

## NAP7 Activity Survey- November 2021

### Thank you for taking the time to complete the NAP7 Activity Survey!

This is the first time the survey is 'electronic', and we hope this makes the process easier for Local Coordinators and anaesthetists completing the survey.

N.B. The NAP7 Activity Survey has inbuilt branching logic, making it complex to complete on paper. Most survey responses will see about 30 fields (comparable to previous NAPs), and this can be completed most easily and quickly online. All responses should be easily identifiable without needing to reference patient notes.

This paper version of the survey should only be used in the event of severe IT issues or internet access during the survey period. We encourage people to use the survey link where possible. If internet access in theatre is limited, the survey can be completed in the recovery area, an office or coffee room.

The survey is best completed at the end of an anaesthetic, as there may be complications during the case to be reported.

You can complete the survey on smart phone, tablet or computer. The survey can be found [here](#) or using this QR code:



No patient, clinician or hospital identifiers are collected in this survey.

Thank you again! We simply could not run the NAPs without continued support from UK anaesthetists who collectively make up the NAP7 team.

<p><b>1. Day of procedure:</b>  Monday <input type="radio"/>  Tuesday <input type="radio"/>  Wednesday <input type="radio"/>  Thursday <input type="radio"/>  Friday <input type="radio"/>  Saturday <input type="radio"/>  Sunday <input type="radio"/></p> <p><b>2. Time of day:</b>  Daytime (0800-17:59) <input type="radio"/>  Evening (18:00-23:59) <input type="radio"/>  Night (0000:07:59) <input type="radio"/></p> <p><b>3. Speciality of main procedure:</b>  Abdominal: hepatobiliary <input type="radio"/>  Abdominal: lower GI <input type="radio"/>  Abdominal: upper GI <input type="radio"/>  Abdominal: other <input type="radio"/>  Cardiac surgery <input type="radio"/>  Cardiology: diagnostic <input type="radio"/>  Cardiology: interventional <input type="radio"/>  Cardiology: electrophysiology <input type="radio"/>  Dental <input type="radio"/>  Maxillo-facial <input type="radio"/>  ENT <input type="radio"/>  Gastroenterology <input type="radio"/>  General Surgery <input type="radio"/>  Gynaecology <input type="radio"/>  Neurosurgery <input type="radio"/>  Obstetrics: Caesarean section <input type="radio"/>  <b>(Include Q.14, omit Q.13)</b>  Obstetrics: labour analgesia <input type="radio"/>  Obstetrics: other <input type="radio"/>  Ophthalmology <input type="radio"/>  Orthopaedics - cold/elective <input type="radio"/>  Orthopaedics – trauma <input type="radio"/>  Pain <input type="radio"/>  Plastics <input type="radio"/>  Burns <input type="radio"/>  Psychiatry <input type="radio"/>  Radiology: diagnostic <input type="radio"/>  Radiology: interventional <input type="radio"/>  Spinal <input type="radio"/>  Thoracic Surgery <input type="radio"/>  Transplant <input type="radio"/>  Urology <input type="radio"/>  Vascular <input type="radio"/>  Other minor op <input type="radio"/>  Other major op <input type="radio"/>  None <input type="radio"/>  Other <input type="radio"/></p> <p><b>4. Age (years):</b>  Neonate (&lt;28d from delivery) <input type="radio"/>  28d – &lt;1 <input type="radio"/>  1-5 <input type="radio"/>  6-15 <input type="radio"/>  16-18 <input type="radio"/>  19-25 <input type="radio"/>  26-35 <input type="radio"/>  36-45 <input type="radio"/>  46-55 <input type="radio"/>  56-65 <input type="radio"/>  66-75 <input type="radio"/>  76-85 <input type="radio"/>  Over 85 <input type="radio"/></p>	<p><b>5. Sex:</b>  Male <input type="radio"/>  Female <input type="radio"/>  Unknown <input type="radio"/></p> <p><b>6. What was the patient's ethnicity?