

1. Welcome to the NAP7 Baseline Survey: Anaesthetists and Anaesthesia Associates

Many thanks for taking part in this first phase of NAP7: Perioperative Cardiac Arrest in the UK.

This survey will take 5-10 minutes to complete. Please complete in one sitting, otherwise your data may be lost.

NAP7 will start on 16th June 2021. Please report cases of perioperative cardiac arrest in adults and children to your Local Coordinator.

2. Welcome to the NAP7 Baseline Survey: Anaesthetists and Anaesthesia Associates

Some questions viewed through NHS browsers may not appear correctly. You may wish to use your own device.

SCOPE: This survey is about perioperative cardiac arrest including your attitudes and experience, training and demographics.

METHODS: This survey is for all anaesthetists and all anaesthesia associates working in all UK hospitals (NHS and Independent sector). All grades, including trainees, should complete this survey.

ALL responses are confidential and anonymous.

3. Knowledge, training and attitudes of perioperative cardiac arrest

* 1. When was your **most recent** training in advanced life support including chest compressions and defibrillation? Tick one option for each row.

Resuscitation Council UK (RCUK) or equivalent courses: e.g. ALS, ILS, APLS, EPALS

In-house hands-on training sessions: departmental or hospital

	Instruct at least yearly	Within 1 - 2 years	Within 2 - 4 years	> 4 years	Not applicable (e.g. do not treat children)	None	Can't recall
RCUK adult or equivalent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-house adult 'hands-on training'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RCUK paediatric or equivalent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-house paediatric 'hands-on training'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 2. Do you agree or disagree with the following statement?

I am confident in leading the management of cardiac arrest on the operating table.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide reason(s) for your answer.

* 3. Do you agree or disagree with the following statements?

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I have received sufficient training in the management of intraoperative cardiac arrest.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would benefit from more training in the management of intraoperative cardiac arrest.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in leading a debrief process.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would benefit from training in how to conduct a debrief.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in leading communication with relatives/next of kin after an intraoperative cardiac arrest.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 4. Do you agree or disagree with the following statement?

Existing guidelines for the management of perioperative cardiac arrest are sufficient.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide reason(s) for your answer.

* 5. In your opinion, what are the **three most common** causes of perioperative cardiac arrest?

State 'not sure' if you are unsure.

Cause 1	<input type="text"/>
Cause 2	<input type="text"/>
Cause 3	<input type="text"/>

* 6. In an anaesthetised 50-year old ASA 2 patient, without an arterial line, who developed hypotension, **whilst treating causes of profound hypotension**, what would you use as an indication to start chest compressions? Tick all that apply.

(for BP, please choose the highest BP option at which you would start chest compressions)

- | | | |
|---|---|--|
| <input type="checkbox"/> Systolic BP 51 – 60 mmHg | <input type="checkbox"/> Unrecordable BP | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Systolic BP 41 – 50 mmHg | <input type="checkbox"/> No palpable peripheral pulse | <input type="checkbox"/> I'm not sure |
| <input type="checkbox"/> Systolic BP 31 – 40 mmHg | <input type="checkbox"/> No palpable central pulse | |
| <input type="checkbox"/> Systolic BP \leq 30 mmHg | <input type="checkbox"/> Very low end-tidal CO ₂ | |
| <input type="checkbox"/> Other (please specify) | | |

* 7. What indications would you use to start chest compressions for the previous question (Q6) if the patient was aged 75, hypertensive and ASA 3? Tick all that apply.

(for BP, please choose the highest BP option at which you would start chest compressions)

- | | | |
|--|---|--|
| <input type="checkbox"/> Systolic BP 51 – 60 mmHg | <input type="checkbox"/> Unrecordable BP | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Systolic BP 41 – 50 mmHg | <input type="checkbox"/> No peripheral pulse | <input type="checkbox"/> I'm not sure |
| <input type="checkbox"/> Systolic BP 31 – 40 mmHg | <input type="checkbox"/> No central pulse | |
| <input type="checkbox"/> Systolic BP \leq 30mmHg | <input type="checkbox"/> Very low end tidal CO ₂ | |
| <input type="checkbox"/> Other (please specify) | | |

4. Personal experience of perioperative cardiac arrest

The following questions are about your recent experience (within the last 2 years).

