



DEATHS IN ACUTE HOSPITALS STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

MEDICAL/SURGICAL QUESTIONNAIRE

CONFIDENTIAL

Hospital number of patient:

Name of NCEPOD Local Reporter: _____

Specialty of Clinician completing this questionnaire: _____

What is this study about?

NCEPOD is examining remediable factors in the process of care for patients who died in an acute hospital.

Who should complete this questionnaire?

This questionnaire should be completed by the consultant clinician responsible for the patient at the time of death.

To ensure confidentiality of the data, completed questionnaires must be returned directly to NCEPOD.

You must not copy any part of this form.

Please use the SAE provided.

Specific inclusions:

- All patients that died within 96 hours (4 days) of admission.

Specific exclusions:

- Neonates (28 days since birth).

Questions or help

If you have any queries about the study or this questionnaire, please contact NCEPOD at:

hospitaldeaths@ncepod.org.uk

0207 631 3444

Thank you for taking the time to complete this questionnaire. The findings of the full study will be published in late 2009.

How to complete this questionnaire

Information will be collected using two methods: Box cross and free text, where your clinical opinion will be requested.

This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either block capitals or a bold cross inside the boxes provided e.g.

Does this hospital admit patients as:

Inpatients Outpatients

If you make a mistake, please "black-out" the incorrect box and re-enter the correct information, e.g.

Inpatients Outpatients

Unless indicated, please mark only one box per question.

CPD Accreditation for completing NCEPOD questionnaires.

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 portfolio.

FOR NCEPOD USE ONLY



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DEFINITIONS

Assessment Unit (MAU, SAU, etc)	An area where emergency patients are assessed and initial management undertaken by inpatient hospital teams. The patient is only in this area while early assessment is made and is then moved to another ward or discharged. The working of these units varies; some are purely for medical or surgical cases (MAU, SAU etc.) while some function across various specialties (CCU, AAU)
Clinical Adverse Events	An unintended injury caused by medical management rather than by the disease process and which is sufficiently serious to lead to prolongation of hospitalisation or to temporary or permanent impairment or disability to the patient at the time of discharge.
Critical Incidents	Any incident or event which has caused or could have caused an adverse outcome for the patient.
Initial Assessment (excluding triage)	The patient's first assessment by a healthcare member of staff (medical or nursing) to identify healthcare needs.
Level of Care (Critical Care is Level 2 and Level 3)	<p>Level 0: 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.</p> <p>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</p> <p>Level 2: (e.g. HDU) Patients requiring more detailed observation or intervention including support for a single failing organ system or postoperative care, and</p> <p>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-organs failure.</p>
Other Adverse Events	e.g. Fall from a trolley.
Out of Hours	Any time outside 08:00 to 17:59 on weekdays and anytime on Saturday or Sunday.
Recovery Area	An area to which patients are admitted following an operation or procedure, and where they remain until consciousness is regained, respiration and circulation are stable and postoperative analgesia is established.



A. PATIENT DETAILS

1. Age at time of death:

2. Gender:

Male

Female

B. CASE SUMMARY

3. Please use this section to provide a brief summary of this case, adding any comments or information you feel relevant. Please write clearly for the benefit of the specialist advisory group who will be reviewing the questionnaires. You may also type on a separate sheet if this is easier for you.

NCEPOD attaches great importance to this summary. Please give as much information as possible about the care of this patient.



C. ADMISSION DETAILS

4a. Date of admission:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	d	m	m	y	y

4b. First documented time of arrival at hospital:

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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4c. Time of first documented assessment by healthcare staff (excluding triage):

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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5a. Was this a re-admission in relation to a failed discharge for the same condition?

Yes No Unknown

5b. If yes, how many times has this patient been re-admitted within a week of discharge for the same condition?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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6a. In your opinion, was this admission necessary?