</b>  British (White) <input type="radio"/>  Irish (White) <input type="radio"/>  Any other white background <input type="radio"/>  White and black Caribbean (mixed) <input type="radio"/>  White and black African (mixed) <input type="radio"/>  White and Asian (mixed) <input type="radio"/>  Any other mixed background <input type="radio"/>  Indian (Asian or Asian British) <input type="radio"/>  Pakistani (Asian or Asian British) <input type="radio"/>  Bangladeshi (Asian or Asian British) <input type="radio"/>  Any other Asian background <input type="radio"/>  Caribbean (Black or Black British) <input type="radio"/>  African (Black or Black British) <input type="radio"/>  Any other black background <input type="radio"/>  Chinese (other ethnic group) <input type="radio"/>  Any other ethnic group <input type="radio"/>  Not stated <input type="radio"/>  Not known <input type="radio"/></p> <p><b>7. ASA Grade:</b>  <b>1 (Omit Q.17 &amp; Q.18)</b> <input type="radio"/>  2 <input type="radio"/>  3 <input type="radio"/>  4 <input type="radio"/>  5 <input type="radio"/>  6 (Brain dead patient for organ donation) <input type="radio"/></p> <p><b>8. For patients <u>less than one year of age</u>, were they:</b>  Born at term <input type="radio"/>  Extremely preterm (&lt;28/40) <input type="radio"/>  Very preterm (28-31/40) <input type="radio"/>  Moderate to late preterm (32-37/40) <input type="radio"/></p> <p><b>9. What was the child's approx. weight? (kg) (Aged ≤18)</b>  Not known <input type="checkbox"/>  Enter weight (kg) <input type="text"/></p> <p>.....</p> <p><b>10. What was the patient's BMI? (Aged 19 and over only)</b>  &lt;18.5 – underweight <input type="radio"/>  18.5-24.9 – normal <input type="radio"/>  25.0-29.9 – overweight <input type="radio"/>  30.0-34.9 – obese 1 <input type="radio"/>  35.0-39.9 – obese 2 <input type="radio"/>  40.0-49.9 – obese 3 <input type="radio"/>  50.0-59.9 <input type="radio"/>  &gt;=60 <input type="radio"/>  Unknown <input type="radio"/></p>
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<p><b>11. Did the patient have a do not attempt cardiopulmonary resuscitation (DNACPR) decision?</b></p> <p>No <input type="radio"/></p> <p>Yes – active at time of anaesthetic care <input type="radio"/></p> <p>Yes – but suspended during anaesthetic care <input type="radio"/></p>	<p>Angina (at rest or mild exertion) <input type="checkbox"/></p> <p>Myocardial infarction or ACS within 3 months <input type="checkbox"/></p> <p>Myocardial infarction or ACS older than 3 months <input type="checkbox"/></p> <p>Atrial fibrillation <input type="checkbox"/></p> <p>Any other arrhythmia (e.g. SVT, VT at start of anaesthesia care) <input type="checkbox"/></p> <p>Severe aortic stenosis <input type="checkbox"/></p> <p>Any other valvular disease <input type="checkbox"/></p> <p>Congestive cardiac failure (NYHA III or IV) <input type="checkbox"/></p> <p>Permanent pacemaker <input type="checkbox"/></p> <p>Implantable cardioverter defibrillator (ICD) <input type="checkbox"/></p> <p>Grown-up congenital heart disease <input type="checkbox"/></p>	<p><b>at the START of anaesthesia care?</b></p> <p>COVID negative <input type="radio"/></p> <p>COVID positive (<b>complete Q.20, else omit Q.20</b>) <input type="radio"/></p> <p>Uncertain (eg PCR in progress) <input type="radio"/></p> <p>Unknown <input type="radio"/></p>
<p><b>12. Pregnancy status of patient (if female aged 10-65)</b></p> <p>Not pregnant <input type="radio"/></p> <p>Pregnant <input type="radio"/></p> <p>Recently pregnant (within 42 days) <input type="radio"/></p>	<p><b>18. Which NON-CARDIOVASCULAR COMORBIDITIES did the patient have at the start of the case? (ASA 2 and above only, tick all that apply)</b></p> <p>None <input type="checkbox"/></p> <p>Moderate respiratory disease (e.g. dyspnoeic with moderate activity despite treatment) <input type="checkbox"/></p> <p>Severe respiratory disease (e.g. dyspnoeic at rest, require constant oxygen, CO<sub>2</sub> retention or baseline P<sub>a</sub>O<sub>2</sub> &lt;6.67kPa on air) <input type="checkbox"/></p> <p>Dementia <input type="checkbox"/></p> <p>Type 1 diabetes <input type="checkbox"/></p> <p>Type 2 diabetes (medicated, not on insulin) <input type="checkbox"/></p> <p>Type 2 diabetes (on insulin) <input type="checkbox"/></p> <p>CKD 3 or 4 (eGFR 15-59) <input type="checkbox"/></p> <p>CKD 5 (dialysis dependent) <input type="checkbox"/></p> <p>Mild liver disease (e.g. chronic hepatitis without portal hypertension) <input type="checkbox"/></p> <p>Moderate or severe liver disease (e.g. portal hypertension, variceal bleeding) <input