PERI-OPERATIVE MORTALITY REVIEW MINISTRY OF HEALTH MALAYSIA (SURGICAL FORM)

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

CASE PROFILE

		POMR	COORDINATOR		
Hospital Code			Case Code		
Date of Birth			Date of Mortality		
Date of admission			Ethnicity		
Gender	Male Female				
Age	Years	Months	Days		
Date of form issued					
Co-ordinator's Initial					
Primary Department		PRIMARY	DEPARTMENT		
Timary Department					
Department(s)	General Sur	gery	Paediatric Surgery		
involved in the patient management	Cardiothoracic surgery		Urology		
pationt management	ICU/ HDW/ CCU		Anesthesiology		
	Plastic Surge	ery	Gynecology		
	Obstetric		Orthopedic		
	Ophthalmolo	ogy	ENT		
	Neurosurgica	al	Endocrine surgery		
	Vascular sur	gery	Emergency & Trauma		
	Medical				
	Others				

		Pr	e-opera	tive status				
Co-morbid Factor Diabetes Mellitus			Corona	Coronary Artery Disease				
	Malignan	су		Cerebro	Cerebrovascular accident (CVA)			
	Hyperten	sion		Left Ve	ntricular dysfunction			
	Heart Fa	ilure		Coma				
	Severe H	lead Injury		Chronic	: Lung Disease			
	Chronic I	_iver Diseas	se	Chronic	: Kidney Disease			
	AIDS			Valvula	r Heart Disease			
	Uncontro	lled Asthma	ı	Anaem	a			
	Others							
Risk Factor	Prematu	rity		Smoking	Obstructive Slee	p Apnoea		
	Cachexia	ı		IVDU	Cardiac Arrhythn	nia		
	Obesity			Bed-ridden				
	Dehydrat	ion		Hypovolaemia				
	Congenit	al abnorma	lities	Severe Sepsis				
	Others							
Blood Pressure	Systole		mm⊦	łg	Diastole	mmHg		
Pulse Rate		bpm	Temp	'C	Respiration	Breath/mir		
Weight		Kg						
Birth weight*		Kg		estational Age	Full term			
			(,	At Birth)	Pre term	weeks		
Signs on admission								
Jaundice	Pale	Deh	nydrated	Cachexic	Cyanosed			
Intubated	Others							
GCS for Head Injury / C	Coma :							
Eyes (/4)		Verba	al (/5)		Motor (/6)			
Total GCS (/15)		T C						
For Trauma								

For Trauma, significant injury sustained

Instruction: Click on the Calculate RTS button to get the proper RTS value

Revised Trauma

Score (if applicable) % Probability of Survival Investigations

FBC	On Admission			Pre-operative	
Hb		g/dl	Hb		g/dl
TWC		x10³/μL	TWC		x10³/µL
Platelet		x10³/μL	Platelet		x10³/μL
Renal Profile	On Admission			Pre-operative	
Na+		mmol/L	Na+		mmol/L
K+		mmol/L	K+		mmol/L
Urea		mmol/L	Urea		mmol/L
Se. Creatinine		µmol/L	Se. Creatinine		μmol/L
Blood Sugar	On Admission			Pre-operative	
RBS		mmol/L	RBS		mmol/L
Coagulation Profile	On Admission			Pre-operative	
INR		Ratio	INR		Ratio
PT		Sec	PT		Sec
APTT		Sec	APTT		Sec
	On Admission			Pre-operative	
ABG			ABG		
Albumin		g/dL	Albumin		g/dL
Lactate		mmol/dL	Lactate		mmol/dL
	On Admission			Pre-operative	
ECG	Normal			Normal	
	Abnormal			Abnormal	
Details			Details		
X-rays / imaging	On Admission			Pre-operative	
Details (If applicable)			Details (If applicable)		

