\_\_\_
- S corticosteroid (including Dexamethasone) \_\_\_\_\_
- T cytotoxic \_\_\_\_\_
- U diuretic \_\_\_\_\_
- V H<sub>2</sub> blockers \_\_\_\_\_
- W psychotropic \_\_\_\_\_
- X other (please specify) \_\_\_\_\_

37	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

## RECOVERY FROM ANAESTHESIA

### Definitions

(as used by the Association of Anaesthetists of Great Britain and Ireland)

1. A recovery area is an area to which patients are admitted from an operating room, where they remain until consciousness is regained and ventilation and circulation are stable.
2. A high dependency unit (HDU or area A) is an area for patients who require more intensive observation and/or nursing care than would normally be expected on a general ward. Patients who require mechanical ventilation or invasive monitoring would not be admitted to this area.
3. An intensive care unit (ICU) is an area to which patients are admitted for treatment of actual or impending organ failure who may require technological support (including mechanical ventilation of the lungs and/or invasive monitoring).

78. Which special care areas (see definitions above) exist in the hospital in which the operation took place?

- A recovery area or room equipped and staffed for this purpose
- B high dependency unit
- C intensive care unit
- D other (please specify) \_\_\_\_\_
- E none of the above

78	A	B	C	D	E
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79. After leaving the operating room, did the patient go to a specific recovery area or room (ie option "A" in question 78)

Yes = 1      No = 2

79	<input type="checkbox"/>
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If **yes**, please continue with questions 80 and following.  
If **no**, please answer question 80 and then go straight to question 86.

**REGIONAL ANAESTHESIA**

74. If the anaesthetic included a regional technique, which method was used? 74

- A epidural - caudal
- B lumbar
- C thoracic
- D interpleural
- E intravenous regional
- F peripheral nerve block, eg paravertebral, sciatic, intercostal
- G plexus block (eg brachial, 3-in-1 block)
- H subarachnoid (spinal)
- I surface (eg for bronchoscopy)

A
B
C
D
E
F
G
H
I

75. Which agent was used? Please specify drug(s) and dosage(s)

- A local \_\_\_\_\_
- B narcotic \_\_\_\_\_
- C other (please specify) \_\_\_\_\_

A
B
C

39. ASA Status (enter class number)

- Class 1
- Class 2
- Class 3
- Class 4
- Class 5

(Note we do not use the E subclassification)

39

38. Was there any history of a drug reaction? Please exclude minor reactions to penicillin.

Yes = 1      No = 2

If **yes**, specify drug and reaction:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

38

**ASA Grades**

**American Society of Anesthesiology Classification of Physical Status**

**Class 1**

The patient has no organic, physiological, biochemical, or psychiatric disturbance. The pathological process for which the operation is to be performed is localized and does not entail a systemic disturbance.

Examples: a fit patient with inguinal hernia  
fibroid uterus in an otherwise healthy woman.

**Class 2**

Mild to moderate systemic disturbance caused either by the condition to be treated surgically or by other pathophysiological processes.

Examples: non-, or only slightly limiting organic heart disease  
mild diabetes  
essential hypertension  
anaemia.

Some might choose to list the extremes of age here, either the neonate or the octogenarian, even though no discernible systemic disease is present. Extreme obesity and chronic bronchitis may be included in this category.

**SEDATION (as opposed to General Anaesthesia)**

76. Which sedative drugs were given for this procedure (excluding premedication)?

- A inhalant
- B narcotic analgesic
- C benzodiazepine
- D sub-anaesthetic doses of IV anaesthetic drugs
- E other (please specify) \_\_\_\_\_

A
B
C
D
E

77. Was oxygen given?

Yes = 1      No = 2

If **yes**, for what reason?

- A routine
- B otherwise indicated (please specify indications)

77a

77b 

A
B

**Class 3**

Severe systemic disturbance or disease from whatever cause, even though it may not be possible to define the degree of disability with finality.

- Examples:
- severely limiting organic heart disease
  - severe diabetes with vascular complications
  - moderate to severe degrees of pulmonary insufficiency
  - angina pectoris or healed myocardial infarction.

**Class 4**

Severe systemic disorders that are already life threatening, not always correctable by operation.

- Examples:
- patients with organic heart disease showing marked signs of cardiac insufficiency
  - persistent angina or active myocarditis
  - advanced degree of pulmonary, hepatic, renal or endocrine insufficiency.

**Class 5**

The moribund patient who has little chance of survival but is submitted to operation in desperation.

- Examples:
- burst abdominal aneurysm with profound shock
  - major cerebral trauma with rapidly increasing intracranial pressure
  - massive pulmonary embolus.

Most of these patients require operation as a resuscitative measure with little if any anaesthesia.