type="checkbox"/></p> <p>Active gastrointestinal bleeding <input type="checkbox"/></p> <p>Solid organ tumour within last 5 years (localised) <input type="checkbox"/></p> <p>Solid organ tumour within last 5 years (metastatic) <input type="checkbox"/></p> <p>Lymphoma <input type="checkbox"/></p> <p>Leukaemia <input type="checkbox"/></p> <p>Connective tissue disease <input type="checkbox"/></p> <p>Peptic ulcer disease <input type="checkbox"/></p> <p>Hemiplegia <input type="checkbox"/></p> <p>AIDS <input type="checkbox"/></p> <p>Therapeutic anticoagulation (at time of surgery) <input type="checkbox"/></p>	<p><b>20. What was the patient's COVID-related clinical condition at that time? (COVID positive patients only)</b></p> <p>Not hospitalised, no limitations of activities <input type="radio"/></p> <p>Not hospitalised, limitation of activities <input type="radio"/></p> <p>Hospitalised, not requiring supplemental oxygen <input type="radio"/></p> <p>Hospitalised, requiring any supplemental oxygen <input type="radio"/></p> <p>Hospitalised, requiring NIV or HFNO <input type="radio"/></p> <p>Hospitalised, receiving invasive mechanical ventilation or ECMO <input type="radio"/></p> <p>Unknown <input type="radio"/></p>
<p><b>13. Priority of operation (see end for descriptions)</b></p> <p>Elective (day case) <input type="radio"/></p> <p>Elective (planned inpatient stay) <input type="radio"/></p> <p>Expedited <input type="radio"/></p> <p>Urgent <input type="radio"/></p> <p>Immediate <input type="radio"/></p> <p>Not applicable <input type="radio"/></p>	<p><b>21. Location of intended procedure</b></p> <p>Theatre: main theatre suite (<b>Omit Q.23</b>) <input type="radio"/></p> <p>Theatre: day surgery unit <input type="radio"/></p> <p>Theatre: obstetrics <input type="radio"/></p> <p>Theatre: other <input type="radio"/></p> <p>Labour Ward <input type="radio"/></p> <p>Neuroradiology <input type="radio"/></p> <p>Cardiac Cath Lab <input type="radio"/></p> <p>Pacing room <input type="radio"/></p> <p>Interventional radiology <input type="radio"/></p> <p>MRI <input type="radio"/></p> <p>CT <input type="radio"/></p> <p>Endoscopy <input type="radio"/></p> <p>ECT <input type="radio"/></p> <p>Ward <input type="radio"/></p> <p>Recovery <input type="radio"/></p> <p>Emergency department <input type="radio"/></p> <p>Other <input type="radio"/></p>	<p><b>22. Anaesthetic techniques (tick all that apply)</b></p> <p>General – volatile <input type="checkbox"/></p> <p>General – TIVA <input type="checkbox"/></p> <p>Gas induction <input type="checkbox"/></p> <p>Sedation <input type="checkbox"/></p> <p>Spinal <input type="checkbox"/></p> <p>Epidural <input type="checkbox"/></p> <p>CSE <input type="checkbox"/></p> <p>Regional block <input type="checkbox"/></p> <p>Local anaesthetic infiltration <input type="checkbox"/></p> <p>Intravenous analgesia only <input type="checkbox"/></p> <p>Monitored anaesthetic care <input type="checkbox"/></p>
<p><b>14. Caesarean Section category (if applicable)</b></p> <p>1 <input type="radio"/></p> <p>2 <input type="radio"/></p> <p>3 <input type="radio"/></p> <p>4 <input type="radio"/></p> <p>Not applicable <input type="radio"/></p>	<p><b>19. What was the COVID-19 infection status of the patient</b></p> <p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>	<p><b>23. Was this a remote location? (where cannot guarantee help of another anaesthetist)</b></p> <p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>
<p><b>15. Clinical Frailty Score (age 56 and over, see end for descriptions)</b></p> <p>1. Very fit <input type="radio"/></p> <p>2. Fit <input type="radio"/></p> <p>3. Managing well <input type="radio"/></p> <p>4. Living with very mild frailty <input type="radio"/></p> <p>5. Living with mild frailty <input type="radio"/></p> <p>6. Living with moderate frailty <input type="radio"/></p> <p>7. Living with severe frailty <input type="radio"/></p> <p>8. Living with very severe frailty <input type="radio"/></p> <p>9. Terminally ill <input type="radio"/></p> <p>Unknown <input type="radio"/></p>		
<p><b>16. Grade of surgery (see end for descriptions)</b></p> <p>Minor <input type="radio"/></p> <p>Intermediate <input type="radio"/></p> <p>Major or complex <input type="radio"/></p>		

