

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 anaesthesia. Also included are death in operation theatre prior to the induction of anaesthesia.

CASE PROFILE

POMR COORDINATOR

| | | | |
|------------------------|--|-------------------|--|
| Name of Hospital | <input type="text"/> | Case Code | <input type="text"/> |
| Date of Birth | <input type="text"/> | Date of Mortality | <input type="text"/> |
| Date of admission | <input type="text"/> | Ethnicity | <input type="text"/> <input type="text"/> |
| Gender | <input type="radio"/> Male <input type="radio"/> Female | | |
| Age | 0 Years | 0 Months | 0 Days |
| Date of form issued | <input type="text"/> | | |
| Co-ordinator's Initial | <input type="text"/> | | |

PRIMARY DEPARTMENT

| | | |
|--|---|---|
| Primary Department | <input type="text"/> <input type="text"/> | |
| Department(s) involved in the patient management | <input type="checkbox"/> General Surgery <input type="checkbox"/> Cardiothoracic surgery <input type="checkbox"/> ICU/ HDW/ CCU <input type="checkbox"/> Plastic Surgery <input type="checkbox"/> Obstetric <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Neurosurgical <input type="checkbox"/> Vascular surgery <input type="checkbox"/> Medical <input type="checkbox"/> Others | <input type="checkbox"/> Paediatric Surgery <input type="checkbox"/> Urology <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Gynecology <input type="checkbox"/> Orthopedic <input type="checkbox"/> ENT <input type="checkbox"/> Endocrine surgery <input type="checkbox"/> Emergency & Trauma <input type="text"/> |

Pre-operative status

Pre-operative assessment was done in

Co-morbid Factor

☐ Diabetes Mellitus

☐ Coronary Artery Disease

☐ Malignancy

☐ Cerebrovascular accident (CVA)

☐ Hypertension

☐ Left Ventricular dysfunction

☐ Heart Failure

☐ Coma

☐ Severe Head Injury

☐ Chronic Lung Disease

☐ Chronic Liver Disease

☐ Chronic Kidney Disease

☐ AIDS

☐ Valvular Heart Disease

☐ Uncontrolled Asthma

☐ Anaemia

☐ Others

Risk Factor

☐ Prematurity

☐ Smoking

☐ Obstructive Sleep Apnoea

☐ Cachexia

☐ IVDU

☐ Cardiac Arrhythmia

☐ Obesity

☐ Bed-ridden

☐ Dehydration

☐ Hypovolaemia

☐ Congenital abnormalities

☐ Severe Sepsis

☐ Others

Blood Pressure Systole mmHg

Diastole mmHg

Pulse Rate bpm

Temp 'C

Respiration Breath/min

Weight Kg

Birth weight* Kg

Gestational Age
(At Birth)

☐ Full term

☐ Pre term

weeks

Signs on admission

☐ Jaundice

☐ Pale

☐ Dehydrated

☐ Cachexic

☐ Cyanosed

☐ Intubated

☐ Others

GCS for Head Injury / Coma :

Eyes (/4)

Verbal (/5)

Motor (/6)

Total GCS (/15)

T ☐
C ☐

Investigations

| FBC | On Admission | | | Pre-operative | |
|---------------------|--|---------------------------|----------------|--|---------------------------|
| Hb | <input type="text"/> | g/dl | Hb | <input type="text"/> | g/dl |
| TWC | <input type="text"/> | $\times 10^3/\mu\text{L}$ | TWC | <input type="text"/> | $\times 10^3/\mu\text{L}$ |
| Platelet | <input type="text"/> | $\times 10^3/\mu\text{L}$ | Platelet | <input type="text"/> | $\times 10^3/\mu\text{L}$ |
| Renal Profile | On Admission | | | Pre-operative | |
| Na+ | <input type="text"/> | mmol/L | Na+ | <input type="text"/> | mmol/L |
| K+ | <input type="text"/> | mmol/L | K+ | <input type="text"/> | mmol/L |
| Urea | <input type="text"/> | mmol/L | Urea | <input type="text"/> | mmol/L |
| Se. Creatinine | <input type="text"/> | $\mu\text{mol/L}$ | Se. Creatinine | <input type="text"/> | $\mu\text{mol/L}$ |
| Blood Sugar | On Admission | | | Pre-operative | |
| RBS | <input type="text"/> | mmol/L | RBS | <input type="text"/> | mmol/L |
| Coagulation Profile | On Admission | | | Pre-operative | |
| INR | <input type="text"/> | Ratio | INR | <input type="text"/> | Ratio |
| PT | <input type="text"/> | Sec | PT | <input type="text"/> | Sec |
| APTT | <input type="text"/> | Sec | APTT | <input type="text"/> | Sec |
| | On Admission | | | Pre-operative | |
| ABG | <input type="text"/> | | ABG | <input type="text"/> | |
| Albumin | <input type="text"/> | g/dL | Albumin | <input type="text"/> | g/dL |
| Lactate | <input type="text"/> | mmol/dL | Lactate | <input type="text"/> | mmol/dL |
| | On Admission | | | Pre-operative | |
| ECG | <input type="radio"/> Normal <input type="radio"/> Abnormal | | | <input type="radio"/> Normal <input type="radio"/> Abnormal | |
| Details | <input type="text"/> | | Details | <input type="text"/> | |

