

SEVERELY INJURED PATIENT STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Assessment Form (AF)

Questionnaire number

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INSTRUCTIONS FOR COMPLETION

The data presented in this form have been extracted by NCEPOD researchers from the casenotes provided for each patient to help inform decisions made by Advisors. Please complete the sections entitled '*To be completed by Advisors.*' Please complete all questions with either block capitals or a bold cross inside the boxes provided. If you make a mistake, please "black-out" the box and re-enter the correct information. Unless indicated, please mark only one box per question.

A. PATIENT DETAILS

1	Age	<input type="text"/> <input type="text"/> <input type="text"/>	2	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
3	Arrival time at hospital (24hr clock)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <small>h h m m</small>	Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>d d m m y y</small>	
		<input type="checkbox"/> Not recorded			
4	Means of arrival	<input type="checkbox"/> Ambulance as an emergency 999 call <input type="checkbox"/> Helicopter <input type="checkbox"/> Other emergency service (please specify) _____ <input type="checkbox"/> Brought in by member of public <input type="checkbox"/> Hospital transfer <input type="checkbox"/> Self referral <input type="checkbox"/> Other (please specify) _____			

B. PRE-HOSPITAL CARE – *please complete if the patient was transported by an emergency service*

5	Was a patient report form included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Incident type	<input type="checkbox"/> Road traffic collision (driver/passenger) <input type="checkbox"/> Road traffic collision (pedestrian) <input type="checkbox"/> Industrial/agricultural <input type="checkbox"/> Assault	<input type="checkbox"/> Sports/leisure <input type="checkbox"/> Fall from height <input type="checkbox"/> Other <input type="checkbox"/> Not documented
7	Arrival Time at hospital (PRF)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <small>h h m m</small>	

8 Setting of incident Rural Remote
 Urban Not recorded

9 Time of emergency call :
h h m m Date / /
d d m m y y
 Not recorded

10 Time at scene of incident :
h h m m Length of time to arrive at scene of incident minutes
 Not recorded

11 Time left scene of incident
h h m m Length of time at scene of incident Minutes
 Not recorded

12 Was the patient entrapped? Yes No Not recorded

13 Was a primary survey carried out? Yes at the scene Yes en route Yes unknown Not recorded

14 Was a secondary survey carried out? Yes at the scene Yes en route Yes unknown Not recorded

15 What were the GCS or AVPU scores? Not recorded

16 What were the pulse, blood pressure (BP), capillary refill and SpO₂ values pre-hospital?

a Pulse min Not recorded b BP / Not recorded

c Capillary refill s Not recorded d SpO₂ Not recorded

17 a Was oxygen therapy administered? Yes No Not recorded

b If yes, what percentage? %

18 a Was the patient intubated at the scene? Yes No

b If yes by whom?
 Paramedic
 Doctor
 Other, please specify _____
 Not recorded

19 What was the patient's respiration rate? breaths/min Not recorded

20 Was assisted ventilation given? Yes No Not recorded

21 Was fluid therapy given? ml Not recorded
 No

Was analgesia given? Yes Entonox (gas) Not recorded
 Nubaine
 Tramadol
 Other (please specify)

Was the cervical spine and/or whole spine immobilized? C-spine Whole spine
 Neither Not recorded

To be completed by Advisor

24 Was the patient time critical Yes No Insufficient data

25 Was the basic trauma incident procedure adhered to? Yes No Insufficient data

26a Were all measures taken to secure an adequate airway? Yes No Insufficient data

b Please provide reasons for your answer

27a Were all measures taken to secure adequate ventilation? Yes No Insufficient data

b Please provide reasons for your answer

28a Were all necessary measures taken to control haemorrhage and provide fluid therapy? Yes No Insufficient data

b Please provide reasons for your answer

29a If analgesia was given was it appropriate? Yes No Insufficient data

b Please provide reasons for your answer

30a Was the initial receiving hospital appropriate for the patient's clinical status? Yes No Insufficient data

b Please provide reasons for your answer

C. INITIAL MANAGEMENT IN HOSPITAL

31 Did the hospital receive a pre-alert? Yes No Not recorded

32 Is there documentation of a trauma response? Yes No

33 Was a primary survey performed upon arrival? Yes Not recorded

34 Time of first review :
h h m m Time to first review from arrival minutes
 Not recorded

b Grade of most senior reviewer Not recorded

c Specialty Not recorded

d Time of first consultant review :
h h m m Time to first consultant review minutes
 Not recorded

e Specialty Not recorded

f Location of first consultant review A&E
 Critical care unit
 General ward
 Other (please specify)
 Not recorded