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<p><b>24. Separate anaesthetic room used?</b></p> <p>Yes (monitored during transfer) <input type="radio"/></p> <p>Yes (not monitored during transfer) <input type="radio"/></p> <p>No <input type="radio"/></p> <p>Procedure in anaesthetic room <input type="radio"/></p> <p>N/A <input type="radio"/></p>	<p>Continuous temperature monitoring <input type="checkbox"/></p> <p>Invasive arterial monitoring <input type="checkbox"/></p> <p><b>(complete Q.31)</b></p> <p>Central venous pressure <input type="checkbox"/></p> <p>Processed EEG (e.g. BIS) <input type="checkbox"/></p> <p>Near-infrared spectroscopy / Cerebral saturation monitor <input type="checkbox"/></p> <p>Point of care coagulation (e.g. TEG, ROTEM, ACT) <input type="checkbox"/></p> <p>Cardiac output monitor <input type="checkbox"/></p> <p>Echocardiography (TTE or TOE) <input type="checkbox"/></p>	<p>CT1 after Initial Assessment of Competence <input type="checkbox"/></p> <p>CT1 before Initial Assessment of Competence <input type="checkbox"/></p> <p>Anaesthesia Associate <input type="checkbox"/></p> <p>Nurse specialist <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>
<p><b>25. Main patient position(s) for procedure:</b></p> <p>Supine <input type="checkbox"/></p> <p>Lithotomy <input type="checkbox"/></p> <p>Lateral <input type="checkbox"/></p> <p>Beach chair/sitting <input type="checkbox"/></p> <p>Reverse Trendelenburg (head up) <input type="checkbox"/></p> <p>Trendelenburg (head down) <input type="checkbox"/></p> <p>Prone <input type="checkbox"/></p> <p>Dentist chair <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p><b>31. Was invasive arterial monitoring inserted pre-induction?</b></p> <p>Yes, pre-induction <input type="radio"/></p> <p>No, following induction <input type="radio"/></p>	<p><b>36. Changes in anaesthetic personnel during case?</b></p> <p>Yes <input type="radio"/></p> <p>No <b>(Omit Q.38)</b> <input type="radio"/></p>
<p><b>26. Mode(s) of procedure: Tick all that apply</b></p> <p>Open <input type="checkbox"/></p> <p>Laparoscopic <input type="checkbox"/></p> <p>Body surface <input type="checkbox"/></p> <p>Robot-assisted <input type="checkbox"/></p> <p>Thoracoscopic <input type="checkbox"/></p> <p>Endoscopic <input type="checkbox"/></p> <p>Percutaneous <input type="checkbox"/></p> <p>Endovascular <input type="checkbox"/></p> <p>Not applicable <input type="checkbox"/></p>	<p><b>32. How was neuromuscular block assessed?</b></p> <p>Visual or tactile ToF count, or similar, <input type="checkbox"/></p> <p>Quantitative monitoring device (e.g. accelerometer or EMG) <input type="checkbox"/></p>	<p><b>37. Supervision level (Omit if consultant or SAS):</b></p> <p>Direct (immediately available) <input type="radio"/></p> <p>Indirect - local (&lt;10 min) <input type="radio"/></p> <p>Indirect - distant (&gt;10 min) <input type="radio"/></p>
<p><b>27. Intended conscious level:</b></p> <p>General anaesthesia <input type="radio"/></p> <p>Deep sedation <input type="radio"/></p> <p>Moderate sedation <input type="radio"/></p> <p>Minimal sedation (anxiolysis) <input type="radio"/></p> <p>Awake and unседated <input type="radio"/></p>	<p><b>33. Airway techniques used: Tick all that apply</b></p> <p>Oxygen mask or nasal cannulae <input type="checkbox"/></p> <p>Face mask (+/- Guedel) <input type="checkbox"/></p> <p>Supraglottic airway (1st generation) <input