

The South Australian Anaesthetic Mortality Committee

Confidential Report

Information supplied by surgeon or proceduralist

Confidential Case Information

Name of Patient: _____

Name of Hospital: _____

Hospital UR Number: _____

Name of Surgeon/Proceduralist: _____

Name of Proceduralist completing form: _____

(If different from above)

The above information is strictly confidential and is for the sole purpose of the Mortality Committee. Any such information is not admissible in any proceedings.

Please return to the Chair:

SAAMC
c/- ANZCA
168 Ward Street
North Adelaide SA 5006

If the surgeon or proceduralist wishes to request information from the subcommittee following its study of the case, please indicate below. Every effort will be made by the Subcommittee to respond to each request.

Information requested by surgeon or proceduralist: Yes ☐ No ☐

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Surgeon or Proceduralist Information

Year of birth: _____

Year of graduation: _____

Year of obtaining specialist qualifications: _____

Status of proceduralist

Specialist Surgeon ☐

Specialist Physician ☐

Specialist Obs/Gynaecol ☐

Registrar ☐

Dentist ☐

General Practitioner ☐

Other, specify: _____

Qualifications:

Administrative information

Date of commencement
of duty for the day: _____

Time duty commenced for the day: _____ am/pm

No. of hours of surgical duty prior
to incident: _____ hours

Operation or Procedure information

Was the operative procedure performed under
supervision? Yes ☐ No ☐

If yes, where was the supervisor?

Theatre/procedure room ☐

Theatre suite ☐

Hospital ☐

Elsewhere: available ☐

Elsewhere: unavailable ☐

Surgical assessment of patient's fitness:

Good ☐ Fair ☐ Poor ☐

Degree or urgency of procedure:

Immediate ☐

Within 4 hours ☐

Within 24 hours ☐

Greater than 24 hours ☐

Elective ☐

Identified surgical incident: Yes ☐ No ☐

If 'Yes', specify:

Perceived problems associated with death

(e.g. drugs, hypoxia, haemorrhage)

Please give details:

Identified problems associated with death

(e.g. personnel, equipment, experience, fatigue, etc.)

Please give details:

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Additional information

Please record any further information regarding the sequence of events leading to the fatal episode and its management which could be of importance to the Mortality Committee.