To be completed by Advisor

- 34 Was the initial response appropriate for the patients' clinical status? Yes No Insufficient data
- b If no then please provide reasons for this.

D. AIRWAY AND VENTILATION

- 35a What was the first SpO₂ in hospital? Not recorded
- b Time of first SpO₂ measurement : h h m m Time to measurement from arrival minutes Not recorded
- 36a Was the patient intubated in hospital? Yes No Not recorded
- b If yes time of intubation : h h m m Time to intubation from arrival minutes
- c Grade of person Specialty Not recorded Not recorded
- 37a What was the respiration rate / min Not recorded
- b Time respiration rate measured h h m m Time respiration rate measured from arrival minutes Not recorded
- 38 Was assisted ventilation given? Yes No Not recorded
- What were the first ABG measurements?
- pH . Not recorded
- PaO₂ . kPa Not recorded
- Pa CO₂ . kPa Not recorded
- Base excess . meq/l Not recorded
- b Time of measurements h h m m Time from arrival at hospital minutes Not recorded
- 40 Was C-spine immobilised? Yes No Not recorded Pre-hospital

To be completed by Advisor

- 41a Was a primary survey performed sufficiently early enough? Yes No
- b Please give reasons for your answer Insufficient data
-
- 42a Was there appropriate control of C-spine? Yes No
- b Please give reasons for your answer Insufficient data
-
- 43a Was management of the patient's airway and breathing satisfactory? Yes No
- b Please give reasons for your answer Insufficient data

E. CIRCULATION

- 44a Which of the following were measured in hospital? Pulse beats/minute
- Capillary refill s
- Blood pressure /
- b Time of measurements h h : m m Length of time after arrival minutes
- Not recorded

To be completed by advisor

- 45a Was the possibility of haemorrhage confirmed/excluded satisfactorily? Yes No Insufficient data
- b Please give reasons to support your answer

46a Was fluid resuscitation appropriate to the degree of shock? Yes No Insufficient data

b Please give reasons to support your answer

47a Is there documented evidence for surgery/interventional radiology for this patient Yes No Insufficient data

b If yes what procedure was performed? _____

c Time of procedure Length of time from arrival minutes
h h m m

Not recorded

d In your opinion was a procedure for the control of haemorrhage required for this patient? Yes No Insufficient data

e Please give reasons to support your answer

48a Was the overall management of the patient's haemorrhage satisfactory? Yes No Insufficient data

b Please give reasons to support your answer

F. HEAD INJURIES

49a What was the first GCS or AVPU measured in hospital? Not recorded

b What time was the first GCS/AVPU measured in hospital? Length of time from arrival minutes
h h m m Not recorded

50 How many times was a GCS or AVPU documented in the first 4 hours in hospital

51a Was a head CT scan performed Yes Not documented

b Time of CT scan Length of time from arrival minutes
h h m m Not documented

To be completed by advisor

52a In your opinion was a CT scan necessary? Yes No Insufficient data

b Was the scan performed in a timely fashion? Yes No Insufficient data

c Please give reasons if you disagree with the decision to carry out or not carry out a CT scan

d If in your opinion the CT scan was delayed why should it have been done earlier?