type="checkbox"/></p> <p>Supraglottic airway (2nd generation, e.g. iGel) <input type="checkbox"/></p> <p>Tracheal tube (oral or nasal) <input type="checkbox"/></p> <p>Tracheostomy <input type="checkbox"/></p> <p>High flow nasal oxygen (HFNO) <input type="checkbox"/></p> <p>eFONA - emergency front of neck access <input type="checkbox"/></p> <p>None used <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p><b>38. Reason(s) for changes in anaesthetic personnel during case: Tick all that apply</b></p> <p>Individual left for other commitments <input type="checkbox"/></p> <p>Individual arrived to assist <input type="checkbox"/></p> <p>Individual left to assist elsewhere <input type="checkbox"/></p> <p>Shift change <input type="checkbox"/></p> <p>Break/rest <input type="checkbox"/></p> <p>Morning/afternoon change of personnel <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Break/rest <input type="checkbox"/></p>
<p><b>28. Was the AoA recommended monitoring for general anaesthesia used (i.e. all of ECG, SpO<sub>2</sub>, BP, EtCO<sub>2</sub> +/- Et anaesthetic gas concentration)?</b></p> <p>Yes <b>(Omit Q.29)</b> <input type="radio"/></p> <p>No <input type="radio"/></p>	<p><b>34. Ventilation modes used: Tick all that apply</b></p> <p>Spontaneous ventilation (without pressure support) <input type="checkbox"/></p> <p>Positive pressure ventilation <input type="checkbox"/></p> <p>Pressure support <input type="checkbox"/></p> <p>Jet ventilation <input type="checkbox"/></p> <p>Apnoeic oxygenation <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Unknown <input type="checkbox"/></p>	<p><b>39. Total duration of procedure including anaesthetic time:</b></p> <p>≤30 minutes <input type="radio"/></p> <p>&gt;30 to ≤ 60 minutes <input type="radio"/></p> <p>&gt;1 to ≤ 2 hours <input type="radio"/></p> <p>&gt;2 to ≤ 4 hours <input type="radio"/></p> <p>&gt;4 to ≤ 8 hours <input type="radio"/></p> <p>&gt;8 hours <input type="radio"/></p> <p>Unknown <input type="radio"/></p>
<p><b>29. What monitoring was used for anaesthesia care? Tick all that apply</b></p> <p>Pulse oximetry <input type="checkbox"/></p> <p>Non-invasive blood pressure <input type="checkbox"/></p> <p>ECG <input type="checkbox"/></p> <p>End tidal CO<sub>2</sub> / Capnography <input type="checkbox"/></p> <p>End tidal anaesthetic gas <input type="checkbox"/></p> <p>F<sub>I</sub>O<sub>2</sub> <input type="checkbox"/></p> <p>Airway pressure <input type="checkbox"/></p>	<p><b>35. Grade(s) of anaesthetist(s) present during case: Tick all that apply</b></p> <p>Consultant <b>(Omit Q.37)</b> <input type="checkbox"/></p> <p>SAS doctor <b>(Omit Q.37)</b> <input type="checkbox"/></p> <p>Post CCT or CESR doctor <input type="checkbox"/></p> <p>ST5+ <input type="checkbox"/></p> <p>ST3-4 <input type="checkbox"/></p> <p>CT2-3 <input type="checkbox"/></p>	<p><b>40. Were ECG, BP, and pulse oximetry used for transfer to recovery/critical care?</b></p> <p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>
<p><b>30. Were any of these monitors used? Tick all that apply</b></p> <p>Neuromuscular blockade monitoring <b>(complete Q.32)</b> <input type="checkbox"/></p>		<p><b>41. If an airway device was in place at end of procedure, was end-tidal CO<sub>2</sub> monitoring used for transfer to recovery/critical care?</b></p> <p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p> <p>Not applicable <input type="radio"/></p>