Yes No Unknown

6b. If No, please expand upon your answer:

7. What was the pathway for this admission?

- Admission via Emergency Department
- Referral from a General Medical or Dental Practitioner
- Admission following a previous outpatient consultation
- Planned re-admission/routine follow-up procedure
- Un-planned re-admission following day case or outpatient procedure
- Un-planned admission following day case or outpatient procedure
- Transfer as an inpatient from another hospital
- Walk in clinic
- Tertiary (*Specialty*)
- Tertiary (*Other specialty*)
- Self referral by patient
- Transferred from nursing home or residential home
- Other (*Please state*)
- Unknown

8. Had this patient's admission been cancelled on a previous occasion?

Yes No Unknown



9a. In your opinion did time spent waiting for admission affect the outcome? Yes No Unknown

9b. If Yes, please give details:

10. Please select the patient's health status on admission: *(Please select one)*

- a normal healthy patient
- a patient with mild systemic disease
- a patient with severe systemic disease that limits activity but is not incapacitating
- a patient with incapacitating systemic disease that is a constant threat to life
- a moribund patient, not expected to survive for 24 hours with or without operation

11. To what type of area was the patient first admitted? *(Please select one)*

- Level 3
- Level 2
- Specialist Ward
- General Ward
- Other (please state)

12. To what specialty was the patient first admitted? *(Please use national specialty codes)*

13. In your opinion, was this the appropriate first specialty for the patient to be admitted to?

- Yes No Unknown

14. If transfer to another specialty was indicated, was there any delay or obstruction in the process of transfer?

- Yes No Unknown

15. Was this an appropriate specialty for the patient to be transferred to?

- Yes No Unknown

D. HOSPITAL TRANSFERS

16. Was the patient transferred from another hospital?

- Yes No Unknown

If NO, please go to Section E

17. What grade of person arranged the transfer?



18. Why was the patient transferred?

Specialist treatment not available *(Please specify)*

No Level 3 bed available

No Level 2 bed available

Receiving hospital was closer to the patient's home

Other *(Please state)*

19a. In your opinion was the transfer appropriate?

Yes No Unknown

19b. If No, please expand upon your answer:

20a. Was the transfer delayed at any stage?

Yes No Unknown

20b. If Yes, please expand upon your answer:

21a. Following this admission was the patient's transfer to another hospital ever considered?

Yes No Unknown

21b. If Yes, why was it not undertaken?

22a. Is there a written procedure for handing over the care between clinical teams for inter hospital transfers?

Yes No Unknown

22b. If Yes, who is included in this procedure? *(Please select one)*

Doctors only

Nurses only

Doctors and nurses

Unknown

Other *(Please state)*



E. INITIAL ASSESSMENT

23. Who first assessed the patient? *(Please specify specialty and grade)*

Specialty:

Grade:

24. What was the end working diagnosis following initial assessment?

25. What was the grade of the most senior healthcare professional making this diagnosis?

Consultant

Specialist Registrar (SpR) with CCT

Specialist Registrar (SpR) without CCT Year

Non Consultant Career Grade (NCCG)

Locum Appointment Training *(Please state grade)*

Locum Appointment Service *(Please state grade)*

Nurse Practitioner

F2 or SHO

F1 or HO

Other *(Please state)*

26. Where was the patient first assessed (excluding triage)?

Emergency Department

Assessment Unit

General Ward

Specialist Ward

Level 2

Level 3

Other *(Please state)*

27. What other responsibilities did the assessor have beyond being on call?



28a. Were there any delays in being reviewed by the assessor?

- Yes
- No
- Unknown

28b. If Yes, please give details:

29a. Date of first consultant review:

d	d	m	m	y	y

29b. Time of first consultant review:

		:		
--	--	---	--	--

29c. Time elapsed from first review until consultant review:

			hrs
--	--	--	-----

30. If care is undertaken on a shared basis, which departments were involved in the care of this patient? *(Please specify specialty and grade)*

31. What was the expectation of survival of this patient?

- Not expected (admitted for terminal care)
- Not expected (but not terminal care)
- Uncertain
- Expected

32a. If not expected, was a formal end of life pathway followed?

- Yes
- No
- Unknown

32b. If Yes, was it:

- Formal Pathway e.g. Liverpool Care Pathway
- Local Trust Pathway

F. RADIOLOGY

33a. Were any radiological examinations requested?

- Yes
- No
- Unknown

If NO, please go to Section G

33b. If Yes, which ones were requested: *(Please specify examinations requested and degree of urgency)*

Examination Requested	Degree of Urgency <i>(e.g. URGENT, BOOKED, etc)</i>



44a. In retrospect, if the formal report, or review with a clinician, had been available earlier, would the outcome have been different?

