Emergency (non-elective) procedures in children and young people: Anaesthetic questionnaire

A. Introduction

What is this study about?

The aim of this study is to identify good practice and remediable factors in the delivery of care provided to children and young people (CYP) (0-18th birthday) undergoing emergency (non-elective) procedures under anaesthetic or sedation.

Inclusions

CYP aged 0 to 18 years, undergoing an emergency (non-elective) procedure.

Patients have been sampled for inclusion across two time frames:

- Time frame 1: Monday 17th June 00:00 Sunday 30th June 23:59 2024
- Time frame 2: Monday 12th February 00:00 Sunday 25th February 23:59 2024

Who should complete this questionnaire?

This questionnaire should be completed by the anaesthetist responsible for the patient at the time of procedure.

Please do not include any patient identifiers in the free text boxes

Questions or help

If you have any queries about this study or this questionnaire, please contact: eps@ncepod.org.uk or telephone 020 7251 9060.

CPD accreditation

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.

About NCEPOD

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews healthcare practice by undertaking confidential studies, and makes recommendations to improve the quality of the delivery of care, for healthcare professionals and policymakers to implement. Data to inform the studies are collected from NHS hospitals and Independent sector hospitals across England, Wales, Northern Ireland and the Offshore Islands. NCEPOD are supported by a wide range of bodies and the Steering Group consists of members from the Medical Royal Colleges and Specialist Associations, as well as observers from The Coroners Society of England and Wales, and the Healthcare Quality Improvement Partnership (HQIP).

Impact of NCEPOD

Recommendations from NCEPOD reports have had an impact on many areas of healthcare including: Development of the NICE 'Acutely ill patients in hospital guideline' (CG50) – 'An Acute Problem' (2005). Appointment of a National Clinical Director for Trauma Care – 'Trauma: Who Cares?' (2007). Development of NICE Clinical Guidelines for Acute Kidney Injury, published 2013 – 'Adding Insult to Injury' (2009).

Development of ICS Standards for the care of adult patients with a temporary Tracheostomy, published 2014 – 'On the right trach?' (2014).

Development of guidelines from the British Society of Gastroenterology: diagnosis and management of acute lower gastrointestinal bleeding, published 2019 – 'Time to Get Control' (2015). Development of the British Thoracic Society's Quality Standards for NIV, published 2018 – 'Inspiring Change' (2017).

B. Clinician details & structured commentary

L. Gra	de of clinician completing the questionnaire
0	Consultant
Ö	Specialty and associate specialist (SAS)
0	Trainee with CCT
0	Senior specialist trainee (ST5+ or equivalent)
_	Senior specialist trainee (ST3/4 or equivalent)
_	Junior specialist trainee (ST1& ST2 or CT equivalent)
_	Advanced nurse practitioner
_	Advanced clinical practitioner
_	Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)
\circ	Senior staff nurse
If n	ot listed above, please specify here
cor is c	ase use the box below to provide a brief summary of this case, adding any additional nments or information you feel relevant. You should be assured that this information onfidential. NCEPOD attaches great importance to this summary. Please give as much ormation as possible about the care of this patient.
cor is c	nments or information you feel relevant. You should be assured that this information onfidential. NCEPOD attaches great importance to this summary. Please give as much
cor is c	nments or information you feel relevant. You should be assured that this information onfidential. NCEPOD attaches great importance to this summary. Please give as much
cor is c	nments or information you feel relevant. You should be assured that this information onfidential. NCEPOD attaches great importance to this summary. Please give as much
cor is c	nments or information you feel relevant. You should be assured that this information onfidential. NCEPOD attaches great importance to this summary. Please give as much
cor is c	nments or information you feel relevant. You should be assured that this information onfidential. NCEPOD attaches great importance to this summary. Please give as much
cor is c	nments or information you feel relevant. You should be assured that this information onfidential. NCEPOD attaches great importance to this summary. Please give as much
cor is c	nments or information you feel relevant. You should be assured that this information onfidential. NCEPOD attaches great importance to this summary. Please give as much
cor is c	nments or information you feel relevant. You should be assured that this information onfidential. NCEPOD attaches great importance to this summary. Please give as much
cor is c	nments or information you feel relevant. You should be assured that this information onfidential. NCEPOD attaches great importance to this summary. Please give as much