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Tick all complications below where there was **confirmation or a high degree of suspicion**. Do not wait for further investigations.

<p><b>42. Any AIRWAY complications?</b></p> <p>None <input type="checkbox"/></p> <p>Failed mask ventilation, supraglottic airway placement or intubation <b>(include Q.48)</b> <input type="checkbox"/></p> <p>Laryngospasm <input type="checkbox"/></p> <p>Cannot intubate cannot oxygenate (CICO) or Emergency front of neck airway (eFONA) situation <b>(include Q.49)</b> <input type="checkbox"/></p> <p>Unrecognised oesophageal intubation <input type="checkbox"/></p> <p>Wrong gas supplied / unintentional connection to air <input type="checkbox"/></p> <p>Airway haemorrhage <input type="checkbox"/></p> <p>Aspiration or regurgitation <b>(include Q.50)</b> <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p><b>43. Any BREATHING complications?</b></p> <p>None <input type="checkbox"/></p> <p>Severe hypoxaemia <input type="checkbox"/></p> <p>Ventilator disconnection <input type="checkbox"/></p> <p>Severe ventilation difficulties (bronchospasm / high airway pressure / obstructive ventilation / gas trapping / high iPEEP) <b>(include Q.51)</b> <input type="checkbox"/></p> <p>Hypercapnia or hypocapnia <b>(include Q.52)</b> <input type="checkbox"/></p> <p>Pneumothorax (simple or tension) <b>(include Q.53)</b> <input type="checkbox"/></p> <p>Endobronchial intubation <input type="checkbox"/></p> <p><b>44. Any CIRCULATION complications?</b></p> <p>None <input type="checkbox"/></p> <p>Major haemorrhage <input type="checkbox"/></p> <p>Severe brady- or tachyarrhythmia causing compromise <b>(include Q.54)</b> <input type="checkbox"/></p> <p>Severe hypotension (central vasopressors considered / started) <input type="checkbox"/></p> <p>Emergency DC cardioversion <input type="checkbox"/></p> <p>Cardiac ischaemia <input type="checkbox"/></p> <p>Cardiac tamponade <input type="checkbox"/></p> <p>New AF <input type="checkbox"/></p> <p>Embolic event (PE / fat / bone cement / amniotic fluid / air / CO<sub>2</sub>) <b>(include Q.55)</b> <input type="checkbox"/></p> <p>Septic shock <input type="checkbox"/></p> <p>Anaphylaxis <input type="checkbox"/></p> <p>Incompatible blood transfusion <input type="checkbox"/></p> <p>Suspected Addisonian crisis <input type="checkbox"/></p>	<p>Cardiac arrest Include <b>(Q.59-Q.62)</b> <input type="checkbox"/></p> <p><b>45. Any NEUROLOGICAL complications?</b></p> <p>None <input type="checkbox"/></p> <p>Stroke, intracranial haemorrhage and/or subarachnoid haemorrhage) <input type="checkbox"/></p> <p>Intracranial hypertension (e.g. new fixed/dilated pupil, Cushing's response or coning) <input type="checkbox"/></p> <p>Seizure <input type="checkbox"/></p> <p>Vagal outflow – e.g. pneumoperitoneum, oculocardiac reflex <input type="checkbox"/></p> <p>High neuraxial block <input type="checkbox"/></p> <p>Neurogenic shock <input type="checkbox"/></p> <p>Death <input type="checkbox"/></p> <p><b>46. Any SIGNIFICANT METABOLIC complications?</b></p> <p>None <input type="checkbox"/></p> <p>New significant acidosis / acidaemia <b>(include Q.56)</b> <input type="checkbox"/></p> <p>Significant electrolyte disturbance (Ca<sup>2+</sup>, Na<sup>+</sup>, K<sup>+</sup> or Mg<sup>2+</sup>) <b>(include Q.56)</b> <input type="checkbox"/></p> <p>Hyperthermia or hypothermia <b>(include Q.57)</b> <input type="checkbox"/></p> <p><b>47. Any OTHER MAJOR COMPLICATIONS OR EVENTS?