- Yes No Unknown N/A

44b. If Yes, please expand upon your answer:

G. PATIENT CARE INFORMATION

45a. Were drugs prescribed using an electronic system?

- Yes No Unknown

45b. Please state any problems encountered with drug prescribing for this patient:

46. What treatments were undertaken immediately following admission to improve the patient's condition?

Enter a tick in each appropriate box and record any complication arising as a direct result of the manoeuvre

MANOEUVRE

COMPLICATION

GENERAL

<input type="checkbox"/> Intravenous fluids	
<input type="checkbox"/> Correction of hypovolaemia	
<input type="checkbox"/> CVP line	
<input type="checkbox"/> Urinary catheterisation	
<input type="checkbox"/> Blood transfusion	
<input type="checkbox"/> Units types of blood, platelets	
<input type="checkbox"/> Anticoagulants	
<input type="checkbox"/> Antibiotics	
<input type="checkbox"/> Vitamin K	
<input type="checkbox"/> Bowel preparation	
<input type="checkbox"/> Diabetic control	
<input type="checkbox"/> Oral/IV steroids	
<input type="checkbox"/> Lumbar puncture	
<input type="checkbox"/> Nutritional support	
<input type="checkbox"/> Renal biopsy	
<input type="checkbox"/> HIV Screening	
<input type="checkbox"/> HAI Screening	
<input type="checkbox"/> Inotropic support	
<input type="checkbox"/> Other	



MANOEUVRE

COMPLICATION

GASTROINTESTINAL

- Gastric aspiration _____
- Endoscopy:
- Upper GI Endoscopy _____
- Flexible Sigmoidoscopy _____
- ERCP _____
- Sengstaken-Blakemore/Linton tube _____
- Liver biopsy _____
- Paracentesis _____

RESPIRATORY

- Chest physiotherapy _____
- Oxygen therapy _____
- Airway protection *(e.g. unconscious patient)* _____
- Tracheal intubation _____
- Mechanical ventilation
- Non-invasive _____
- Invasive _____
- Bronchoscopy _____
- Nebuliser _____
- Intercostal chest drain _____

CARDIAC

- Thrombolysis _____
- Cath lab
- Diagnostic _____
- Interventional _____
- Echo _____
- Cardiac support *(e.g. anti-arrhythmic agents)* _____
- Diuretics _____
- Pericardial aspiration _____
- DC cardioversion _____
- Pacemaker _____
- Implantable defibrillator _____



47a. Was there evidence of malnutrition on admission? Yes No Unknown

47b. If Yes, was nutritional support given? Yes No Unknown

47c. If Yes, was this:

Oral supplementation

Enteric feeding:

Nasogastric tube

Nasojejunal tube

PEG/RIG

Parenteral feeding

48a. Height: cm

48b. Weight: kg

48c. BMI:

49a. Were any precautions taken to prevent venous thrombosis?

Yes

No

Unknown

49b. If Yes, please specify method(s):

Heparin/Low molecular weight heparin

TED stockings

Calf compression

Other (please specify)

50a. Was the agreement to withdraw any treatment discussed with the patient? Yes No Unknown

50b. Was the agreement to withdraw any treatment discussed with the patient's relatives? Yes No Unknown

51a. Was this patient a surgical admission? Yes No

If Yes, please go to Section H

51b. If No, did the patient undergo an invasive medical procedure? Yes No

If Yes, please go to Section J

If No, please go to Section M



H. PRE-ASSESSMENT CLINIC

52a. Was this patient assessed in a pre-admission/
pre-anaesthetic assessment clinic?

Yes No Unknown

If No, please go to Section I

52b. If Yes, which grade of staff run this clinic?

Consultant

Specialist Registrar (SpR) with CCT

Specialist Registrar (SpR) without CCT Year

Non Consultant Career Grade (NCCG)

Locum Appointment Training *(Please state)*

Locum Appointment Service *(Please state)*

Nurse Practitioner

F2 or SHO

F1 or HO

Other *(Please state)*

53a. Were there any discrepancies, omissions or errors identified on admission compared with this clinic's assessment?