C. Patient details

.a.		undergo an emergenc g this admission?	y (non-elective) procedu	ire under anaesthetic or
	O Yes	O No	Unknown	
qu	estionnaire to y		-	n, please return this k) who will notify NCEPOD
a.	Age at time of	procedure		
			Years	
	Value should be no m	nore than 17		
b.	Was the patien	t less than one year of	age at the time of the p	rocedure?
	O Yes	O No	O Unknown	
c.		es" to [2b] then: ey born at less than 37	weeks gestation?	
	O Yes	O No	O Unknown	
d.		es" to [2b] and "Yes" to as the gestational age		
			Unknow	wn
3.	Sex			
		Female	Other	O Unknown
4.	Ethnicity			
	White British,Black/African,Asian/Asian B	/Caribbean/Black British	Bangladeshi, Chinese, other	Asian)
a.	Did the patient	have any comorbiditie	es?	
	O Yes	O No	Unknown	
b.	If answered "Ye If YES, what we	es" to [5a] then: ere these?		
šc.		es" to [5a] then: pecialties other than th		

6. Did the patient	t have any communication	on difficulties? (Please tick all that apply)	
Language dif	ficulties	Hearing difficulties	
Other comm	unication difficulties	None	
Unknown		_	
DI '6	1.00		
Please specify ar	ny additional options here		
7. Did the patient	t have any learning diffi	culties?	
O Yes	O No	O Unknown	
8. Did the patient	t have any physical disa	bility?	
∩ Yes	∩ No		

D. Arrival at this hospital 1. Mode of admission: ○ Self referral (via the emergency department) ○ 111 referral O GP referral Transfer from another hospital Unknown If not listed above, please specify here... If transferred from another hospital 2. If answered "Transfer from another hospital" to [1] then: What was the reason for the transfer to this hospital? (Please tick all that apply) No surgeon competent to undertaken procedure No anaesthetist competent to anaesthetise patient ■ No emergency surgical services at the referring site ■ No appropriate critical care bed or facilities ☐ Unknown Please specify any additional options here... 3. If answered "Transfer from another hospital" to [1] then: Was there a deterioration in the patient during transfer? O No

Unknown

4. What was the physiological status of the patient on arrival?

Unstable

Stable

E. Pre-operative care 1. Were formal Paediatric Early Warning Scores used for the patient preoperatively? () Yes (No Unknown 2. Did you consider the patient to be high risk? Yes O No Unknown 3a. Was any organ support used prior to surgery? Yes (No Unknown 3b. If answered "Yes" to [3a] then: If YES, what was used? (Please tick all that apply) Respiratory support Circulatory support Renal support ☐ Unknown Please specify any additional options here... 4. Was the pre-procedure preparation of the patient adequate? (No 5a. Was the patient seen by an anaesthetist prior to the procedure? Yes (No Unknown 5b. If answered "Yes" to [5a] then: If YES, what was the date of the first anaesthetist review prior to surgery? ☐ Unknown 5c. If answered "Yes" to [5a] then: If YES, what was the time of the first anaesthetist review prior to surgery? ☐ Unknown 5d. If answered "Yes" to [5a] then: If YES, what was the grade of the anaesthetist? Consultant Specialty and associate specialist (SAS) Trainee with CCT O Senior specialist trainee (ST5+ or equivalent) O Senior specialist trainee (ST3/4 or equivalent) ∪ Junior specialist trainee (ST1& ST2 or CT equivalent) Anaesthesia associate Unknown

If not listed above, please specify here...

F. Surgery

Please save the questionnaire as you work through this section

 Urgent (Intervention for acute onset or clinical deterioration of potentially life-threatening condition) Expedited (Patient requiring early treatment where the condition is not an immediate threat to life. 						
O Unknown						
f not listed above, plea	ase specify here					
- 1						
What was the proposed time frame for procedure commencement from the time of booking?						
○ <1 hour ○ Unknown	O < 6 hours	○ <24 hours	○ >24 hours			
Was any other urger	ncy categorisation		used?			
○ Yes	O No	Unknown				
f answered "Yes" to 4b. If YES, what did						
What was the date o	of the theatre book	ing?				
		□ Ur	nknown			
What was the time o	of the theatre hook					
What was the time o	- The theatre book					
			nknown			
What was the grade			_			
ST3+ or equivalent	and above CT2- o	or equivalent and belo	ow 🔘 Unknown			
f not listed above, plea	ase specify here					
	Ity of the clinician	who made the the	atre booking?			
wnat was tne specia	○ Specia	list surgery	Paediatric surgery			
What was the special General surgery			Paediatric medicine			
General surgery General medicine	Specia					
General surgery	•	list medicine entional radiologist	O Unknown			
General surgery General medicine	O Interve		○ Unknown			
General surgery General medicine Anaesthetics	O Interve		○ Unknown			
General surgery General medicine Anaesthetics	Intervented Interv	entional radiologist	○ Unknown			
General surgery General medicine Anaesthetics f not listed above, plea	Intervented Interv	entional radiologist	○ Unknown			

