

Section 08

SI-1: Critically ill child

8.1

Reason for anaesthetic intervention

Airway protection

(True / False)

Respiratory failure

(True / False)

Cardiovascular instability

(True / False)

Reduced level of consciousness

(True / False)

Seizure

(True / False)

Sepsis

(True / False)

Worsened overall clinical state

(True / False)

Other

(True / False)

Please specify

8.2

Location of anaesthesia (Pick One)

Emergency department

NICU

PICU

Adult critical care unit

Anaesthetic room

Operating theatre

Recovery

Ward

Other

Please specify

8.3

Please provide the approximate time interval between the following events (if applicable) and the time of cardiac arrest in minutes

Initial referral to retrieval to service

N/A

(True / False)

Was this event before or after cardiac arrest? (Pick One)

Before

After

Start of anaesthesia care (as defined above)

N/A

(True / False)

Was this event before or after cardiac arrest? (Pick One)

Before

After

Induction of anaesthesia/intubation

N/A

(True / False)

Was this event before or after cardiac arrest? (Pick One)

Before

After

Arrival of retrieval team

N/A

(True / False)

Was this event before or after cardiac arrest? (Pick One)

Before

After

8.4

Was a retrieval service proforma or guideline used to guide anaesthetic agents for induction? (Pick One)

Yes - retrieval service drug sheet (generated for specific patient)

Yes - retrieval service verbal advice

Yes - other guideline

Yes - verbal advice

No

Not applicable

8.5

What is the regular paediatric provision at your hospital?

Paediatric ICU

(True / False)

Paediatric HDU

(True / False)

General adult ICU/HDU accepting paediatric patients

(True / False)

Neonatal ICU

(True / False)

Paediatric critical care outreach

(True / False)

Inpatient ward(s)
(True / False)

Surgical day case unit
(True / False)

Outpatients
(True / False)

Paediatric Emergency Department
(True / False)

None
(True / False)

Other
(True / False)

Please specify

8.6
Please select all grades of paediatricians directly involved in case
Consultant
(True / False)

SAS doctor
(True / False)

Post CCT or CESR doctor
(True / False)

ST5+ or equivalent
(True / False)

ST3-4 or equivalent
(True / False)

CT1-2 or equivalent
(True / False)

Nurse specialist
(True / False)

Other
(True / False)

8.7

If problems in communication between specialty teams contributed to cardiac arrest, please provide details

SI-2: Emergency Department

8.8

Mode of arrival at your hospital (Pick One)

- Primary transfer (e.g. ambulance from scene)
- Secondary transfer (e.g. from DGH)
- Self transport

Transfer crew (Pick One)

- HEMS (or equivalent) - including doctor
- HEMS (or equivalent) - paramedic
- Specialist paramedic crew
- Paramedic crew
- Non-paramedic crew (e.g. technician only)

Medical personnel on transfer (Pick One)

- Anaesthetist - Consultant (or equivalent)
- Anaesthetist - Registrar (or equivalent)
- Anaesthetist - Core Trainee (or equivalent)
- ICM - Consultant (or equivalent)
- ICM - Registrar (or equivalent)
- ICM - Core Trainee (or equivalent)
- Other Consultant (or equivalent)
- Other Registrar (or equivalent)
- Other Core Trainee (or equivalent)
- Advanced Nurse Practitioner/Specialist Nurse
- Nurse

8.9

Pre-hospital pathology

Out-of-hospital cardiac arrest

(True / False)

Major trauma

(True / False)

ISS

Head injury

(True / False)

Massive haemorrhage

(True / False)

Stroke

(True / False)

Myocardial infarction

(True / False)

Other

(True / False)

8.10

Pre-hospital interventions

Intubated

(True / False)

Supraglottic airway (e.g. igel)

(True / False)

Oropharyngeal airway

(True / False)

Nasopharyngeal airway

(True / False)

Emergency front of neck access
(True / False)

Own airway
(True / False)

Other
(True / False)

Controlled ventilation
(True / False)

Supplemental oxygen
(True / False)

Cardiopulmonary resuscitation
(True / False)

Thoracotomy
(True / False)

Thoracostomy
(True / False)

Intravenous fluids
(True / False)

Vasoactive drugs
(True / False)

Blood transfusion
(True / False)

Intravenous sedation
(True / False)

8.11

Pre-hospital drugs administered (Pick One)

- None
- RSI drugs
- Tranexamic acid
- Adrenaline - resuscitation
- Adrenaline - anaphylaxis
- Naloxone
- Other

8.12

First set of observations on arrival of patient

Were HR observations done? (Pick One)

- Yes
- Not done
- Missing/unavailable

HR (bpm) rounded to the nearest 10

Was heart rate supported (Pick One)

- Yes
- No

Were BP observations done? (Pick One)

- Yes
- Not done
- Missing/unavailable

BP systolic rounded to the nearest 10

BP diastolic rounded to the nearest 10

Was blood pressure supported (Pick One)

- Yes
- No

Were SpO2 observations done? (Pick One)

- Yes
- Not done
- Missing/unavailable

SpO2

- Yes
- No

Was SpO2 supported (Pick One)

- Yes
- No

FiO2 (Pick One)

- Air (0.21)
- Other
- Not done
- Missing/unavailable

Please specify

AVPU (Pick One)

- Alert
- Voice
- Pain
- Unresponsive
- Not done
- Missing

After arrival in Emergency Department

8.13

Primary specialty of anaesthesia provider (Pick One)

- Anaesthesia
- Emergency medicine
- Intensive care medicine
- Paediatrics
- Other

8.14

Indication for anaesthetic intervention
Procedural sedation
(True / False)

Facilitate ongoing care (e.g. radiology)
(True / False)

Prepare for transfer
(True / False)

Airway
(True / False)

Respiratory failure
(True / False)

Cardiovascular instability
(True / False)

Reduced level of consciousness
(True / False)

Other
(True / False)

Please specify

8.15

Time of arrest (Pick One)

- Pre-induction
- Induction
- Maintenance
- During diagnostic procedure (e.g. CT scan)
- During intrahospital transfer
- Extubation
- Recovery

8.16

Please Fill in: **Section Anaesthetic**
Multiple copies may be included.

8.17

Total number of doctors (including non-anaesthetists) directly involved in case
Anaesthesia

Emergency medicine

Intensive care

Surgery

Trauma and orthopaedics

Medicine

Paediatrics

Other

8.18

Please click below to enter a) most recent observations prior to cardiac arrest and b) details of any acute conditions present at the start of anaesthesia care

Please Fill in: **Section Observations**

Multiple copies may be included.

SI-3: Regional block OUTSIDE of theatre

8.19

Time of procedure (Pick One)

Daytime (0800-1800)

Evening (1800-2400)

Night (0000-0800)

8.20

Location of procedure (Pick One)

Anaesthetic room

Other procedure room

ICU

HDU

Coronary care unit

Emergency department

Ward

Other

8.21

Indication for procedure

Trauma

(True / False)

Post-operative analgesia

(True / False)

Vascular

(True / False)

Neuropathy

(True / False)

Other

(True / False)

8.22

Analgesia delivery (Pick One)

Single shot

Continuous infusion

Intermittent bolus

8.23

Operator (Pick One)

Anaesthetist

Anaesthetist with pain clinic responsibilities

Non anaesthetist with pain clinic responsibilities

Other

Please specify

8.24

Intended level of sedation (Pick One)

- Awake
- Light sedation
- Moderate sedation
- Deep sedation
- General anaesthesia