PERI-OPERATIVE MORTALITY REVIEW MINISTRY OF HEALTH MALAYSIA (ANAESTHESIA FORM. V5)

INTRODUCTION

This form is to be filled for all deaths occurring within total length of hospital stay following a surgical or gynecological procedure performed under general or regional anesthesia. Also included are death in operation theatre prior to the induction of anaesthesia.

CASE PROFILE

	POM	R COORDINATOR		
Name of Hospital		Case Code		
Date of Birth		Date of Mortality		
Date of admission		Ethnicity		
Gender	Male Female			
Age	Years Months	Days		
Date of form issued				
Co-ordinator's Initial				
Primary Department	PRIMA	RY DEPARTMENT		
Department(s)	General Surgery	Paediatric Surgery		
involved in the patient management	Cardiothoracic surgery	Urology		
patient management	ICU/ HDW/ CCU	Anesthesiology		
	Plastic Surgery	Gynecology		
	Obstetric	Orthopedic		
	Ophthalmology	ENT		
	Neurosurgical	Endocrine surgery		
	Vascular surgery	Emergency & Trauma		
	Medical			
	Others			

Pre-operative status

Pre-operative assessment was done in

Co-morbid Factor	Diabetes	Mellitus		Corona	Coronary Artery Disease			
	Malignan	су		Cerebr	Cerebrovascular accident (CVA)			
	Hyperten	sion		Left Ve	Left Ventricular dysfunction			
	Heart Fai	lure		Coma				
	Severe H	ead Injur	у	Chroni	Chronic Lung Disease			
	Chronic Liver Disease			Chroni	Chronic Kidney Disease			
	AIDS			Valvula	Valvular Heart Disease			
	Uncontrol	lled Asthr	na	Anaem	nia			
	Others							
Risk Factor	Prematur	ity		Smoking	ng Obstructive Sleep Apnoe			
	Cachexia			IVDU	Cardiac Arrhy	thmia		
	Obesity	Obesity Dehydration			den			
	Dehydrati				volaemia			
Congenital		al abnorm	nalities	Severe Sepsis	re Sepsis			
	Others							
Blood Pressu	re Systole		mmHg)	Diastole	mmHg		
Pulse Rate		bpm	Temp	'C	Respiration	Breath/min		
Weight		Kg						
Birth weight*		٢		estational Age	Full term			
			(At	t Birth)	Pre term	weeks		
Signs on admission								
Jaundice	Pale	D	ehydrated	Cachexic	Cyanosed			
Intubated	Others							
GCS for Head Injury /	Coma :							
Eyes (/4)		Ver	bal(/5)		Motor (/6)			
Total GCS (/15)		T C						

Investigations

FBC	On Admission			Pre-operative	
Hb		g/dl	Hb		g/dl
TWC		x10³/µL	TWC		x10³/µL
Platelet		x10³/µL	Platelet		x10³/µL
Renal Profile	On Admission			Pre-operative	
Na+		mmol/L	Na+		mmol/L
K+		mmol/L	K+		mmol/L
Urea		mmol/L	Urea		mmol/L
Se. Creatinine		µmol/L	Se. Creatinine		µmol/L
Blood Sugar	On Admission			Pre-operative	
RBS		mmol/L	RBS		mmol/L
Coagulation Profile	On Admission			Pre-operative	
INR		Ratio	INR		Ratio
PT		Sec	PT		Sec
APTT		Sec	APTT		Sec
	On Admission			Pre-operative	
ABG			ABG		
Albumin		g/dL	Albumin		g/dL
Lactate		mmol/dL	Lactate		mmol/dL
	On Admission			Pre-operative	
ECG	Normal			Normal	
	Abnormal			Abnormal	
Details			Details		

X-rays / imaging

On Admission

Details (If applicable) Pre-operative

Details (If applicable)

Other	investigations
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Pre-operative