Cardiac arrest is defined as the need for at least 5 chest compressions and/or defibrillation in a patient having a procedure under the care of an anaesthetist.

This question is for arrests occurring between your first hands-on contact with the patient at the start of anaesthesia care until handover to another clinician (e.g. leaving recovery area to the ward, handover to ICU).

PLEASE EXCLUDE cases where:

- 1. defibrillation is a planned, normal, or expected part of the procedure (e.g. during VT ablation);**
- 2. chest/internal cardiac compressions and/or defibrillation occur during cardiopulmonary bypass;**
- 3. patients in whom chest compressions and/or defibrillation were not started when cardiac arrest occurred;**
- 4. patients who received <5 chest compressions.**

* 8. Within the **last 2 years**, how many cases of perioperative cardiac arrest do you recall being involved with **(present during or managed)**?

- 0
- 1
- 2
- 3
- 4
- 5
- More than 5
- Can't recall

5. Most recent experience of perioperative cardiac arrest

The following questions are about your most recent perioperative cardiac arrest in which you were involved (present during or managed).

* 9. What was the location of the perioperative cardiac arrest?

* 10. What PPE precautions did you use during the management of the perioperative cardiac arrest?

Airborne = FFP3, fluid repellent long sleeved gown, gloves, eye protection

Droplet = Fluid resistant surgical mask, apron, gloves +/- eye protection

Contact = Standard face mask, apron, gloves +/- eye protection

Other = Standard face mask +/- gloves or no PPE

	Airborne precautions	Droplet precautions	Contact precautions	Other	Can't recall
Just before/ at the time of arrest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the arrest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 11. How would you describe your experience in managing a perioperative cardiac arrest **in PPE** compared to before the COVID-19 pandemic?

Much worse	Worse	Neither better or worse	Better	Much better	Not applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide reason(s) for your answer.

* 12. What was the approximate age of the patient?

- ≤1 years old
- >1 – 5 years old
- >5 – 12 years old
- >12 – 18 years old
- >18 – 65 years old
- >65 years old
- Age not known
- Can't recall
- Prefer not to say

6. Most recent experience of perioperative cardiac arrest

* 13. What was the most likely '**suspected or confirmed**' primary cause of the perioperative cardiac arrest?

- | | |
|---|--|
| <input type="radio"/> Airway/breathing problem | <input type="radio"/> Anaphylaxis |
| <input type="radio"/> Cardiac/cardiovascular (including arrhythmia, MI, bleeding, sepsis, thromboembolic) | <input type="radio"/> Error, drug or equipment problem |
| <input type="radio"/> Neurological problem | <input type="radio"/> Uncertain cause - multiple comorbidities and/or extreme age or frailty |
| <input type="radio"/> Regional anaesthesia (including high neuraxial block, LA toxicity) | <input type="radio"/> Unknown cause |
| <input type="radio"/> Metabolic (including electrolyte disorder, and malignant hyperthermia) | <input type="radio"/> Can't recall |

7. Most recent experience of perioperative cardiac arrest

* 14. What was the most likely '**suspected or confirmed**' primary cause of the perioperative cardiac arrest?

Choose single best option.

If option not available, press 'previous' below for another category OR choose 'other' and state below.

- | | | |
|---|--|--|
| <input type="radio"/> Failed mask ventilation | <input type="radio"/> Aspiration of gastric contents | <input type="radio"/> Pneumothorax |
| <input type="radio"/> Failed supraglottic airway placement | <input type="radio"/> Aspiration of blood | <input type="radio"/> Tension pneumothorax |
| <input type="radio"/> Failed intubation | <input type="radio"/> Severe hypoxaemia | <input type="radio"/> Endobronchial intubation |
| <input type="radio"/> Laryngospasm | <input type="radio"/> Bronchospasm | <input type="radio"/> Pulmonary embolism |
| <input type="radio"/> Cannot intubate cannot oxygenate (CICO) | <input type="radio"/> High airway pressure / obstructive ventilation | <input type="radio"/> Ventilator disconnection |
| <input type="radio"/> Unrecognised oesophageal intubation | <input type="radio"/> Gas trapping / high iPEEP | <input type="radio"/> Wrong gas supplied/unintentional connection to air |
| <input type="radio"/> Airway haemorrhage | <input type="radio"/> Hypercapnia | |
| <input type="radio"/> Regurgitation | <input type="radio"/> Hypocapnia | |
| <input type="radio"/> Other (please specify) | | |

8. Most recent experience of perioperative cardiac arrest

* 15. What was the most likely **PRIMARY** cause of the perioperative cardiac arrest?

