

The South Australian Anaesthetic Mortality Committee

Confidential Report

You are requested to report any death resulting from surgery anaesthesia or related procedure. For the purposes of the Committee, no time period is designated. Many perioperative deaths are inevitable outcomes of the disease process. For completeness it would be appreciated if these are reported.

Please note that any information provided to this Committee is not admissible in any proceedings, as this Committee is endorsed by the Health Minister and approved to work under Section 7 of The Health Care Act 2008. The report is assessed by the Committee and the confidential opinion reported in local and national reports. The Committee will make every effort to report the opinion to an individual making part of the report, if so requested.

If you wish to receive feedback from the Committee, please include your name and contact details here:

Name: _____

Preferred contact details: _____

Please attach copies of:

- pre-op assessment (including relevant pre-op tests)**
- anaesthetic record**
- surgical record**
- other peri-operative notes (where relevant)**

Please return to: The Chair
SAAMC
C/- ANZCA SA & NT Regional Office
168 Ward Street, North Adelaide SA 5006

Reports to the SA Anaesthetic Mortality committee are recognised by ANZCA Continuing Professional Development as Incident Reporting under the Practice Evaluation category, entitled to 2 points/hour.

1 Patient details

(Please omit details only where already clearly indicated on attached documentation)

Patient's name: _____

Hospital: _____

UR Number: _____

Date and time of death: _____

Place of death: _____

Date of Birth (or age): _____

Ethnic origin: _____

Date of Admission: _____

Date of procedure: _____

Time and date of Assessment: _____

BMI (or estimate): _____

Preoperative diagnosis: _____

Pre-operative assessment:

Was the anaesthetic assessment performed by the anaesthetist doing the case? Yes No

Was pre-operative anaesthetic assessment adequate? Yes No

If no, why not? _____

Fasting Adequate? Yes No

ASA rating: 1 2 3 4 5 Emergency? Yes No

Co-morbidities present: _____

Are there any other elements to the pre-operative assessment that are relevant to the case?

Pre-op preparation (e.g. fluid resuscitation, invasive lines, regional blockade)? Please detail.

3. The procedure

Details of the surgery:

(Please omit details only where already clearly indicated on attached documentation)

Date of surgery: _____

Time of induction: _____

Duration of surgery: _____

Time of incident/death: _____

Proposed procedures: _____

Was this the procedure completed? Yes No

Location of procedure (e.g. Operating Theatre, Intervention Suite etc.): _____

Where was the patient when the incident/death occurred? _____

At what point in the procedure did the incident/death occur (e.g. induction, maintenance, other)

Details of the anaesthetic:

Please attach a photocopy of the anaesthetic chart. If unable to do so, please provide as much detail as possible.

Please include details regarding all drugs administered, monitoring used, airway devices employed, local/regional anaesthetic techniques. Note where any problems may have occurred, and why.

4. Post-operative

Where was the patient cared for post-op. _____

Was post-op care adequate? Yes No

If no, please explain: _____

5 Summary

Please explain the circumstances perceived to contribute to the patient's death

What, in your opinion, is the most likely cause of death?

Thank you for taking the time to complete this report.