**PREPARATION OF PATIENT BEFORE OPERATION**

40. When was the last fluid/food given by mouth?

- A more than 6 hours before operation
- B between 4-6 hours before operation
- C less than 4 hours before operation
- D not known/not recorded

Please specify nature and volume if known.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

69. Were muscle relaxants used during the anaesthetic?

- Yes = 1
- No = 2

If yes, please indicate which

- A depolarising
- B non-depolarising

69a

69b

A

B

70. How was general anaesthesia maintained?

- A nitrous oxide
- B volatile agent
- C narcotic agent
- D intravenous

70

A

B

C

D

71. Were there any problems with airway maintenance or ventilation?

- Yes = 1
- No = 2

If yes, please specify

\_\_\_\_\_

\_\_\_\_\_

71

72. Was the method of airway management changed during the operation?

- Yes = 1
- No = 2

If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

72

73. Did you induce hypotension deliberately to aid the surgeon?

- Yes = 1
- No = 2

If yes, specify lowest systolic pressure achieved

mmHg

73a

73b

**GENERAL ANAESTHESIA**

65. Did you take precautions at induction to minimise pulmonary aspiration?

65a

Yes = 1 No = 2

If yes, please indicate which

- A cricoid pressure
- B postural changes – head up
- C postural changes – head down
- D postural changes – lateral
- E pre-oxygenation without inflation of the lungs
- F aspiration of nasogastric tube
- G other (please specify) \_\_\_\_\_

65b

A
B
C
D
E
F
G

66. How was the airway established during anaesthesia?

66

A
B
C
D
E
F

- A face mask (with or without oral airway)
- B laryngeal mask
- C orotracheal intubation
- D nasotracheal intubation
- E tracheostomy
- F other (please specify) \_\_\_\_\_

67. What was the mode of ventilation during the operation?

67

A
B

- A spontaneous
- B controlled

68. If the trachea was intubated, how was the position of the tube confirmed?

68

A
B
C
D
E
F

- A tube seen passing through cords
- B chest movement with inflation
- C auscultation
- D expired CO<sub>2</sub> monitoring
- E oesophageal detector device
- F other (please specify) \_\_\_\_\_

41. Indicate measures taken to reduce gastric acidity and volume, as prophylaxis against acid aspiration.

41

A
B
C
D
E
F

- A none
- B antacids
- C H<sub>2</sub> antagonists
- D metoclopramide
- E nasogastric/stomach tube
- F other (please specify) \_\_\_\_\_

42. Did the patient receive intravenous fluid therapy in the 12 hours before induction?

42

a
---

Yes = 1 No = 2

If yes, please specify nature and volume in 12 hour pre-induction period.

Fluid  
(enter letter  
for each)

Total (mls)  
given in 12  
hours before  
induction

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- A Crystalloid or dextrose
- B Colloid
- C Whole blood
- D Red cell component
- E Other components eg. platelets
- F Mannitol

43. Was anything added to the above solution(s)?

43

<input type="checkbox"/>
--------------------------

Yes = 1 No = 2

If yes, please specify: \_\_\_\_\_

44. Were measures (other than those specified in questions 20 and 24) taken to improve the respiratory system **before** induction of anaesthesia?

Yes = 1 No = 2

44a

If **yes**, please indicate which measure(s) by entering a letter for each.

44b

- A antibiotic therapy
- B bronchodilators (nature and dose)
- C chest physiotherapy
- D airway management eg oral airway, tracheostomy
- E other (please specify) \_\_\_\_\_

45. Were premedicant drugs prescribed?

Yes = 1 No = 2

45a

If **yes**, please enter the appropriate letter in each box, and specify drugs and dose in the space next to each category.

45b

- A Atropine \_\_\_\_\_
- B Chloral hydrate \_\_\_\_\_
- C Diazepam (eg Valium) \_\_\_\_\_
- D Droperidol \_\_\_\_\_
- E Fentanyl \_\_\_\_\_
- F Glycopyrronium (Robinul) \_\_\_\_\_
- G Hyoscine (Scopolamine) \_\_\_\_\_
- H Lorazepam (eg Ativan) \_\_\_\_\_
- I Ketamine \_\_\_\_\_
- J Metoclopramide \_\_\_\_\_
- K Methohexitone \_\_\_\_\_
- L Midazolam (Hypnovel) \_\_\_\_\_

A  
 B  
 C  
 D  
 E  
 F  
 G  
 H  
 I  
 J  
 K  
 L

61. Did anything hinder full monitoring?

Yes = 1 No = 2

61

If **yes**, please specify: (eg bilateral arm surgery, radiotherapy, skin pigmentation, inaccessibility, non-availability of monitors)

\_\_\_\_\_  
\_\_\_\_\_

**POSITION OF PATIENT**

62. What was the position of the patient during surgery?

62

- A supine
- B lateral
- C prone
- D sitting
- E knee-elbow
- F lithotomy (inc. Lloyd-Davies)
- G jack knife
- H other (please specify) \_\_\_\_\_

63. Was the main position changed during the procedure?

Yes = 1 No = 2

63

If **yes**, please explain

\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF ANAESTHESIA**

64. What type of anaesthetic was used?

64

- A general alone (65-73)
- B local infiltration alone
- C regional alone (74-75, and 77)
- D general and regional (65-75)
- E general and local infiltration (65-73)
- F sedation alone (76-77)
- G sedation and local infiltration (76-77)
- H sedation and regional (74-77)

Please now answer the questions (if any) indicated in brackets, and then continue from question 78.