Choose single best option.

If option not available, press 'previous' below for another category OR choose 'other' below.

- | | | |
|---|---|--|
| <input type="radio"/> Major haemorrhage | <input type="radio"/> Ventricular tachycardia | <input type="radio"/> CO2 embolism |
| <input type="radio"/> Bradyarrhythmia | <input type="radio"/> Ventricular fibrillation | <input type="radio"/> Septic shock |
| <input type="radio"/> Tachyarrhythmia | <input type="radio"/> Complete heart block | <input type="radio"/> Anaphylaxis |
| <input type="radio"/> Isolated severe hypotension (central vasopressors considered/started) | <input type="radio"/> Pulmonary embolism | <input type="radio"/> Local anaesthetic toxicity (excessive dose and/or wrong route) |
| <input type="radio"/> DC cardioversion | <input type="radio"/> Fat embolism | <input type="radio"/> Incompatible blood transfusion |
| <input type="radio"/> Cardiac ischaemia | <input type="radio"/> Bone cement implantation syndrome | <input type="radio"/> Addisonian crisis |
| <input type="radio"/> Cardiac tamponade | <input type="radio"/> Amniotic fluid embolism | <input type="radio"/> Vagal outflow – e.g. pneumoperitoneum, oculo-cardiac reflex |
| <input type="radio"/> New AF | <input type="radio"/> Air embolism | <input type="radio"/> High neuraxial block |
| <input type="radio"/> Other (please specify) | | |

9. Most recent experience of perioperative cardiac arrest

* 16. What was the most likely **PRIMARY** cause of the perioperative cardiac arrest?

Choose single best option.

If option not available, press 'previous' below for another category OR choose 'other' below.

- | | |
|--|--|
| <input type="radio"/> Intracranial haemorrhage (including subarachnoid haemorrhage) | <input type="radio"/> Cushing's Response/Coning |
| <input type="radio"/> Raised intracranial pressure (e.g. new fixed/dilated pupil(s)) | <input type="radio"/> Neurogenic/spinal shock |
| <input type="radio"/> Seizure | <input type="radio"/> Stroke |
| <input type="radio"/> Vagal outflow – e.g. pneumoperitoneum, oculo-cardiac reflex | <input type="radio"/> Local anaesthetic toxicity (excessive dose and/or wrong route) |
| <input type="radio"/> High neuraxial block | |
| <input type="radio"/> Other (please specify) | |

10. Most recent experience of perioperative cardiac arrest

* 17. What was the most likely **PRIMARY** cause of the perioperative cardiac arrest?

Choose single best option.

If option not available, press 'previous' below for another category OR choose 'other' below.

- High neuraxial block
- Inadvertent neuraxial block during regional block
- Local anaesthetic toxicity (excessive dose and/or wrong route)
- Other (please specify)

11. Most recent experience of perioperative cardiac arrest

* 18. What was the most likely **PRIMARY** cause of the perioperative cardiac arrest?

Choose single best option.

If option not available, press 'previous' below for another category OR choose 'other' below.

- | | |
|--|--|
| <input type="radio"/> New significant acidosis/acidaemia | <input type="radio"/> Significant hyperthermia |
| <input type="radio"/> Significant hyperkalaemia | <input type="radio"/> Significant hypothermia |
| <input type="radio"/> Significant hypokalaemia | <input type="radio"/> Malignant hyperthermia |
| <input type="radio"/> Significant hypermagnesaemia | <input type="radio"/> Addisonian crisis |
| <input type="radio"/> Significant hypomagnesaemia | |
| <input type="radio"/> Other (please specify) | |

12. Most recent experience of perioperative cardiac arrest

* 19. What was the most likely **PRIMARY** cause of the perioperative cardiac arrest?