53a Is there documented evidence that a neurosurgeon was consulted? Yes No

b Time of consultation Length of time from arrival minutes
h h m m Not recorded

c Was consultation with an onsite or an offsite neurosurgeon? onsite offsite Not documented

d In your opinion was a consultation necessary? Yes No Insufficient data

e Please give reasons for your answer

54a Is there documented evidence of surgery for head injury? Yes No

b What surgery was carried out?

c In your opinion was this surgery appropriate? Yes No Insufficient data

d If No then please give your reasons

e Time of surgery : Length of time from arrival minutes
h h m m Not recorded

f Was surgery carried out in a timely fashion? Yes No Insufficient data

g Please give your reasons if in your opinion there was a delay in surgery.

55a Was the overall management of the patient's head injury satisfactory? Yes No Insufficient data

b Please give reasons to support your answer

G. MANAGEMENT IN FIRST 72 HOURS

To be completed by advisor

56 Please list all other major investigations, surgical procedures or radiological interventions the patient had in the first 72 hours.

Date

Time

Time from arrival

a / : :
 d d m m h h m m h h m m

Investigation, procedure or Intervention

In your opinion was this appropriate and performed in a timely fashion (Please provide reasons for your answer) Yes No Insufficient data

b / : :
 d d m m h h m m h h m m

Investigation, procedure or Intervention

In your opinion was this appropriate and performed in a timely fashion (Please provide reasons for your answer)

Yes No Insufficient data

Date

Time

Time from arrival

c

/
d d m m

:
h h m m

:
h h m m

Investigation, procedure or Intervention

In your opinion was this appropriate and performed in a timely fashion (Please provide reasons for your answer)

Yes No Insufficient data

d

/
d d m m

:
h h m m

:
h h m m

Investigation, procedure or Intervention

In your opinion was this appropriate and performed in a timely fashion (Please provide reasons for your answer)

Yes No Insufficient data

e

/
d d m m

:
h h m m

h h m m

Investigation, procedure or Intervention

In your opinion was this appropriate and performed in a timely fashion (Please provide reasons for your answer)

Yes No Insufficient data

57 Patient reviews in the first 72 hours

	Date	Time	Time from arrival	Grade	Specialty
a	<input type="text"/> / <input type="text"/> d d / m m	<input type="text"/> : <input type="text"/> h h : m m	<input type="text"/> : <input type="text"/> h h : m m	<input type="text"/>	<input type="text"/>
b	<input type="text"/> / <input type="text"/> d d / m m	<input type="text"/> : <input type="text"/> h h : m m	<input type="text"/> : <input type="text"/> h h : m m	<input type="text"/>	<input type="text"/>
c	<input type="text"/> / <input type="text"/> d d / m m	<input type="text"/> : <input type="text"/> h h : m m	<input type="text"/> : <input type="text"/> h h : m m	<input type="text"/>	<input type="text"/>
d	<input type="text"/> / <input type="text"/> d d / m m	<input type="text"/> : <input type="text"/> h h : m m	<input type="text"/> : <input type="text"/> h h : m m	<input type="text"/>	<input type="text"/>
e	<input type="text"/> / <input type="text"/> d d / m m	<input type="text"/> : <input type="text"/> h h : m m	<input type="text"/> : <input type="text"/> h h : m m	<input type="text"/>	<input type="text"/>
f	<input type="text"/> / <input type="text"/> d d / m m	<input type="text"/> : <input type="text"/> h h : m m	<input type="text"/> : <input type="text"/> h h : m m	<input type="text"/>	<input type="text"/>
g	<input type="text"/> / <input type="text"/> d d / m m	<input type="text"/> : <input type="text"/> h h : m m	<input type="text"/> : <input type="text"/> h h : m m	<input type="text"/>	<input type="text"/>
h	<input type="text"/> / <input type="text"/> d d / m m	<input type="text"/> : <input type="text"/> h h : m m	<input type="text"/> : <input type="text"/> h h : m m	<input type="text"/>	<input type="text"/>

58 Who was the patient first admitted to? Grade Specialty

Whose care was the patient under at 72 hours after arrival?