Yes

No

Unknown

53b. If Yes, please expand upon your answer:

54a. Were any pre-operative/pre-interventional therapeutic manoeuvres or rescheduling initiated as a result of this clinic's attendance?

Yes

No

Unknown

54b. If Yes, please expand upon your answer:

I. SURGICAL ADMISSIONS

55. Was this case ever discussed at a MDT meeting prior to operation?

Yes No Unknown



56. What was the specialty of clinician in charge at time of the procedure/operation immediately prior to death? (Please use national specialty codes)

Specialty:

Grade:

57a. Was a procedure/operation undertaken in the 96 hours prior to death?

Yes No Unknown

If Yes, please go to Section J

57b. If No, was this because:

- Surgery was not indicated
- Patient refused surgery
- Patient was considered unsuitable for surgery
- Patient died prior to surgery
- Other (Please state)

57c. Please expand upon your answer (and go to Section M)

J. PRE-INTERVENTIONAL CARE

58a. Date of decision to operate/intervene:

d d m m y y

58b. Time of decision to operate/intervene:

: (24 hour)

59a. What was the grade and specialty of the most senior doctor proposing that procedure?

- Consultant
- Specialist Registrar (SpR) with CCT
- Specialist Registrar (SpR) without CCT Year
- Non Consultant Career Grade (NCCG)
- Locum Appointment Training (State grade)
- Locum Appointment Service (State grade)
- Nurse Practitioner
- F2 or SHO
- F1 or HO
- Other (Please state)

59b. Specialty



60. What was the indication for the proposed operation/intervention?

61. What was the grade of the most senior healthcare professional consulted before this operation/intervention?

- Consultant
- Specialist Registrar (SpR) with CCT
- Specialist Registrar (SpR) without CCT Year
- Non Consultant Career Grade (NCCG)
- Locum Appointment Training *(State grade)*
- Locum Appointment Service *(State grade)*
- Nurse Practitioner
- F2 or SHO
- F1 or HO
- Other *(Please state)*

62. What was the grade of the most senior healthcare professional taking the consent from the patient?

- Consultant
- Specialist Registrar (SpR) with CCT
- Specialist Registrar (SpR) without CCT Year
- Non Consultant Career Grade (NCCG)
- Locum Appointment Training *(State grade)*
- Locum Appointment Service *(State grade)*
- Nurse Practitioner
- F2 or SHO
- F1 or HO
- Other *(Please state)*

63a. Did the patient receive written information and/or explanations of operation/intervention?

- Yes No Unknown

63b. If appropriate, did the parents/guardians receive this information as well?

- Yes No Unknown



64. Please tick the patients health status on admission: *(Please select one)*

- a normal healthy patient
- a patient with mild systemic disease
- a patient with severe systemic disease that limits activity but is not incapacitating
- a patient with incapacitating systemic disease that is a constant threat to life
- a moribund patient, not expected to survive for 24 hours with or without operation

65a. Were there any significant comorbidities (other than those present on admission) at the time of this operation/procedure?

- Yes No Unknown

65b. If Yes, please give details

66. What precautions or treatments were given pre-operatively (excluding anaesthetic room management) to improve the patient's pre-operative condition?

Enter a tick in each appropriate box and record any complication arising as a direct result of the manoeuvre

MANOEUVRE

COMPLICATION

MANOEUVRE	COMPLICATION
GENERAL	
<input type="checkbox"/> Intravenous fluids	
<input type="checkbox"/> Correction of hypovolaemia	
<input type="checkbox"/> CVP line	
<input type="checkbox"/> Urinary catheterisation	
<input type="checkbox"/> Blood transfusion	
<input type="checkbox"/> Units types of blood, platelets	
<input type="checkbox"/> Anticoagulants	
<input type="checkbox"/> Antibiotics	
<input type="checkbox"/> Vitamin K	
<input type="checkbox"/> Bowel preparation	
<input type="checkbox"/> Diabetic control	
<input type="checkbox"/> Oral/IV steroids	
<input type="checkbox"/> Lumbar puncture	
<input type="checkbox"/> Nutritional support	
<input type="checkbox"/> Renal biopsy	
<input type="checkbox"/> HIV Screening	
<input type="checkbox"/> HAI Screening	
<input type="checkbox"/> Inotropic support	
<input type="checkbox"/> Other	