Details

Details

ASA Category

FIRST OPERATION

If more than 1 surgery performed, kindly indicate in the narrative report

Date of First Operation						
Time started			Tim	e ended		
Operation category	Elective					
	Emergency	/				
Pre-Operative diagnosis						
Post-Operative diagnosis						
Operative Procedure						
Number of surgery during this admission before mortality						
Anaesthetist Status						
Consultant	Specialist		Clinical Specialis	st (Under Gazzett	ement)	
МО	НО		AMO			
Supervisor Informed?	Yes	No				
Location of	In OT		In Hospital	At Home		
Supervisor	Not Availab	ole				

Surgeon Status Clinical Specialist (Under Gazzettement) Specialist Consultant MO HO Intra-operative complications? None **Excessive Bleeding** Contamination Other organ injury Hypotension Anesthesia adverse event Others **ANAESTHESIA** Anaesthesia Technique : Intra-operative TEE Routine CVP Monitoring Urine Output Tempreture PNS IABP PCWP BIS Cardiac Output TOF Other Intra-Operative Nil Anaesthetic Desaturation Complication(s) **Failed Intubation** Laryngospasm Bronchospasm Aspiration Hypotension Myocardial Ischemia **Cardiac Arrest** Hypothermia Failed Regional / Spinal (Convert to GA/abandon) Complicated Regional / Spinal (Eg. Total Spinal, Bloody CSF, Accidental Injury) **Drug Allergy** Other

Recovery Room Complication(s)	Nil Hypoter Post-op Reintub Cardiac	erative Nausea / Vomiti ation	Desaturation Hypothermia ng Bleeding Inadequate Pain R Other	Relief
Did patient recieved acute pain service?	Yes	No		
Discharged To				
		POST OPERATI	VE CARE	
Managed in ICU/ HDW/PACU	Yes	No	Ventilated Post-Op?	Yes No
Post-Op Complication				
None		Hypotension	Bleeding	
Nausea/Vomiting		Reintubation	Atelectasis	
Pneumonia		Hypothermia	lleus	
Anastomotic Leak		Sepsis	Surgical Site	e Infection
Wound Breakdown		Multi-organ Failure	Superficial t	hrombophlebitis
DIVC		Deep Vein Thromb	osis Pulmonary	Embolism
CVA		Pressure Ulcer	Acute Urina	ry Retention
Renal Failure		Post Spinal Heada	che Transfusion	Reaction

LAST OPERATION

Others

Seizures

Adverse Drug Reaction

Date of Final Operation			
Time started		Time ended	
Operation category	Elective		
	Emergency		
Pre-Operative diagnosis			
Post-Operative diagnosis			
Operative Procedure			

Anaesthetist Status				
Consultant	Specialist	Clinical Sp	pecialist (Under Gazzettement)	
MO	НО	AMO		
Supervisor Informed?	Yes	No		
Location of	In OT	In Hospital	At Home	
Supervisor	Not Availabl	e		
Surgeon Status				
Consultant	Specialist	Clinical S	pecialist (Under Gazzettement)	
MO	НО			
Intra-operative complic	ations?			
None	Excessive Bleeding Contamination			
Other organ injury	ŀ	Hypotension	Anesthesia adverse event	
Others				
		ANAESTHESIA		
Anaesthesia Technique :				
Intra-operative	Routine	CVP	TEE	
Monitoring	Urine Outpu	ut PNS	Tempreture	
	IABP	PCWP	BIS	
	Cardiac Out	tput TOF		
	Other			

