



# Surgical Case Form



ROYAL AUSTRALASIAN  
COLLEGE OF SURGEONS

## Important

- 1) Please do not destroy this form
- 2) Please do not copy this form
- 3) Please return this form to the audit office  
(in reply paid envelope provided)

*By submitting this form to the Mortality Audit, I agree that Australian and New Zealand Audit of Surgical Mortality (ANZASM) may inform the Professional Standards Department of my involvement with the surgical mortality audit, to confirm my compliance with Continuing Professional Development (CPD) requirements.*

## Exclusion for terminal patients

Please complete this section for all patients

Was this patient admitted for terminal care?

YES

NO (please go to page 2 and complete ALL questions on this form)

Was an operation performed on this terminal patient?

YES (please go to page 2 and complete ALL questions on this form)

NO (this patient is EXCLUDED from the audit; do NOT complete this form.)  
Return this form to the audit office.

All identifiers will be removed by the Audit office on receipt of this completed form

Study ID:

Gender:

DOB:

Admission Date:

Date of Death:

Discharge Date:

Specialty:

Hospital ID:

Patient name:

UMRN:

Hospital:

Consultant surgeon:

Name of any Surgeon(s)/Trainee(s) to whom individual feedback should be sent:

Anaesthetist(s) – please name:

Study Number

1

Status of **surgeon** completing form:

Consultant   
 Fellow   
 International Medical Graduate   
 SET trainee   
 Service Registrar   
 GP surgeon

**Specialty** of consultant surgeon in charge of patient:

General  Paediatrics   
 Vascular  Obstetrics and Gynaecology   
 Urology  Plastic   
 Neurosurgery  Oral/Maxillofacial   
 Orthopaedics  Cardiothoracic   
 Otolaryngology Head and Neck  Other (specify)   
 Ophthalmology

2

Patient **age**..... Patient **sex** Male  Female  Patient **admitted** by a surgeon Yes  No

Aboriginal/Torres Strait Islander **descent**? Yes  No

**Admission Type** Elective  Emergency   
**Hospital Status** Private  Public  Co-location   
**Patient Status** Private  Public  Veteran

3a

Main surgical **diagnosis** on admission (*as suspected by clinicians after initial assessment*)

**Confirmed** main surgical diagnosis (*taking into account test results, operations, post mortem etc*)

Final cause of **death** (*taking all information into account, including post mortem*)

3b

Was a **malignancy** present, even if not the main diagnosis? Yes  No  Unknown

What was the nature of the malignancy? .....

Was metastatic disease present? Yes  No  Unknown

Did malignancy contribute to death? Yes  No  Unknown

4

Were there significant **co-existing** factors increasing risk of death? Yes  No   
(*Tick all that apply*)

Cardiovascular  Neurological  Age   
 Respiratory  Advanced malignancy  Other (specify)   
 Renal  Diabetes  Other factors .....,  
 Hepatic  Obesity  .....,

**5 ASA Grade**

ASA 1 – A normal healthy patient	<input type="checkbox"/>	ASA 4 – A patient with an incapacitating systemic disease that is a constant threat to life	<input type="checkbox"/>
ASA 2 – A patient with mild systemic disease	<input type="checkbox"/>	ASA 5 – A moribund patient who is not expected to survive 24 hrs, with or without an operation	<input type="checkbox"/>
ASA 3 – A patient with severe systemic disease which limits activity, but is not incapacitating	<input type="checkbox"/>	ASA 6 – A brain-dead patient for organ donation	<input type="checkbox"/>

**6** Was the patient **transferred** pre-op? Yes  No  Hospital transferred from.....  
 If **NO**, go to Q7 Distance (km) .....