Choose single best option.

If option not available, press 'previous' below for another category OR choose 'other' below.

- | | |
|--|--|
| <input type="radio"/> Drug error | <input type="radio"/> Malignant hyperthermia |
| <input type="radio"/> Incompatible blood transfusion | <input type="radio"/> Wrong gas supplied/unintentional connection to air |
| <input type="radio"/> High neuraxial block | <input type="radio"/> Equipment failure |
| <input type="radio"/> Inadvertent neuraxial block during regional block | <input type="radio"/> Equipment lack |
| <input type="radio"/> Local anaesthetic toxicity (excessive dose and/or wrong route) | <input type="radio"/> Ventilator disconnection |
| <input type="radio"/> Other (please specify) | |

13. Most recent experience of perioperative cardiac arrest

* 20. Did the patient survive the cardiac arrest?

ROSC = return of spontaneous circulation

- Died - no ROSC
- Died - transient ROSC (<20 min)
- Died - CPR stopped due to patient's known wishes (e.g. previous DNACPR decision or ReSPECT form)
- Survived cardiac arrest but died prior to hospital discharge
- Survived initial resuscitation and still in hospital
- Survived initial resuscitation but final outcome unknown
- Survived to hospital discharge
- Unknown

* 21. Were you present at the start of anaesthesia?

- Yes
- No
- Can't recall

* 22. Who was present in the room **at the start of anaesthesia**? Exclude yourself if you were present.

Tick all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Anaesthesia Associate |
| <input type="checkbox"/> SAS doctor | <input type="checkbox"/> ODP/Anaesthetic nurse/Anaesthetic assistant |
| <input type="checkbox"/> Post CCT or CESR doctor | <input type="checkbox"/> Nurse/HCA e.g. scrub or recovery nurse |
| <input type="checkbox"/> ST5+ or equivalent | <input type="checkbox"/> Surgical team |
| <input type="checkbox"/> ST3-4 or equivalent | <input type="checkbox"/> None |
| <input type="checkbox"/> CT2 or equivalent | <input type="checkbox"/> Can't recall |
| <input type="checkbox"/> CT1 or equivalent – after Initial Assessment of Competence (IAC) | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> CT1 or equivalent – before completion of Initial Assessment of Competence (IAC) | |
| <input type="checkbox"/> Other (please specify) | |

* 23. List the number of anaesthesia providers (include yourself in the numbers) present **during the management** of the cardiac arrest?

	0	1	2	3	≥4	Can't recall
Consultant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SAS doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post CCT or CESR doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ST5+ or equivalent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ST3-4 or equivalent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT2 or equivalent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT1 or equivalent – after Initial Assessment of Competence (IAC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT1 or equivalent – before completion of Initial Assessment of Competence (IAC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anaesthesia Associate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ODP/Anaesthetic nurse/Anaesthetic assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 24. Who did you perceive to be leading the cardiac arrest?

* 25. Was a specific guideline used to assist in the management of perioperative cardiac arrest?

- Yes
 No
 Can't recall

14. Most recent experience of perioperative cardiac arrest

* 26. How was the specific guideline accessed? Tick all that apply.

- Smartphone Computer/tablet
 Laminate Memory
 In treatment pack Can't recall
 Printed copy in theatre Not applicable
 Other (please specify)

* 27. Was the theatre list or anaesthetic on-call shift stopped early?

- Yes – paused
- Yes – list stopped (includes cancelling remaining patients or transferring to care by a different team)
- No
- Not applicable (e.g. last case on list)
- Don't know
- Other (please specify)

* 28. Did any members of the team stand down from clinical activity* immediately after the event? Tick all that apply.

**does not include a break to document events or communicate with family, next of kin or other clinicians*

- Yes – I stood down
- Yes – some of the team
- Yes – all of the team
- No – because this was the end of the list or shift anyway
- No one stood down (e.g. continued with the next case)
- Can't recall

15. Most recent experience of perioperative cardiac arrest

* 29. How did you or the team members stand down from clinical activity* immediately after the event? Tick all those that best describe this.