	On Admission	on			Pre-operative	
Details			С	Petails		
ASA Catagory						
ASA Category						
			FIRST OPERAT	ΓΙΟΝ		
	If more than '	surgery	performed, kindly ir	ndicate in the narrative	report	
Date of First Operation						
Time started				Time ended		
Operation category	Elective			Type of anesthesia	LA	
	Emerger	ncy			GA	
					Regional	
					Other	
Pre-Operative diagnosis						
Post-Operative diagnosis						
Operative Procedure						
Number of surgery during this admission before mortality						
Surgeon Status						
Consultant	Spe	ecialist	Clinic	al Specialist (Under G	azzettement)	
MO	НО					
Supervisor Informed?	Yes	No				
Location of	In OT		In Hospital	At Home		
Supervisor	Not Avai	lahle				

Consultant	Spe	Specialist					
Clinical Specialist (L	ement) MO						
НО	AM	0					
Intra-operative complica	tions?						
None	1	Excessive Bleeding	g (Contamination	1		
Other organ injury	1	Hypotension	ļ	Anesthesia ad	lverse event		
Others							
		POST OPERA	TIVE CARE				
Managed in ICII/	Voo	No	Ventileted De	ot Op?	Voe		
Managed in ICU/ HDW	Yes	No	Ventilated Pos	st-Op?	Yes No		
					140		
Post-Op Complication							
None		Hypotension		Bleeding			
Nausea/Vomiting		Reintubation		Atelectasis	3		
Pneumonia Hypotherm				lleus			
Anastomotic Leak	Sepsis		te Infection				
Wound Breakdown		Multi-organ Failur		•	Superficial thrombophlebitis		
DIVC		Deep Vein Throm	bosis	-	Pulmonary Embolism		
		Pressure Ulcer			ary Retention		
Renal Failure	'			n Reaction			
Adverse Drug React	ion	Seizures		Others			
		FINAL O	PERATION				
Date of Final							
Operation							
Time started			Time e	nded			
Operation category	Elective		Type of a	nesthesia	LA		
	Emergency	,			GA		
					Regional		
					Other		
Pre-Operative diagnosis							
Post-Operative diagnosis							
Operative Procedure							

Anaesthetist Status

Surgeon Status

Consultant Specialist Clinical Specialist (Under Gazzettement)

MO HO

Supervisor Yes No

Informed?

Location of In OT In Hospital At Home

Supervisor Not Available

Anaesthetist Status

Consultant Specialist

Clinical Specialist (Under Gazzettement) MO
HO AMO

Intra-operative complications?

None Excessive Bleeding Contamination

Other organ injury Hypotension Anesthesia adverse event

Others

POST OPERATIVE CARE

Managed in ICU/ Yes No Ventilated Post-Op? Yes

HDW No

Post-Op Complication

None Hypotension Bleeding
Nausea/Vomiting Reintubation Atelectasis

Pneumonia Hypothermia Ileus

Anastomotic Leak Sepsis Surgical Site Infection

Wound Breakdown Multi-organ Failure Superficial thrombophlebitis

DIVC Deep Vein Thrombosis Pulmonary Embolism

CVA Pressure Ulcer Acute Urinary Retention

Renal Failure Post Spinal Headache Transfusion Reaction

Adverse Drug Reaction Seizures 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) Presenting signs and symptoms
- b) Factors that led to the deterioration and death of the patient.

DO NOT WRITE NAMES OF HOSPITALS OR PERSONS INVOLVED

Death Cate								
1 Date	2	3	4A	4B	5	6	7	
				_				
Place your	attachmen	ts here :						

Comments by Head of Department/Unit or Specialist In-charge Highlight if there were any: i. Inappropriateness of treatment ii. Delays or problems during the management iii. Areas that could have been improved Death Category: 1 2 3 4A 4B 5 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

Please tick under which category this case is most appropriately discussed (DRG)

Paeds Neuro Ortho Trauma Cardiothoracic **General Surgery** O&G Others

Anaesthetist Form Yes Required?

Initial

No

TO BE FILLED IN BY POMR ASSESSORS ONLY

POMR MEETING

Comments by Assessor

Death Category:

1

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

<u>Surgical</u>

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	on	
Date		