Was there a delay in transfer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was level of care during transport appropriate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Any problems with transfer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was there sufficient clinical information? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the transfer appropriate? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**7** Was there a **pre-op delay/error** in confirmation of main surgical diagnosis? Yes  No   
 If **NO**, go to Q8

Was the delay associated with: GP  Medical Unit  Surgical Unit  Other (specify)

Was this due to: (tick all that apply)

Inexperience of staff	<input type="checkbox"/>	Results not seen	<input type="checkbox"/>
Failure to do correct test	<input type="checkbox"/>	Unavoidable factors	<input type="checkbox"/>
Misinterpretation of results	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>

**8a** Was this patient **treated** in a critical care unit (**ICU or HDU**) during this admission? Yes  (go to Q8b) No  (continue)

Should this patient **have been provided critical care** in:

Intensive Care Unit (ICU)?	Yes <input type="checkbox"/> (continue)	No <input type="checkbox"/> (go to Q9)
High Dependency Unit (HDU)?	Yes <input type="checkbox"/> (continue)	No <input type="checkbox"/> (go to Q9)

**Why did this patient not receive critical care?** (tick all that apply and then go to Q9)

No ICU/ HDU bed available	<input type="checkbox"/>	Active decision not to refer to critical care unit	<input type="checkbox"/>
Admission refused by critical care staff	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>
No critical care unit in the hospital	<input type="checkbox"/>		

**8b** Was the surgical team **satisfied** with the critical care unit (ICU or HDU) management of this patient? Yes  (go to Q9) No  (specify reasons below)

Specify.....  
 .....  
 .....



**10** Was an operation performed within 30 days of death or during the last admission? Yes  No

If YES, go to question 11. If NO: (tick as necessary)

It was not a surgical problem

Active decision not to operate  → Was this a consultant's decision? Yes  No

Patient refused operation  → Was a decision made to limit treatment? Yes  No

Rapid Death

**If NO operation was performed, please go to Q19**

**11** Surgeon's view (before any surgery) of overall **risk of death**

Minimal  Small  Moderate  Considerable  Expected

**12** Description of **operation(s)** (including relevant radiological or endoscopic procedures)

Operation (1) Date ..... / ..... / ..... Start time.....:..... (24hr clock) Estimated length (hours) of operation

.....

.....

.....

Operation (2) Date ..... / ..... / ..... Start time..... (24hr clock) Estimated length (hours) of operation

.....

.....

.....

Operation (3) Date ..... / ..... / ..... Start time.....:..... (24hr clock) Estimated length (hours) of operation

.....

.....

.....

**13** Timing of operation

	1st Op	2nd Op	3rd Op
Elective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immediate (< 2 hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency (< 24 hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduled emergency (> 24 hours after admission)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14

Was there an **anaesthetist** present at the operation?

	1st Op	2nd Op	3rd Op
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was the **operation abandoned** on finding a terminal situation?

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15

**Grades of surgeons** making decisions, operating, assisting and present in theatre

	1st Op				2nd Op				3rd Op			
	Decide	Operate	Assist	In Theatre	Decide	Operate	Assist	In Theatre	Decide	Operate	Assist	In Theatre
Consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fellow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Medical Graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SET trainee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Registrar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16

Was there a definable **post-operative** complication? Yes  No

If **NO**, go to Q17

Surgical **complications** relating to present admission (please tick all that apply)

Anastomotic leak  site → Oesophageal  Pancreas/biliary  Colorectal   
 Gastric  Small Bowel

Procedure related sepsis  Tissue ischaemia   
 Significant post-op bleeding  Vascular graft occlusion   
 Endoscopic perforation  Other (specify)

.....  
 .....

Was there a **delay in recognising** post-operative complications? Yes  No

17

Do you consider **management** could have been **improved** in the following areas?

Pre-operative management/preparation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Intra-operative/technical management of surgery	Yes <input type="checkbox"/> No <input type="checkbox"/>
Decision to operate at all	Yes <input type="checkbox"/> No <input type="checkbox"/>	Grade/experience of surgeon deciding	Yes <input type="checkbox"/> No <input type="checkbox"/>
Choice of operation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Grade/experience of surgeon operating	Yes <input type="checkbox"/> No <input type="checkbox"/>
Timing of operation (too late, too soon, wrong time of day)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Post operative care	Yes <input type="checkbox"/> No <input type="checkbox"/>