X-rays / imaging

| | On Admission | | Pre-operative |
|----------------------------|----------------------|----------------------------|----------------------|
| Details (If applicable) | <input type="text"/> | Details (If applicable) | <input type="text"/> |

Other investigations

On Admission

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

Time 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 Specialist (Under Gazetteement)
☐ MO ☐ HO ☐ AMO

Supervisor
Informed?

- ☐ Yes ☐ No

Location of
Supervisor

- ☐ In OT ☐ In Hospital ☐ At Home
☐ Not Available

Surgeon Status

- ☐ Consultant ☐ Specialist ☐ Clinical Specialist (Under Gazzettement)
☐ MO ☐ HO

Intra-operative complications?

- ☐ None ☐ Excessive Bleeding ☐ Contamination
☐ Other organ injury ☐ Hypotension ☐ Anesthesia adverse event
☐ Others

ANAESTHESIA

Anaesthesia
Technique :

Intra-operative
Monitoring

- ☐ Routine ☐ CVP ☐ TEE
☐ Urine Output ☐ PNS ☐ Temperature
☐ IABP ☐ PCWP ☐ BIS
☐ Cardiac Output ☐ TOF
☐ Other

Intra-Operative
Anaesthetic
Complication(s)

- ☐ Nil
☐ Desaturation
☐ 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)

- | | |
|---|---|
| <input type="checkbox"/> Nil | <input type="checkbox"/> Desaturation |
| <input type="checkbox"/> Hypotension | <input type="checkbox"/> Hypothermia |
| <input type="checkbox"/> Post-operative Nausea / Vomiting | <input type="checkbox"/> Bleeding |
| <input type="checkbox"/> Reintubation | <input type="checkbox"/> Inadequate Pain Relief |
| <input type="checkbox"/> Cardiac Arrest | <input type="checkbox"/> Other |

Did patient recieved
acute pain service?

- ☐ Yes ☐ No

Discharged To

POST OPERATIVE CARE

Managed in ICU/
HDW/PACU

- ☐ Yes ☐ No

Ventilated Post-Op?

- ☐ Yes

- ☐ No

Post-Op Complication

- | | | |
|--|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Hypotension | <input type="checkbox"/> Bleeding |
| <input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> Reintubation | <input type="checkbox"/> Atelectasis |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Hypothermia | <input type="checkbox"/> Ileus |
| <input type="checkbox"/> Anastomotic Leak | <input type="checkbox"/> Sepsis | <input type="checkbox"/> Surgical Site Infection |
| <input type="checkbox"/> Wound Breakdown | <input type="checkbox"/> Multi-organ Failure | <input type="checkbox"/> Superficial thrombophlebitis |
| <input type="checkbox"/> DIVC | <input type="checkbox"/> Deep Vein Thrombosis | <input type="checkbox"/> Pulmonary Embolism |
| <input type="checkbox"/> CVA | <input type="checkbox"/> Pressure Ulcer | <input type="checkbox"/> Acute Urinary Retention |
| <input type="checkbox"/> Renal Failure | <input type="checkbox"/> Post Spinal Headache | <input type="checkbox"/> Transfusion Reaction |
| <input type="checkbox"/> Adverse Drug Reaction | <input type="checkbox"/> Seizures | <input type="checkbox"/> Others |

LAST OPERATION

Date of Final
Operation

Time started

Time ended

Operation category

- ☐ Elective
☐ Emergency

Pre-Operative
diagnosis

Post-Operative
diagnosis

Operative Procedure

Anaesthetist Status

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Specialist | <input type="checkbox"/> Clinical Specialist (Under Gazetteement) |
| <input type="checkbox"/> MO | <input type="checkbox"/> HO | <input type="checkbox"/> AMO |

Supervisor
Informed?

- ☐ Yes ☐ No

Location of
Supervisor

- ☐ In OT ☐ In Hospital ☐ At Home
☐ Not Available

Surgeon Status

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Specialist | <input type="checkbox"/> Clinical Specialist (Under Gazetteement) |
| <input type="checkbox"/> MO | <input type="checkbox"/> HO | |

Intra-operative complications?