**A break does not include a break to document events or communicate with family, next of kin or other clinicians.*

- Took a short break* (e.g. <1 hour)
- Took a sustained break* (e.g. >1 hour)
- Theatre list terminated early
- Anaesthetic on-call shift terminated early
- Can't recall
- Not applicable
- Other (please specify)

* 30. How satisfied or dissatisfied were you with the quality of the management of the arrest?

Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide reason(s) for your answer.

* 31. Who was the main member of the resuscitating team to directly communicate with the patient's relatives / next of kin following the event?

- Me
- Another member of the team
- Not applicable (e.g. no next of kin immediately available)
- Can't recall

16. Most recent experience of perioperative cardiac arrest.

* 32. Excluding yourself, who was the main team member to directly communicate with the patient's relatives/next of kin following the event? Tick all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Consultant anaesthetist | <input type="checkbox"/> SAS surgeon | <input type="checkbox"/> Nursing staff |
| <input type="checkbox"/> Trainee anaesthetist | <input type="checkbox"/> Consultant from ICU | <input type="checkbox"/> Physician |
| <input type="checkbox"/> SAS anaesthetist | <input type="checkbox"/> ICU Trainee | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Consultant surgeon | <input type="checkbox"/> SAS from ICU | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Trainee surgeon | <input type="checkbox"/> Anaesthesia associate | |
| <input type="checkbox"/> Other (please specify) | | |

* 33. Was there a debrief relating to the case?

- Yes – I attended
- Yes – unable to attend (work duties)
- Yes – unable to attend (on leave)
- Yes – I was not invited
- Yes – I decided not to attend
- No, but there will be
- No, none planned
- Don't know
- Other (please specify)

17. Most recent experience of perioperative cardiac arrest

* 34. When did the debrief occur?

- Immediately after the event (hot debrief)
- Delayed period after the event (cold debrief)
- Both
- Can't recall
- Not applicable
- Other (please specify)

* 35. What type of debrief was carried out? Tick all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Informal | <input type="checkbox"/> Trauma risk management (TRiM) |
| <input type="checkbox"/> Formal (i.e. with a trained facilitator) | <input type="checkbox"/> Critical Incident Stress Debriefing (CISD) |
| <input type="checkbox"/> One-to-one | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Group | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Other (please specify) | |

* 36. Do you agree or disagree with the following statement?

I was satisfied with the debrief process following the event.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Not applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide reason(s) for your answer.

* 37. How was the case (or will the case be) reviewed? Tick all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Mortality and morbidity meeting | <input type="checkbox"/> Multi-specialty meeting, grand round or similar |
| <input type="checkbox"/> Audit/ QI / governance meeting | <input type="checkbox"/> Serious incident framework |
| <input type="checkbox"/> Internal investigation meeting e.g. root cause analysis | <input type="checkbox"/> No review has been performed or planned |
| <input type="checkbox"/> Structured judgement/ mortality review | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Non-anaesthetic departmental meeting | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Other (please specify) | |

* 38. Was there an inquest or equivalent (e.g. Procurator Fiscal)?

- Yes
- Pending
- No
- Don't know
- Prefer not to say
- Not applicable

* 39. Was the case followed by legal proceedings?

- No
- Too early to know
- Yes
- Don't know
- Prefer not to say
- Not applicable

* 40. Do you agree or disagree with the following statement?

I feel satisfied with the way in which the case was followed up and reviewed.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide reason(s) for your answer.

* 41. What type of support have you received for this most recent case of perioperative cardiac arrest?

	Yes	No	Prefer not to say	Not needed
Informal support (e.g. from colleagues)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formal support from dedicated experienced senior anaesthetist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formal hospital wellbeing support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 42. Has the cardiac arrest episode impacted on your ability to deliver patient care?

- Yes
- No
- Not sure
- Prefer not to say

18. Most recent experience of perioperative cardiac arrest

* 43. How did the cardiac arrest episode impact your ability to deliver care?

19. Career experience of perioperative cardiac arrest

The following questions are about your CAREER EXPERIENCE of perioperative cardiac arrest.

* 44. In your career, have any of your experiences of perioperative cardiac arrest (as the primary anaesthetist and those attended as a helper) had an **ADVERSE** impact on your **professional/work** life?