18 Was there an **anaesthetic component** to this death? Yes  No  Possibly

Was death within 48 hours of **last anaesthetic**? Yes  No  Don't know

## PLEASE COMPLETE FOR ALL PATIENTS

19 Was a **post-mortem** examination performed?

Yes – hospital  Yes – coroner  No  Refused  Unknown

If Yes, have you read the PM report at the time of completing this form? Yes  No

If Yes, did the post mortem contribute additional information, which if known, may have changed management? Yes  No

If No or Refused, would you have preferred a post mortem? Yes  No

20 Was **DVT prophylaxis** used? Yes  No

If **YES** (tick all that apply)

Heparin (any form)  Aspirin  TED Stockings

Warfarin  Sequential compression device  Other (specify)

---

If **NO**, state reasons: Not appropriate  Active decision to withhold  Not considered

and please comment on why **NOT** used

.....

.....

.....



21

An area for **CONSIDERATION** is where the clinician believes areas of care **COULD** have been **IMPROVED** or **DIFFERENT**, but recognises that it may be an area of debate.

An area of **CONCERN** is where the clinician believes that areas of care **SHOULD** have been better.

An **ADVERSE EVENT** is an unintended injury caused by medical management rather than by disease process, which is sufficiently serious to lead to prolonged hospitalisation or to temporary or permanent impairment or disability of the patient at the time of discharge, or which contributes to or causes death.

Were there any areas for **CONSIDERATION**, of **CONCERN** or **ADVERSE EVENTS** in the management of this patient? Yes  (please describe below)  
No  (please go to Q22)

**Important:** Below please describe the 2 most significant events and list any other events.

1. (please describe most significant event) .....

Area of:	Which:	Was it preventable?	Associated with?
Consideration <input type="checkbox"/>	Made no difference to outcome <input type="checkbox"/>	Definitely <input type="checkbox"/>	Audited Surgical team <input type="checkbox"/>
Concern <input type="checkbox"/>	May have contributed to death <input type="checkbox"/>	Probably <input type="checkbox"/>	Another Clinical team <input type="checkbox"/>
Adverse event <input type="checkbox"/>	Caused death of patient who would otherwise be expected to survive <input type="checkbox"/>	Probably not <input type="checkbox"/>	Hospital <input type="checkbox"/>
		Definitely not <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>

2. (please describe the second most significant event) .....

Consideration <input type="checkbox"/>	Made no difference to outcome <input type="checkbox"/>	Definitely <input type="checkbox"/>	Audited Surgical team <input type="checkbox"/>
Concern <input type="checkbox"/>	May have contributed to death <input type="checkbox"/>	Probably <input type="checkbox"/>	Another Clinical team <input type="checkbox"/>
Adverse event <input type="checkbox"/>	Caused death of patient who would otherwise be expected to survive <input type="checkbox"/>	Probably not <input type="checkbox"/>	Hospital <input type="checkbox"/>
		Definitely not <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>

List other events .....

22

Was there an **unplanned return** to theatre? Yes  No  Don't know

Was there an **unplanned admission** to a critical care unit? Yes  No  Don't know

Was there an **unplanned readmission** within 30 days of surgery? Yes  No  Don't know

Was **fluid balance** an issue in this case? Yes  No  Don't know

Was there an issue with **communication** at any stage? Yes  No  Don't know

If yes, describe at what stage there was an issue with communication .....

.....

.....

.....

**23** Was the **antibiotic regimen** appropriate? Yes  No  Don't know

**24a** Did this patient die with a **clinically-significant infection**? Yes  (continue) No  (go to question 25)

Was this infection acquired: before this admission  (go to question 24b) or during this admission  (continue)

If acquired **during** this admission, was the infection: acquired pre-operatively  or a surgical-site infection   
or acquired post-operatively  or other invasive-site infection

**24b** Was the **infection**:  pneumonia  systemic infection  septicaemia  other

Was the infective organism identified? Yes  No  (go to question 25)

What was the organism? .....  
.....  
.....

**25** In retrospect, would you have done anything differently? Yes  No

If YES, please specify.....

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

QASMDO NOT COPY