To be completed by advisor

59a Was the patient reviewed by the appropriate specialties and grades at the right times? Yes No Insufficient data

b Please give reasons to support your answer

60a Was the patient admitted to ITU? Yes No Not documented

b If Yes when was the patient admitted to ITU? / /
d d / m m / y y

Time Patient admitted to ITU :
h h : m m

Time from arrival in A&E :
h h : m m

c In your opinion should they have gone to ITU? Yes No Insufficient data

d Please give reasons for your answer

H. TRANSFERS

61a Is there documented evidence of the patient undergoing secondary transfer Yes No

b If yes who arranged the transfer Grade Specialty
 Not documented

62 Who received the transfer? Grade Specialty
 Not documented

63 Who accompanied the patient?
 Grade Specialty
 Grade Specialty
 Grade Specialty
 Not documented

64 Reason for transfer
 Specialist treatment not available at transferring hospital (please specify)
 No ITU bed available at transferring hospital
 No HDU bed available at transferring hospital
 Receiving hospital closer to patient's home
 Other (please specify)
 Not documented

65 What time was the transfer? Length of time from arrival
h h m m hrs m m
 Not documented

To be completed by advisor

66 Please comment on the appropriateness of the secondary transfer (timeliness, fitness of patient etc)

I. ASSESSMENT OF OVERALL MANAGEMENT

To be completed by advisor

67 Overall assessment of care for this patient (please select one category)

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

Please provide reasons for assigning this grade

Cause for concern cases

Occasionally NCEPOD will refer cases that have been identified as 5 (Less than satisfactory) when it is felt that further feedback to the Trust concerned is warranted. This is usually due to an area of concern particular to the hospital or clinician involved, and not for issues being highlighted across the body of case notes. In cases that are referred, the advisors have concerns that the pattern of practice fell below a standard, which indicates that the practitioner or team or Trust is likely to put future patients at risk, if not addressed. This process has been agreed by the NCEPOD Steering Group and the GMC. The Medical Director of the Trust is written to by the Chief Executive of NCEPOD explaining our concerns. This process has been in operation for three years and the responses received have always been positive in that they feel we are dealing with concerns in the most appropriate manner.

If you feel that this case should be considered for such action, please cross:

Are there any particular issues, which you feel should be highlighted in the final report? Yes No

If **yes** please specify

CLINICIAN GRADES AND NATIONAL SPECIALTY CODES

Consultant = CON	Senior House Officer = SHO
Staff Grade = SG	Pre Registered House Officer = PRHO
Associate Specialist = AS	Nurse with Advance Trauma Certificate = ATNC
Other non-consultant career grade = NCCG	Nurse with RSCN = RSCN
Specialist Registrar year 3 or above = SpR3	Nurse = NURS
Specialist Registrar year 1 or 2 = SpR1 SpR2	Other = OTHR

SURGICAL

100 = General Surgery	110 = Trauma & Orthopaedics	170 = Cardiothoracic Surgery
101 = Urology	120 = Ear, Nose and Throat (ENT)	171 = Paediatric Surgery
103 = Breast Surgery	130 = Ophthalmology	172 = Cardiac Surgery
104 = Colorectal Surgery	145 = Maxillo-Facial Surgery	173 = Thoracic Surgery
105 = Hepatobiliary & Pancreatic Surgery	150 = Neurosurgery	180 = Accident & Emergency
106 = Upper Gastrointestinal Surgery	160 = Plastic Surgery	190 = Anaesthetics
107 = Vascular Surgery	161 = Burns Care	192 = Critical/Intensive Care Medicine

MEDICAL

300 = General Medicine	340 = Thoracic/Respiratory Medicine	501 = Obstetrics
301 = Gastroenterology	360 = Genito-Urinary Medicine	502 = Gynaecology
302 = Endocrinology	361 = Nephrology	810 = Radiology
306 = Hepatology	400 = Neurology	811 = Interventional Radiology
307 = Diabetic Medicine	401 = Clinical Neuro-Physiology	820 = General Pathology
314 = Rehabilitation	420 = Paediatrics	821 = Blood Transfusion
320 = Cardiology	421 = Paediatric Neurology	822 = Chemical Pathology
321 = Paediatric Cardiology	430 = Geriatric Medicine	823 = Haematology
330 = Dermatology	500 = Obstetrics and Gynaecology	000 = Other (Medical or Surgical)