59. Were monitoring devices used during the management of this anaesthetic?

59a

Yes = 1 No = 2

If **yes**, please indicate which monitors were used.

Please enter appropriate letter(s) in boxes:

	Anaesthetic Room	Operating Room
A ECG	A <input type="checkbox"/>	A <input type="checkbox"/> 59b
B pulse oximeter	B <input type="checkbox"/>	B <input type="checkbox"/>
C indirect BP	C <input type="checkbox"/>	C <input type="checkbox"/>
D pulse meter	D <input type="checkbox"/>	D <input type="checkbox"/>
E oesophageal or precordial (chest wall) stethoscope	E <input type="checkbox"/>	E <input type="checkbox"/>
F fresh gas O <sub>2</sub> analyser	F <input type="checkbox"/>	F <input type="checkbox"/> 59c
G inspired gas O <sub>2</sub> analyser	G <input type="checkbox"/>	G <input type="checkbox"/>
H inspired anaesthetic vapour analyser	H <input type="checkbox"/>	H <input type="checkbox"/>
I expired CO <sub>2</sub> analyser	I <input type="checkbox"/>	I <input type="checkbox"/>
J airway pressure gauge	J <input type="checkbox"/>	J <input type="checkbox"/> 59d
K ventilation volume	K <input type="checkbox"/>	K <input type="checkbox"/>
L ventilator disconnect device	L <input type="checkbox"/>	L <input type="checkbox"/>
M peripheral nerve stimulator	M <input type="checkbox"/>	M <input type="checkbox"/> 59e
N temperature (state site) _____	N <input type="checkbox"/>	N <input type="checkbox"/>
O urine output	O <input type="checkbox"/>	O <input type="checkbox"/>
P CVP	P <input type="checkbox"/>	P <input type="checkbox"/> 59f
Q direct arterial BP (invasive)	Q <input type="checkbox"/>	Q <input type="checkbox"/>
R pulmonary arterial pressure	R <input type="checkbox"/>	R <input type="checkbox"/>
S intracranial pressure	S <input type="checkbox"/>	S <input type="checkbox"/>
T other (please specify) _____	T <input type="checkbox"/>	T <input type="checkbox"/>

60. Was there any malfunction of monitoring equipment?

60

Yes = 1 No = 2

If **yes**, please specify: \_\_\_\_\_

Continued

45b

- M Morphine  M
- N Papaveretum (Omnopon)  N
- O Pethidine  O
- P Prochlorperazine (eg Stemetil)  P
- Q Temazepam  Q
- R Promethazine (eg Phenergan)  R
- S Trimeprazine (Vallergan)  S
- T Other (Please specify)  T

46. Was **non-invasive** monitoring established **just before** the induction of anaesthesia?

46a

Yes = 1 No = 2

if **yes**, please indicate whether

- A ECG
- B BP
- C pulse oximetry
- D other (please specify) \_\_\_\_\_

46b

If **yes** to question 46 what was the blood pressure immediately before induction? \_\_\_\_\_ / \_\_\_\_\_ mmHg

47. Was **invasive** monitoring established **before** induction of anaesthesia (eg CVP, arterial line)?

Yes = 1 No = 2

if **yes**, please specify \_\_\_\_\_

48. Was it necessary to take measures additional to those specified in questions 24 and 43 to improve the patient's cardiovascular function just before and at the induction of anaesthesia?

Yes = 1      No = 2  48a

If **no**, please go to question 49.

If **yes**, please specify (enter appropriate letter in **each** box below).

B Crystalloid IV fluids (Ringer lactate, 0.9% saline, etc)  48b

Yes = 1      No = 2

Please specify type and amount:

C Colloid IV fluids (Dextran, gelatin, etc)  48c

Yes = 1      No = 2

Please specify type and amount:

D Whole blood transfusion  48d

Yes = 1      No = 2

If **yes**, how many units?