</b></p> <p>None <input type="checkbox"/></p> <p>Malignant Hyperthermia <input type="checkbox"/></p> <p>Local anaesthetic toxicity <input type="checkbox"/></p> <p>Emergency call for anaesthesia assistance <input type="checkbox"/></p> <p>Drug error <input type="checkbox"/></p> <p>Equipment failure <input type="checkbox"/></p> <p>Intraoperative conversion of anaesthesia (e.g. LA/RA/sedation to GA) <input type="checkbox"/></p> <p style="color: red;"><b>Skip Q.48-Q.57 unless specific complications.</b></p> <p><b>48. Airway technique failure detail:</b></p> <p>Failed mask ventilation <input type="checkbox"/></p> <p>Failed supraglottic airway placement <input type="checkbox"/></p> <p>Failed intubation <input type="checkbox"/></p> <p><b>49. CICO and eFONA detail:</b></p> <p>Cannot intubate cannot oxygenate (CICO) situation <input type="checkbox"/></p> <p>Emergency front of neck airway (eFONA) <input type="checkbox"/></p> <p><b>50. Regurgitation and aspiration detail:</b></p> <p>Regurgitation <input type="checkbox"/></p> <p>Aspiration of gastric contents <input type="checkbox"/></p> <p>Aspiration of blood <input type="checkbox"/></p> <p><b>51. Ventilation complication detail:</b></p>	<p>Bronchospasm <input type="checkbox"/></p> <p>High airway pressure / obstructive ventilation <input type="checkbox"/></p> <p>Gas trapping / high iPEEP <input type="checkbox"/></p> <p><b>52. CO<sub>2</sub> complication detail:</b></p> <p>Hypocapnia <input type="checkbox"/></p> <p>Hypercapnia <input type="checkbox"/></p> <p><b>53. Pneumothorax complication detail:</b></p> <p>Simple <input type="checkbox"/></p> <p>Tension- decompressed with needle <input type="checkbox"/></p> <p>Tension- decompressed with chest drain <input type="checkbox"/></p> <p><b>54. Arrhythmia detail:</b></p> <p>Severe bradycardia (e.g. less than 30 bpm) <input type="checkbox"/></p> <p>Ventricular tachycardia <input type="checkbox"/></p> <p>Ventricular fibrillation <input type="checkbox"/></p> <p>Complete heart block <input type="checkbox"/></p> <p>Asystole <input type="checkbox"/></p> <p>Fast AF <input type="checkbox"/></p> <p>SVT <input type="checkbox"/></p> <p>Sinus tachycardia <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p><b>55. Embolism detail:</b></p> <p>Pulmonary embolism <input type="checkbox"/></p> <p>Air embolism <input type="checkbox"/></p> <p>Fat embolism <input type="checkbox"/></p> <p>Amniotic fluid embolism <input type="checkbox"/></p> <p>Bone cement implantation syndrome <input type="checkbox"/></p> <p>CO<sub>2</sub> embolism <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p><b>56. Metabolic complication details:</b></p> <p>Hyperkalaemia <input type="checkbox"/></p> <p>Hypokalaemia <input type="checkbox"/></p> <p>Hypermagnesaemia <input type="checkbox"/></p> <p>Hypomagnesaemia <input type="checkbox"/></p> <p>Hypercalcaemia <input type="checkbox"/></p> <p>Hypocalcaemia <input type="checkbox"/></p> <p>Hypernatraemia <input type="checkbox"/></p> <p>Hyponatraemia <input type="checkbox"/></p> <p><b>57. Temperature details:</b></p> <p>Hyperthermia <input type="checkbox"/></p> <p>Hypothermia <input type="checkbox"/></p> <p><b>58. Did the patient have ANY CHEST COMPRESSIONS (1 or more), DEFIBRILLATION of a PRECORDIAL THUMP? (N.B. do not include any events during cardiopulmonary bypass)</b></p> <p>No <b>(end survey)</b> <input type="radio"/></p> <p>Yes <b>(complete Q59-Q62)</b> <input type="radio"/></p> <p><b>59. Chest compressions performed (including open cardiac massage)?</b></p> <p>No <input type="radio"/></p>
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**NAP7 Activity Survey- November 2021**