4a.	How was the booking	g communicated t	o theatre? (Please	tick all th	at apply)	
	☐ Electronic form	☐ Telephone cal	I	naesthe	etist bleep	Unknown	
	Please specify any add	ditional options here					
4b.	To whom was the bo	ooking communicat	ted? (Please	e tick a	II that app	oly)	
	☐ Theatre coordinate ☐ Supervising anaes	_	gency surger own	y coord	inator		
	Please specify any add	ditional options here					
5a.	In your opinion, was	_			_	y of urgency?	
	O Yes	O No	O_0	nknowr	1		
5b.	If answered "No" to If NO, what categori		should the	patient	have bee	n booked as?	
	Immediate (ImmedUrgent (InterventionExpedited (PatientUnknown	-	clinical deter	ioration	of potentia	ally life-threatening	g conditions,
	If not listed above, ple	ase specify here					
6a	How long was the p	atient NRM for foo	d nrior to th	e nroc	edure?		
ou.	liow long was the p		_	-			
			Hours	П,	Jnknown		
6b.	Was the patient 'Sip	_		m len aven			
6-	O Yes	O No	•	nknowr	1		
oc.	If answered "No" or If NO, how long was			r to th	e procedu	re?	
			Hours		Jnknown		
7.	What type of anaest	thetic was used? (F	Please tick a	all that	apply)		
	General Unknown	Regional				☐ Sedation	
	Please specify any add	ditional options here.					
8.	What was the grade	of the anaesthetis	st giving the	e anae:	sthetic?		
	Consultant						
	O Staff grade/Associa	ate specialist					
	Trainee with CCTSenior specialist tr	ainee (ST5+ or equiv	/alent)				
	O Senior specialist tr	· ·					
	Junior specialist traUnknown	ainee (ST1& ST2 or C	T equivalent))			
	If not listed above, ple	ase specify here					
	<u> </u>						

9a.	Was there a delay fr	om booking the case to	the start of the procedure?
	O Yes	O No	O Unknown
	If answered "Yes" to If YES, how long was		
		m	inutes Unknown
	If answered "Yes" to If YES, what was the		(Please tick all that apply)
	☐ Theatre not available ☐ Staff handover ☐ Anaesthetic delay ☐ Emergency workload ☐ Unknown		 Appropriate staff availability Staff breaks Surgical delay Patient not ready
	Please specify any add	litional options here	
		o [9a] and "Theatre not NILABLE, please give fu	available" to [9c] then: ther information
			staff availability" to [9c] then: ease give further informaiton
9f.	If answered "Yes" to If YES, was the urge		ed to the theatre team?
	O Yes	O No	O Unknown
		[9a] and "Yes" to [9f] t tre escalation process a	
	O Yes	O No	O Unknown

		n?: (please tick all th	- 5-	
☐ Opened add ☐ Unknown	itional theatre	☐ Stopped elective t	heatre None	
Please specify a	ny additional op	tions here		
-		dertaken in a stand a ne case on a paediatr	lone tertiary paediatric ce ic specialty rota?	ntre, was the
O Yes				
○ No ○ Unknown				
_	le - undertaken	in a stand alone tertiary	y paediatric centre	
11. Was a WHO an	aesthetic and	surgical check list pe	erformed?	
	○ No	01	Jnknown	

1a. Did the patient go to a dedicated paediatric recovery bay following surgery? O Yes O No O Unknown 1b. If answered "No" to [1a] then: If NO, where were they recovered? O General recovery area O Unknown If not listed above, please specify here...

G. Post operative care

1a. N2a. Was a serious incident declared in this case? Yes No Unknown 1b. If answered "Yes" to [1a] then: N2c. If YES, was this investigated? Yes No Unknown 1c. If answered "Yes" to [1a] and "Yes" to [1b] then: N2d. If YES, what was the learning

H. Audit and learning

I. Overall 1a. In your opinion could the care of this patient have been improved in any way? O No Unknown 1b. If answered "Yes" to [1a] then: If YES, please give further details 2a. Was there anything else that led to a delay to this CYP in getting to theatre? O Yes O No O Unknown 2b. If answered "Yes" to [2a] then: If YES, please give further details:

J. Additional information

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

By doing so you have contributed to the dataset that will form the report and recommendations due for release in early 2026