- | | | |
|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Excessive Bleeding | <input type="checkbox"/> Contamination |
| <input type="checkbox"/> Other organ injury | <input type="checkbox"/> Hypotension | <input type="checkbox"/> Anesthesia adverse event |
| <input type="checkbox"/> Others | <input type="text"/> | |

ANAESTHESIA

Anaesthesia
Technique :

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Intra-operative
Monitoring

- | | | |
|---|-------------------------------|--------------------------------------|
| <input type="checkbox"/> Routine | <input type="checkbox"/> CVP | <input type="checkbox"/> TEE |
| <input type="checkbox"/> Urine Output | <input type="checkbox"/> PNS | <input type="checkbox"/> Temperature |
| <input type="checkbox"/> IABP | <input type="checkbox"/> PCWP | <input type="checkbox"/> BIS |
| <input type="checkbox"/> Cardiac Output | <input type="checkbox"/> TOF | |
| <input type="checkbox"/> Other | <input type="text"/> | |

Intra-Operative
Anaesthetic
Complication(s)

- ☐ Nil
 - ☐ Desaturation
 - ☐ 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)

- | | |
|---|---|
| <input type="checkbox"/> Nil | <input type="checkbox"/> Desaturation |
| <input type="checkbox"/> Hypotension | <input type="checkbox"/> Hypothermia |
| <input type="checkbox"/> Post-operative Nausea / Vomiting | <input type="checkbox"/> Bleeding |
| <input type="checkbox"/> Reintubation | <input type="checkbox"/> Inadequate Pain Relief |
| <input type="checkbox"/> Cardiac Arrest | <input type="checkbox"/> Other |

Did patient recieved
acute pain service?

☐ Yes ☐ No

Discharged To

POST OPERATIVE CARE

Managed in ICU/
HDW/PACU

☐ Yes ☐ No

Ventilated Post-Op?

☐ Yes
☐ No

Post-Op Complication

- | | | |
|--|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Hypotension | <input type="checkbox"/> Bleeding |
| <input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> Reintubation | <input type="checkbox"/> Atelectasis |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Hypothermia | <input type="checkbox"/> Ileus |
| <input type="checkbox"/> Anastomotic Leak | <input type="checkbox"/> Sepsis | <input type="checkbox"/> Surgical Site Infection |
| <input type="checkbox"/> Wound Breakdown | <input type="checkbox"/> Multi-organ Failure | <input type="checkbox"/> Superficial thrombophlebitis |
| <input type="checkbox"/> DIVC | <input type="checkbox"/> Deep Vein Thrombosis | <input type="checkbox"/> Pulmonary Embolism |
| <input type="checkbox"/> CVA | <input type="checkbox"/> Pressure Ulcer | <input type="checkbox"/> Acute Urinary Retention |
| <input type="checkbox"/> Renal Failure | <input type="checkbox"/> Post Spinal Headache | <input type="checkbox"/> Transfusion Reaction |
| <input type="checkbox"/> Adverse Drug Reaction | <input type="checkbox"/> Seizures | <input type="checkbox"/> Others |

DEATH

Place of Death

☐ Wad

☐ ICU/HDW

☐ OT/Recovery room

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 attachments here :

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 Category :

☐ 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 MEETING -----

Comments by Assessor

Death Category :

☐ 1 ☐ 2 ☐ 3 ☐ 4A ☐ 4B ☐ 5 ☐ 6 ☐ 7

Contributory Factors in POMR

Anaesthetic

Pre-operative

- ☐ Inadequate assessment
- ☐ Inadequate optimisation of pre-existing medical / surgical condition
- ☐ Lack of supervision / inappropriate grade anaesthetist
- ☐ Weakness of organising system
- ☐ Fatigue

Intra-operative

- ☐ Inappropriate technique
- ☐ Lack of skill
- ☐ Inadequate management of anaesthetic complications
- ☐ Inappropriate fluid management
- ☐ Inappropriate drug selection / administration
- ☐ Adverse drug reaction
- ☐ Equipment failure
- ☐ Poor reversal
- ☐ Inadequate facilities / assistance to cope with crisis

Post-operative

- ☐ Inadequate monitoring in recovery room
- ☐ Failure to recognise need to provide continued post-operative monitoring / intervention in HDU / ICU
- ☐ Failure to provide post-operative care due to shortage of ICU beds
- ☐ Inappropriate post-operative management in HDU / ICU

Surgical

Pre-operative

- ☐ Inadequate assessment
- ☐ Inadequate optimisation of pre-existing medical / surgical condition
- ☐ Lack of supervision
- ☐ Inadequate facilities
- ☐ Delay in surgery
- ☐ Inappropriate decision

Intra-operative

- ☐ Inappropriate procedure
- ☐ Lack of supervision
- ☐ Inadequate skill
- ☐ Inadequate facilities

Post-operative

- ☐ Inappropriate post-operative management
- ☐ Inadequate monitoring
- ☐ Failure to recognise complications early
- ☐ Inadequate facilities for management of critically-ill patients

TO BE FILLED IN BY POMR ASSESSORS ONLY

Committee Decision

☐ Preventable Death

☐ Non Preventable Death

Assessors comment

Date