MANOEUVRE

COMPLICATION

GASTROINTESTINAL

- Gastric aspiration _____
- Endoscopy:
- Upper GI Endoscopy _____
- Flexible Sigmoidoscopy _____
- ERCP _____
- Sengstaken-Blakemore/Linton tube _____
- Liver biopsy _____
- Paracentesis _____

RESPIRATORY

- Chest physiotherapy _____
- Oxygen therapy _____
- Airway protection *(e.g. unconscious patient)* _____
- Tracheal intubation _____
- Mechanical ventilation
- Non-invasive _____
- Invasive _____
- Bronchoscopy _____
- Nebuliser _____
- Intercostal chest drain _____

CARDIAC

- Thrombolysis _____
- Cath lab
- Diagnostic _____
- Interventional _____
- Echo _____
- Cardiac support *(e.g. anti-arrhythmic agents)* _____
- Diuretics _____
- Pericardial aspiration _____
- DC cardioversion _____
- Pacemaker _____
- Implantable defibrillator _____



73. Please state the diagnosis established at operation/procedure:

74a. Were there any unanticipated intra-operative/procedural problems?

Yes

No

Unknown

74b. If Yes, please expand:

75a. Were there any delays between admission and operation/procedure?

Yes

No

Unknown

75b. If Yes, please expand:

76. Was the operation/procedure:

Diagnostic

Curative

Palliative

77a. Time of start of the operation/procedure (not including anaesthetic time)

: (24 hour)

77b. Time of transfer out of operating theatre or operating area

: (24 hour)

78. What type of location was the procedure/operation conducted in e.g. theatre, endoscopy suite, etc?



79. Please list all healthcare professionals present in the theatre/procedure room during the operation/procedure. (Please select all that apply)

- Consultant
- Specialist Registrar (SpR) with CCT
- Specialist Registrar (SpR) without CCT Year
- Non Consultant Career Grade (NCCG)
- Locum Appointment Training (Please state grade)
- Locum Appointment Service (Please state grade)
- Nurse Practitioner
- F2 or SHO
- F1 or HO
- Other (Please specify)

80. What was the grade of the most senior operating clinician (NOT the clinicians present in an assisting or supervisory capacity)

81. If the most senior clinician was not a consultant, what level of supervision was available?

- | | Grade |
|--|----------------------|
| <input type="checkbox"/> Supervised scrubbed | <input type="text"/> |
| <input type="checkbox"/> Unsupervised in theatre/procedural room | <input type="text"/> |
| <input type="checkbox"/> Unsupervised in hospital | <input type="text"/> |
| <input type="checkbox"/> Other (Please specify) | <input type="text"/> |

82. For the operation/procedure, had the patient received:

- No anaesthetic
- General anaesthetic
- Local anaesthetic
- Conscious Sedation
- Other (Please specify)

83. If the operation/procedure was performed under sedation administered solely by the operator/clinician, who monitored this sedation?

84. What drugs/agents including reversal agents were used (Please give dosages)



85. If performed under local anaesthetic and/or sedation, were facilities for resuscitation immediately available during this operation/procedure?

Yes

No

Unknown

86. Which of the following were recorded during and immediately after the operation/procedure?

	During	Post
Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Pulse	<input type="checkbox"/>	<input type="checkbox"/>
ECG	<input type="checkbox"/>	<input type="checkbox"/>
Pulse Oximetry	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

87a. If blood products were needed in this operation, was there any delay or problem with access to blood products?

Yes

No

Unknown

87b. If Yes, please expand upon your answer:

88. Please comment on any communication problems with theatre management or the composition of the theatre team e.g. problems involving junior staff, theatre team instability, etc.

K. POST OPERATIVE / INTERVENTIONAL CARE

89. Where was the patient admitted immediately after leaving theatre/operating area?

(Please number the options in order e.g. 1 Recovery room, 2 General Ward, etc)

Recovery room

Level 3

Level 2

Specialist Ward

General Ward

Other (Please specify)



90. If admitted to a general ward, was a nurse allocated solely to monitor the recovery of this patient?

Yes No Unknown

91a. If an upgrade of care was required, was a transfer made to another care area at any stage during the post-operative period?

