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# Email 1: Suggested email from Local Coordinators to Anaesthetic and Critical Care Colleagues

Dear anaesthetic and critical care colleagues,

**NAP7: Perioperative Cardiac Arrest**

The National Audit Projects (NAPs) of the Royal College of Anaesthetists (RCoA) are large scale clinical service evaluations of serious rare events that occur during anaesthesia. NAP7 will study perioperative cardiac arrest.

NAP7 will have three parts:

1. **Individual Case Registry of Perioperative Cardiac Arrest.** This phase collects numerator data for the project. All cases of perioperative cardiac arrest where a patient is, or has recently been, directly under the care of an anaesthetist (up to 24 hours after anaesthesia intervention) will need to be reported. Data collected will include focused patient details, relevant comorbidities, observations, anaesthetic management, cardiac arrest management and patient outcome. The cases will be confidentially reviewed by the NAP7 review panel members in a structured format to identify themes, draw conclusions and make recommendations by consensus.

All case registry data collected will be **fully anonymised**, and **no patient, clinician or hospital identifiers will be recorded**.

2. **A National Survey of Anaesthetic Activity.** This phase collects denominator data for the project and means that unlike many registry-based projects, the NAPs are able to calculate incidence of rare events and determine risk factors for harm**.** As in NAPs 5 and 6, procedural details of every anaesthetic case over a short period (4 days) will be collected at each participating site. This will create a snapshot of anaesthetic activity in the UK. Data collected will include patient demographics and patient and procedural factors relevant to perioperative cardiac arrest. In addition to providing a snapshot of practice and denominator data the activity survey captures changes in anaesthetic practice between the NAPs. No patient or clinician identifiers will be collected.

3. **A Baseline Experience Survey.** An online survey sent to all anaesthetists and anaesthesia associates in the UK to investigate clinicians’ previous experiences with perioperative cardiac arrest, resuscitation training and facilities in their workplace. No patient data will be collected in this survey.

For the purpose of NAP7, cardiac arrest will be defined as: ***‘CHEST COMPRESSIONS AND/OR DEFIBRILLATION WHILST HAVING A PROCEDURE UNDER THE CARE OF AN ANAESTHETIST’.***

At various points during the project I will need your cooperation to gather and collate data. Please return data sheets and surveys as quickly as possible.

If you have any questions, please do not hesitate to contact me. Further details are available on the [NAP7 website](https://www.nationalauditprojects.org.uk/NAP7-Home).

Many thanks in anticipation for your help.

Best wishes,

Dr

Local coordinator for NAP7

**Suggested distribution:** All anaesthesia and/or critical care consultants, trainee anaesthetists, SAS grade anaesthetists, anaesthesia associates.

# Email 2: Suggested email from Local Coordinators to non-anaesthetic colleagues.

Dear Colleague,

**NAP7: Perioperative Cardiac Arrest**

The National Audit Projects (NAPs) of the Royal College of Anaesthetists (RCoA) are large scale service evaluations of serious rare events that occur during, and around the time of, anaesthesia. NAP7 will study **perioperative cardiac arrest**.

This means that **any patient who has a cardiac arrest from the point an anaesthetist has contact with them, until 24h following** the procedure, will need to be reported to the project. For the purpose of the project a **cardiac arrest is defined as chest compressions and/or defibrillation**. Details of inclusion and exclusion criteria can be found on the [NAP7 website](https://www.nationalauditprojects.org.uk/NAP7-Home#pt). The project will run from 16 June 2021 until 15 June 2022.

Whilst cardiac arrests that occur in theatre should be easy to identify, capturing events that occur once a patient leaves the theatre complex may be more difficult. Therefore, I am writing to ask for your help to do this. **Whilst most events will happen in theatre, recovery and critical care, there is a possibility that patients in other areas may meet inclusion criteria.** If you become aware of a cardiac arrest in a patient who has recently been for a procedure under the care of anaesthetist please could you inform me directly by email so that I can follow it up and report it if it meets inclusion criteria?

All data collected is fully anonymised and confidential. For case review data, no patient, clinician or hospital identifiers will be recorded.

Many thanks for your help.

Best wishes,

Dr

Local coordinator for NAP7

**Suggested distribution:** All medical staff including consultants, trainees, SAS, foundation doctors and medical students.

Dear Resuscitation Training Team,

**NAP7: Perioperative Cardiac Arrest**

The National Audit Projects (NAPs) of the Royal College of Anaesthetists (RCoA) are large scale service evaluations of serious rare events that occur during, and around the time of, anaesthesia. NAP7 will study **perioperative cardiac arrest**.

This means that **any patient who has a cardiac arrest from the point an anaesthetist has contact with them,** **until 24h following** the procedure, will need to be reported to the project. For the purpose of the project a **cardiac arrest is defined as chest compressions and/or defibrillation**. Detailed project documents, inclusion and exclusion criteria can be found on the [NAP7 website](https://www.nationalauditprojects.org.uk/NAP7-Home#pt). The project will run from 16 June 2021 until 15 June 2022.

Whilst cardiac arrests that occur in theatre should be easy to identify, capturing events that occur once a patient leaves the theatre complex may be more difficult. Therefore, I am writing to ask for your help to do this. If you become aware of a cardiac arrest in a patient who has recently been for a procedure under the care of anaesthetist please could you inform me directly by email so that I can follow it up and report it if it meets inclusion criteria.

All data collected is fully anonymised and confidential. For case review data, no patient, clinician or hospital identifiers will be recorded.

Many thanks for your help.

Best wishes,

Dr

Local coordinator for NAP7