E Blood components (packed cells, FFP, Platelets etc)  48e

Yes = 1      No = 2

Please specify type and volume:

F Antiarrhythmic drugs (Verapamil etc)  48f

Yes = 1      No = 2

Please specify drug and dose:

G Cardiac glycoside  48g

Yes = 1      No = 2

If **yes**, please specify:

**FLUIDS DURING OPERATION**

57. Did the patient receive intravenous fluids **DURING** the operation?

Yes = 1      No = 2  57a

If **yes**, please indicate which:

**Crystalloid**

	Fluid (indicate type by inserting appropriate letter)	Total volume during operation (mls)
A	Dextrose 5%	<input type="checkbox"/>
B	Dextrose 4% saline 0.18%	<input type="checkbox"/>
C	Dextrose 10%	<input type="checkbox"/>
D	Saline 0.9%	<input type="checkbox"/>
E	Hartmann's (Compound Sodium Lactate)	<input type="checkbox"/>
F	other (please specify)	<input type="checkbox"/>

**Colloid**

A	Modified gelatin (Gelofofusine, Haemacel)	<input type="checkbox"/>
B	Human Albumin solution	<input type="checkbox"/>
C	Starch (HES)	<input type="checkbox"/>
D	Dextran	<input type="checkbox"/>
E	Mannitol (please specify concentration)	<input type="checkbox"/>
F	other (please specify)	<input type="checkbox"/>

**Blood**

A	Whole blood	<input type="checkbox"/>
B	Red cell component	<input type="checkbox"/>
C	Other component (please specify)	<input type="checkbox"/>

58. What was the assessed blood loss during operation?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ml  58

56. Is there an anaesthetic record for this operation in the notes?

Yes = 1      No = 2

56

If **yes**, please send a complete copy of it with this questionnaire to the NCEPOD office. (We will delete/remove identification marks).

If **no**, please give an account of the anaesthetic below. Please include details of anaesthetic agents, drugs, routes of administration, breathing systems, and tube size.

H Diuretics

Yes = 1      No = 2

If **yes**, please specify:

48h

I Vasopressors

Yes = 1      No = 2

If **yes**, please specify:

48i

J Inotropic drugs by infusion (Dobutamine, adrenaline etc)

Yes = 1      No = 2

If **yes**, please specify drug and strength, solution and dose:

48j

K Others (please specify)

Yes = 1      No = 2

48k

49. Was there an inappropriate delay before the start of the operation?

Yes = 1      No = 2

49a

If **yes**, was this due to non-availability of:

- A radiology
- B haematology
- C pathology
- D operating theatre
- E anaesthetist
- F anaesthetist's assistant
- G surgeon
- H theatre staff
- I portering staff
- J other staff (please specify) \_\_\_\_\_
- K other (please specify) \_\_\_\_\_

49b

<input type="checkbox"/>	A
<input type="checkbox"/>	B
<input type="checkbox"/>	C
<input type="checkbox"/>	D
<input type="checkbox"/>	E
<input type="checkbox"/>	F
<input type="checkbox"/>	G
<input type="checkbox"/>	H
<input type="checkbox"/>	I
<input type="checkbox"/>	J
<input type="checkbox"/>	K

50. Were any measures taken (before, during or after operation) to prevent venous thrombosis?

Yes = 1      No = 2

If **yes**, please enter letter for each measure taken

A aspirin	Before or during	After
B heparin	<input type="checkbox"/>	<input type="checkbox"/>
C dextran infusion	<input type="checkbox"/>	<input type="checkbox"/>
D leg stockings	<input type="checkbox"/>	<input type="checkbox"/>
E calf compression/stimulation	<input type="checkbox"/>	<input type="checkbox"/>
F Warfarin	<input type="checkbox"/>	<input type="checkbox"/>
G Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

50a

50b

54. What was the grade of the most senior **surgeon** in the operating room?

- A House Officer
- B Senior House Officer
- C Registrar
- D Senior Registrar
- E Associate Specialist
- F Clinical Assistant
- G Staff Grade
- H Consultant
- I Other (please specify)

54a

54b

55. Did you have **non-medical** help with anaesthesia?

Yes = 1      No = 2

If **yes**, please specify

- A trained anaesthetic nurse
- B trainee anaesthetic nurse
- C theatre nurse
- D trained operating department assistant (ODA or SODA)
- E trainee ODA
- F operating department orderly (ODO)
- G ward nurse
- H physiological measurement technician
- I other (please specify)

55a

55b

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>
F	<input type="checkbox"/>
G	<input type="checkbox"/>
H	<input type="checkbox"/>
I	<input type="checkbox"/>

**THE ANAESTHETIC**

51. Time of start of anaesthetic

(enter "X" in boxes if times not recorded)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

use 24 hour clock

51

52. Time of start of surgery

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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use 24 hour clock

52

53. Time of transfer out of operating room (ie to recovery, ITU etc)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

use 24 hour clock

53

If you are not able to provide the times, please indicate total duration of operation (ie time of start of anaesthetic to time of transfer)

\_\_\_\_\_ hours \_\_\_\_\_ mins