Yes – <5 compressions   
Yes – ≥5 compressions

**60. Defibrillation performed?** (N.B. not DC cardioversion)

No   
Yes- successful   
Yes - unsuccessful

**61. Precordial thump performed?**

No   
Yes- unsuccessful   
Yes- successful

**62. Outcome of cardiac arrest:**

ROSC with survival to postoperative area   
Initial ROSC but did not survive to postoperative area   
No ROSC, patient died in procedure area   
Other

**End survey**

## NAP7 Activity Survey- November 2021

### Q13 Priority of operation:

**Elective (day case)** – Intervention planned or booked in advance of routine admission to hospital. Timing to suit patient, hospital and staff.

**Elective (planned inpatient stay)**– Intervention planned or booked in advance of routine admission to hospital. Timing to suit patient, hospital and staff.

**Expedited** – Patient requiring early treatment where the condition is not an immediate threat to life, limb or organ survival. Normally within **days** of decision to operate.

**Urgent** – Intervention for acute onset or clinical deterioration of potentially life-threatening conditions, for those conditions that may threaten the survival of limb or organ, for fixation of many fractures and for relief of pain or other distressing symptoms. Normally within **hours** of decision to operate

**Immediate** – Immediate life, limb or organ-saving intervention – resuscitation simultaneous with intervention. Normally within **minutes** of decision to operate.

### Q15 Clinical Frailty Score

1. Very fit
  2. Fit (no active disease symptoms)
  3. Managing well (not regularly active beyond walking)
  4. Living with very mild frailty (not dependent for ADLs, may use walking stick)
  5. Living with mild frailty (dependent for some activities)
  6. Living with moderate frailty (help with outside activities and keeping the house)
  7. Living with severe frailty (dependent for personal care)
  8. Living with very severe frailty (dependent for personal care, approaching end of life)
  9. Terminally ill
- Unknown

### Q16 Grade of surgery

**Minor** - (e.g. skin lesion, drain a breast abscess)

**Intermediate** - (e.g. inguinal hernia repair, varicose vein surgery, tonsillectomy, knee arthroscopy)

**Major or Complex** - (e.g. hysterectomy, TURP, lumbar discectomy, thyroidectomy, total joint replacement, lung operations, bowel resection, neck dissection)