Intra-Operative Anaesthetic	Nil						
Complication(s)	Desaturation Failed Intubation Laryngospasm Bronchospasm						
	Aspiratio						
	Hypoter						
	-	dial Ischemia					
	Cardiac						
	Hypothe			/ I I X			
		egional / Spinal (Cor		-			
	-	ated Regional / Spin	al (Eg. Tot	al Spinal, Bloody CS	SF, Accidental Injury)		
	Drug All	ergy					
	Other						
Recovery Room	Nil			Desaturation			
Complication(s)	Hypotension Post-operative Nausea / Vomiting Reintubation Cardiac Arrest			Hypothermia			
				Bleeding			
				Inadequate Pain	Relief		
				Other			
	Vee	No					
Did patient recieved acute pain service?	Yes	No					
Discharged To							
		POST OPERA		E			
Managed in ICU/	Yes No		Ventilated Post-Op? Yes		Yes		
HDW/PACU					No		
Post-Op Complication							
None		Hypotension		Bleeding			
Home				Atelectasis			
Nausea/Vomiting		Reintubation		/ 10/00/00/00			
		Reintubation Hypothermia		lleus	>		
Nausea/Vomiting				lleus	ite Infection		
Nausea/Vomiting Pneumonia		Hypothermia	Ire	lleus Surgical Si			
Nausea/Vomiting Pneumonia Anastomotic Leak		Hypothermia Sepsis		lleus Surgical Si Superficial	ite Infection		
Nausea/Vomiting Pneumonia Anastomotic Leak Wound Breakdown		Hypothermia Sepsis Multi-organ Failu		lleus Surgical Si Superficial Pulmonary	ite Infection thrombophlebitis		
Nausea/Vomiting Pneumonia Anastomotic Leak Wound Breakdown DIVC		Hypothermia Sepsis Multi-organ Failu Deep Vein Thron	nbosis	lleus Surgical Si Superficial Pulmonary Acute Urin	ite Infection thrombophlebitis r Embolism		

DEATH

Place of Death Wad	ICU/HDW		OT/Recovery room	
, i du				
Post Mortem?	Done	Not Done		
Summary of Post Mortem findings (If post-mortem done)				

Cause of Death

Narrative Report

Give a summary of the sequence of events leading to and contributing to the death.

Highlight the following points:

- a) Difficulties encountered eg. IV access, airway, drugs, equipment.
- b) Factors that led to deterioration and death of patient.

DO NOT WRITE NAMES OF PERSONS INVOLVED

Death Category :									
1	2	3	4A	4B	5	6	7		
Date	[
Place your at	tachments ł	nere :							

Comments by Head of Department/Unit or Specialist In-charge

Highlight if there were any :

- i. Adequacy of pre-op optimization
- ii. Delays or problems during the management
- iii. Issues related to availability of OR,ICU beds and equipment

Death Cat	egory :						
1	2	3	4A	4B	5	6	7

If you were to manage a similar case in the future, suggest how would you do it differently for a better outcome?

No Different Don't Know

Possible changes in management that could have given a better outcome

Date	

HOD's Initial

Please tick under which category this case is most appropriately discussed (DRG)

Paeds	Neuro	Ortho	Trauma
Cardiothoracic	General Surgery	O&G	Others

TO BE FILLED IN BY POMR ASSESSORS ONLY

					POMR ME	POMR MEETING			
	nments essor	by							
Death Category :									
1		2	3	4A	4B	5	6	7	

Contributory Factors in POMR

Anaesthetic	<u>Surgical</u>				
Pre-operative	Pre-operative				
Inadequate assessment	Inadequate assessment				
Inadequate optimisation of pre-existing medical / surgical condition	Inadequate optimisation of pre-existing medical / surgical condition				
Lack of supervision / inappropriate grade	Lack of supervision				
anaesthetist Weakness of organising system	Inadequate facilities Delay in surgery				
Fatigue					
Fallgue	Inappropriate decision				
Intra-operative	Intra-operative				
Inappropriate technique	Inappropriate procedure Lack of supervision				
Lack of skill					
Inadequate management of anaesthetic complications	Inadequate skill				
Inappropriate fluid management	Inadequate facilities				
Inappropriate drug selection / administration					
Adverse drug reaction					
Equipment failure					
Poor reversal					
Inadequate facilities / assistance to cope with crisis					
Post-operative	Post-operative				
Inadequate monitoring in recovery room	Inappropriate post-operative				
Failure to recognise need to provide	management				
continued post-operative monitoring / intervention in HDU / ICU	Inadequate monitoring				
Failure to provide post-operative care due	Failure to recognise complications early				
to shortage of ICU beds	Inadequate facilities for management of critically-ill patients				
Inappropriate post-operative management in HDU / ICU					

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Committee Decision

Preventable Death

Non Preventable Death

Assessors comment

Date