ANAESTHESIA MORTALITY GLOSSARY OF TERMS - CASE CLASSIFICATION

A. Deaths Attributable to Anaesthesia	
Category 1	Where it is reasonably certain that death was caused by the anaesthesia or other factors
	under control of the anaesthetist.
Category 2	Where there is some doubt whether death was entirely attributable to the anaesthesia
	or other factors under the control of the anaesthetist.
Category 3	Where death was caused by both surgical and anaesthesia factors.
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Explanatory Notes:

- The intention of the classification is not to apportion blame in individual cases but to establish the contribution of the anaesthesia factors to the death.
- The above classification is applied regardless of the patient's condition before the procedure. However if it is considered that the medical condition makes a substantial contribution to the anaesthesia-related death subcategory **H** should also be applied.
- If no factor under the control of the anaesthetist is identified which could or should have been done better subcategory **G** should also be applied.

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B. Death In Which A	naesthesia Played No Part		
Category 4	Surgical death where the administration of the anaesthesia is not contributory and surgical or other factors are implicated.		
Category 5	Inevitable death, which would have occurred irrespective of anaesthesia or surgical procedures.		
Category 6	Incidental death which could not reasonably be expected to have been foreseen by those looking after the patient, was not related to the indication for surgery and was not		
	due to factors under the control of anaesthetist or surgeon.		
C. Unassessable Death			
Category 7	Those that cannot be assessed despite considerable data but where the information is conflicting or key data is missing.		
Category 8	Cases, which cannot be assessed because of inadequate data.		
CAUSAL OR CONTRIBUTORY FACTORS IN CATEGORY A DEATH			
Note that it is usual for mo	ore than one factor to be identified in the case of anaesthesia attributable death.		
	SUBCATEGORIES		
A. Preoperative			
(i) Assessment	This may involve failure to take an adequate history or perform an adequate		
	examination or to undertake appropriate investigation or consultation or make		
	adequate assessment of the volume status of the patient in an emergency. Where this is		
	also a surgical responsibility the case may be classified in Category 3 above.		
(ii) Management	This may involve failure to administer appropriate therapy or resuscitation. Urgency and the responsibility of the surgeon may also modify this classification.		
B. Anaesthesia Technique			
(i) Choice or application	There is inappropriate choice of technique in circumstances where it is contraindicated		
	or by the incorrect application of a technique, which was correctly chosen.		
(ii) Airway Maintenance	There is inappropriate choice of artificial airway or failure to maintain or provide		
Including Pulmonary	adequate protection of the airway or to recognise misplacement or occlusion of an		
Aspiration	artificial airway.		
(iii) Ventilation	Death is caused by failure of ventilation of the lungs for any reason. This would include		
	inadequate ventilator settings and failure to reinstitute proper respiratory support after		
	deliberate hypoventilation (e.g. bypass).		
(iv) Circulatory Support	Failure to provide adequate support where there is haemodynamic instability, in		

particular in relation to techniques involving sympathetic blockade.

(i) Selection Administration of a wrong drug or one, which is contraindicated or inappropriate. This would include "syringe swap" errors. (ii) Dosage This may be due to incorrect dosage, absolute or relative to the patient's size, age and condition and in practice is usually an overdose. (iii) Adverse Drug Reaction Effects of anaesthesia agents such as the volatile agents. (iv)Inadequate Reversal This would include relaxant, narcotic and tranquillising agents where reversal was indicated. (iv)Incomplete Recovery e.g. prolonged coma D. Anaesthesia Management Inadequate management of unexpected occurrences during anaesthesia or in other situations, which, if uncorrected could lead to death or severe injury. (ii) Inadequate Failure to observe minimum standards as enunciated in the ANZCA policy document or to undertake additional monitoring when indicated e.g. use of a pulmonary artery catherer in left ventricular failure. (iv) Inadequate Failure Death as a result of failure to check equipment or due to failure of an item of anaesthesia equipment. (iv) Inadequate Failure to maintain adequate body temperature within recognised limits. E. Postoperative (i) Management Death as a result of inappropriate intervention or omission of active intervention by the anaesthetist or a person under their direction (e.g. Recovery or pain management nurse) in some matter related to the patient's anaesthesia, pain management nurse) in some matter related to the patient's anaesthesis has ongoing responsibility but the surgical role must also be assessed. (ii) Inadequate Death due to inadequate management of hypovolaemia or hypoxaemia or where there has been a failure to perform proper cardiopulmonary resuscitation as been a failure to perform proper cardiopulmonary resuscitation of a trainee is based on the ANZCA policy document on supervision of a trainee is based on the ANZCA policy document on supervision of a trainee is based on the ANZCA policy document on supervision of a trainee is based on the ANZCA policy document			
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