

NCEPOD peri-operative care data comparison tool

Hospital Number _____

Recommendations	Data collection tool	Response		Action required
<p>All elective high risk patients should be seen and fully investigated in pre-assessment clinics. Arrangements should be in place to ensure more urgent surgical patients have the same robust work up. <i>(Clinical Directors and Consultants)</i></p>	<p>Q9 Was the patient a planned admission? Q23 In your opinion was this patient a high risk case? Q10 Was this patient seen in a pre-assessment clinic?</p>	<p>Yes Yes Yes</p>	<p>No No No</p>	
<p>Greater assessment of nutritional status and its correction should be employed in high risk patients. <i>(Consultants)</i></p>	<p>Q13 What investigations were performed to help pre-operative assessment? Nutrition assessment? Q15 Was there a documented plan to improve pre-operative nutritional status? Q20 Were all necessary investigations performed or available Q21 If NO, in your opinion, which investigations were omitted? Was a nutrition assessment omitted? Q38 What investigations were performed to help pre-operative assessment? Nutrition assessment?</p>	<p>Yes Yes Yes Yes Yes</p>	<p>No No No No No</p>	
<p>The adoption of enhanced recovery pathways for high risk elective patients should be promoted. <i>(Clinical Directors)</i></p>	<p>Q9 Was the patient a planned admission? Q10 Was this patient seen in a pre-assessment clinic? Q14 Was the patient included in an enhanced recovery programme?</p>	<p>Yes Yes Yes</p>	<p>No No No</p>	

<p>High risk patients should have fluid optimisation in a higher care level area pre-operatively, if it is to be adequate and contribute to better outcomes. <i>(Consultants)</i></p>	<p>Q58 Based on the casenote extracts, what type of ward was the patient in immediately preoperatively?</p> <p>Q60 Were preoperative intravenous fluids administered?</p> <p>Q61 In your opinion, was the pre-operative fluid management:</p>	<p>Yes</p> <p>Adequate</p>	<p>No</p> <p>Inadequate or Excessive</p>	
<p>An assessment of mortality risk should be made explicit to the patient and recorded clearly on the consent form and in the medical record. <i>(Consultants)</i></p>	<p>Q51 Did the consent form (or medical notes) contain an estimate of mortality risk?</p>	<p>Yes</p>	<p>No</p>	
<p>Better intra-operative monitoring for high risk patients is required. The evidence base supports the use of peri-operative optimisation and this relies on extended haemodynamic monitoring. NICE Medical Technology Guidance 3 relating to cardiac output monitoring should be applied. <i>(Clinical Directors)</i></p>	<p>Q68 In your opinion did the patient have adequate physiological monitoring?</p> <p>Q69 Was cardiac output/stroke volume monitoring used during anaesthesia?</p> <p>Q70 If NO, in your opinion should it have been used?</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>No</p> <p>No</p> <p>No</p>	
<p>Given the high incidence of postoperative complications demonstrated in the review of high risk patients, and the impact this has on outcome there is an urgent need to address postoperative care; this supports the prospective data. <i>(Clinical Directors)</i></p>	<p>Q77 What type of ward did the patient go to post operatively (immediately after theatre/recovery)?</p> <p>Q78 In your opinion, was the patient in the correct location to receive appropriate post operative care?</p> <p>Q79 If No, where should they have been?</p>	<p>Yes</p>	<p>No</p>	
<p>The decision to operate on high risk patients (particularly non-elective) should be made at consultant level, involving surgeons and those who will provide intra and postoperative care. <i>(Clinical Directors and Consultants)</i></p>	<p>Q9 Was the patient a planned admission?</p> <p>Q30 Was the grade of doctor performing the initial assessment appropriate for the patient (severity of illness or urgency of condition)?</p> <p>Q34 Was the patient reviewed by the surgical consultant prior to surgery?</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>No</p> <p>No</p> <p>No</p>	