- Yes
- No
- Prefer not to say
- Not sure
- Not applicable - no prior experience of perioperative cardiac arrest

20. Career experience of perioperative cardiac arrest

* 45. How did your experiences have an **adverse** impact on your **professional/work** life? Please tick all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Time off work | <input type="checkbox"/> Internal investigation about your performance |
| <input type="checkbox"/> Loss of professional confidence | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Work related anxiety and stress | <input type="checkbox"/> GMC referral |
| <input type="checkbox"/> Impacted relationship with colleagues | <input type="checkbox"/> GMC investigation |
| <input type="checkbox"/> Change in job plan | <input type="checkbox"/> Civil Litigation |
| <input type="checkbox"/> Change hospital | <input type="checkbox"/> Criminal investigation |
| <input type="checkbox"/> Change career | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Complaint about your performance | <input type="checkbox"/> Not applicable - no prior experience of perioperative cardiac arrest |
| <input type="checkbox"/> Other (please specify). | |

* 46. In your career, have any of your experiences of perioperative cardiac arrest (as the primary anaesthetist and those attended as a helper) had a **POSITIVE** impact on your **professional/work** life?

If yes, please provide details below.

- Yes
- No
- Not sure
- Prefer not to say
- Not applicable - no prior experience of perioperative cardiac arrest

If yes, please provide details

* 47. In your career, have any of your experiences of perioperative cardiac arrest (as the primary anaesthetist and those attended as a helper) had an **ADVERSE** impact on your **personal** life?

- Yes
- No
- Not sure
- Prefer not to say
- Not applicable - no prior experience of perioperative cardiac arrest

21. Career experience of perioperative cardiac arrest

* 48. How did your experiences have an **adverse** impact on your **personal** life? Please tick all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Impacted relationship with partner and/or children | <input type="checkbox"/> Needed psychological support |
| <input type="checkbox"/> Impacted relationship with relatives | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Impacted relationship with friends | <input type="checkbox"/> Not applicable - no prior experience of perioperative cardiac arrest |
| <input type="checkbox"/> Needed medical advice or care | |
| <input type="checkbox"/> Other (please specify) | |

* 49. In your career, have any of your experiences of perioperative cardiac arrest (as the primary anaesthetist and those attended as a helper) had a **POSITIVE** impact on your **personal** life?

If yes, please provide details below.

- Yes
- No
- Not sure
- Prefer not to say
- Not applicable - no prior experience of perioperative cardiac arrest

If yes, please provide details

22. Demographics and workplace characteristics

The following questions are about your current work practices.

* 50. What gender do you identify yourself as?

- Female
- Male
- Other
- Prefer not to say

* 51. What is your age?

- <25 years old
- 25 – 35 years old
- 36 – 65 years old
- >65 years old
- Prefer not to say

* 52. What is your current role in Anaesthesia?

* 53. How long have you been an anaesthetist/anaesthesia associate? Please specify the number of years or months.

Years

Months

* 54. Do you currently work out of hours (weekend and/or nights)?

- Yes
- No

* 55. Do you have a subspecialty? Tick all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Airway/ Head & neck | <input type="checkbox"/> Bariatrics |
| <input type="checkbox"/> Paediatrics | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Cardiothoracics | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Intensive care | <input type="checkbox"/> Regional anaesthesia |
| <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Vascular |
| <input type="checkbox"/> Obstetrics | <input type="checkbox"/> Eyes |
| <input type="checkbox"/> Day case anaesthesia | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Orthopaedics | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Other (please specify) | |

* 56. What type of organisations do you currently work in?

- NHS
- Independent sector (non-NHS)
- Both

57. What country or region are you reporting from?

23. Thank you for your contribution to the NAP7 baseline survey.

Please contact your Local Coordinator that you have completed this survey.

You will then receive a certificate for completing the NAP7 Baseline Survey.

NAP7 starts on Wednesday 16th June 2021.

Please inform your Local Coordinator of all cases which may fulfil the criteria of perioperative cardiac arrest.

For more details please visit <https://www.nationalauditprojects.org.uk/NAP7-Home#pt>