Yes No Unknown

91b. If Yes, please specify:

Level 3

Level 2

Specialist Ward

Other *(Please specify)*

92a. If the patient's condition warranted an upgrade of care, were you at any time unable to transfer the patient into a higher area within the hospital in which the procedure took place?

Yes No Unknown

92b. If Yes, please expand upon your answer:

93. Please describe any significant post-operative/post procedural complications (with the exception of death):

94a. In your opinion, could any pre-operative therapeutic manoeuvres have been undertaken to prevent these complications?

Yes No Unknown

94b. If Yes, please expand upon your answer:

95. What was the final diagnosis of the patient?



M. DEATH

96a. Date of death:

--	--	--	--	--	--

d d m m y y

96b. Time of death:

		:			(24 hour)
--	--	---	--	--	-----------

97. Place of death:

Anaesthetic Room

Recovery Room

Level 3

General Ward

Level 2

Specialist Ward

Theatre, endoscopy suite, etc

Other (Please specify)

--

98. Was the event expected?

Yes No Unknown

99. Was a death certificate written by a doctor?

Yes No Unknown

100. What was recorded on the death certificate?

Ia.

--

Ib.

--

Ic.

--

II.

--

101a. Was the death reported to the Coroner?

Yes No Unknown

101b. If Yes, was a Coroner's autopsy performed?

Yes No Unknown

101c. If no Coroners autopsy was performed, did you request a hospital consented autopsy?

Yes No Unknown

101d. If No, please state reason:

--

If either a Coroners or hospital autopsy was performed:

102. Did the team receive a copy of the autopsy report?

Yes No Unknown



103. Please list the most significant findings of the autopsy including histology:

104a. Did the autopsy findings confirm the clinical impression? Yes No Unknown

104b. If No, what was different?

104c. If Yes, were there any additional unexpected findings? Yes No Unknown

104d. If Yes, please expand upon your answer:

N. AUDIT

105a. Did a critical incident occur in with this patient? Yes No Unknown

105b. If Yes, was a critical incident reported either through the trust system or the NRLS ? Yes No Unknown

105c. If Yes, please describe:

106a. Was there a shortage of personnel at any point in this case? Yes No Unknown

106b. If Yes, please specify: *(Please select all that apply)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Consultant Physicians | <input type="checkbox"/> Consultant Anaesthetists | <input type="checkbox"/> Operating Department Practitioner |
| <input type="checkbox"/> Consultant Surgeons | <input type="checkbox"/> Trainee Anaesthetists | <input type="checkbox"/> Porters |
| <input type="checkbox"/> Trainee Physicians | <input type="checkbox"/> Nurses | |
| <input type="checkbox"/> Trainee Surgeons | <input type="checkbox"/> Skilled Assistants | |
| <input type="checkbox"/> Other <i>(Please specify)</i> | <div style="border: 1px solid black; width: 430px; height: 18px;"></div> | |



O. ADDITIONAL COMMENTS

107. Please write clearly any additional observations you wish to report about the management of this patient:

Thank you for taking the time to complete this questionnaire.



Please supply copies of the following casenote extracts with your questionnaire:

TIME PERIOD: PRE-ADMISSION UNTIL DEATH

(Casenotes of entire patient history not required)

- ✓ Inpatient casenotes/Last outpatient clinic letter.
- ✓ Emergency department documentation.
- ✓ Nursing notes.
- ✓ Any operational/interventional notes.
- ✓ Drug charts.
- ✓ Fluid balance charts.
- ✓ TPR/EWS charts.
- ✓ Early warning score charts.
- ✓ Blood results (FBC, U&E)
- ✓ Imaging reports (for this admission only).
- ✓ End of life pathway.
- ✓ DNAR proforma.
- ✓ Incident reporting form and details of outcome.
- ✓ Autopsy report.
- ✓ Anaesthetic chart.
- ✓ Discharge summary.

NATIONAL SPECIALTY CODES

	100 = General Surgery	110 = Trauma & Orthopaedics	170 = Cardiothoracic Surgery
S U R G I C A L	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 or Intensive Care Medicine
	300 = General Medicine	340 = Thoracic/Respiratory Medicine	501 = Obstetrics
M E D I C A L	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





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