## TABLE DEATH REPORT FORM

(To be completed in triplicate)

## PART A: MEDICAL PARTICULARS OF PATIENT

DATE OF BIRTH: AGE: SEX:	NAN	ME OF PATIENT:			 			<b>.</b>
HOSPITAL NUMBER: TIME OF ADMISSION: TIME OF PREOPERATIVE ANAESTHETIC ASSESSMENT:  1. History:  Drug or Alcohol Addiction:  Previous Anaesthetics:  Treatment: a) Before Admission:  b) After Admission:  2. Pre-operative Examinations:  General condition of Patient:  Good Fair Poor Serious Grave	DAT	TE OF BIRTH:	AGE	<b>:</b>	 	SEX:		
HOSPITAL NUMBER: TIME OF ADMISSION: TIME OF PREOPERATIVE ANAESTHETIC ASSESSMENT:  1. History:  Drug or Alcohol Addiction:  Previous Anaesthetics:  Treatment: a) Before Admission:  b) After Admission:  2. Pre-operative Examinations:  General condition of Patient:  Good Fair Poor Serious Grave	ноя	SPITAL:			 			
TIME OF ADMISSION:  TIME OF PREOPERATIVE ANAESTHETIC ASSESSMENT:  1. History:  Drug or Alcohol Addiction:  Previous Anaesthetics:  Treatment: a) Before Admission:  b) After Admission:  C. Pre-operative Examinations:  General condition of Patient:  Good Fair Poor Serious Grave								
TIME OF PREOPERATIVE ANAESTHETIC ASSESSMENT:  1. History:  Drug or Alcohol Addiction:  Previous Anaesthetics:  Treatment: a) Before Admission:  b) After Admission:  2. Pre-operative Examinations:  General condition of Patient:  Good Fair Poor Serious Grave								
1. History:								
Drug or Alcohol Addiction:	TIM	IE OF PREOPERATIVE ANAESTHETIC ASSES	SMEN	NT:	 			
Drug or Alcohol Addiction:  Previous Anaesthetics:  Treatment: a) Before Admission:  b) After Admission:  Ceneral condition of Patient:  Good Fair Poor Serious Grave	1.	History:			 			
Drug or Alcohol Addiction:					 			
Drug or Alcohol Addiction:  Previous Anaesthetics:  Treatment: a) Before Admission:  b) After Admission:  General condition of Patient:  Good Fair Poor Serious Grave					 			
Drug or Alcohol Addiction:  Previous Anaesthetics:  Treatment: a) Before Admission:  b) After Admission:  2. Pre-operative Examinations:  General condition of Patient:  Good Fair Poor Serious Grave					 			
Previous Anaesthetics:  Treatment: a) Before Admission:  b) After Admission:  2. Pre-operative Examinations:  General condition of Patient:  Good Fair Poor Serious Grave					 			
Previous Anaesthetics:  Treatment: a) Before Admission:  b) After Admission:  2. Pre-operative Examinations:  General condition of Patient:  Good Fair Poor Serious Grave		Drug or Alcohol Addiction:						
Treatment: a) Before Admission:  b) After Admission:  2. Pre-operative Examinations:  General condition of Patient:  Good Fair Poor Serious Grave		Drug of Aconor Addiction						
Treatment: a) Before Admission:  b) After Admission:  2. Pre-operative Examinations:  General condition of Patient:  Good Fair Poor Serious Grave					 **********			
Treatment: a) Before Admission:  b) After Admission:  2. Pre-operative Examinations:  General condition of Patient:  Good Fair Poor Serious Grave		Previous Anaesthetics:			 			
b) After Admission:  2. Pre-operative Examinations:  General condition of Patient:  Good Fair Poor Serious Grave			••••••		 			
Pre-operative Examinations:  General condition of Patient:  Good Fair Poor Serious Grave  Good Fair Poor Serious Grave		Treatment: a) Before Admission:			 			
Pre-operative Examinations:  General condition of Patient:  Good Fair Poor Serious Grave  Good Fair Poor Serious Grave					 			
General condition of Patient:  Good Fair Poor Serious Grave		b) After Admission:			 			
General condition of Patient:  Good Fair Poor Serious Grave					 			<b>.</b>
General condition of Patient:  Good Fair Poor Serious Grave								
General condition of Patient:  Good Fair Poor Serious Grave		December 5 considerations						
	2.	Pre-operative Examinations:						
Temperature:ºC Wt:kg Height:cm Septic Foci:		General condition of Patient:	d	Fair	Poor	Serious	Grave	
Temperature:ºC Wt:kg Height:cm Septic Foci:								
		Temperature:gC Wt:kg	Heig	ght:	 cm Septic	Foci:		
ASA Grade	ASA	Grade			 			

Cardiovascular System (CVS) BP: Pulse	
Respiratory System (RS):	AN AA DEGGER IN 198
Abdomen/ Gastrointestinal System (GIT)	
Genitourinary system (GUS):	
Centedaniary System (COS).	
Other:	
FBC:	
U & E:	
Diagnosis:	
Time and nature of last meal:	
Pre-operative preparation if any prescribed or carried out personally by medica	I practitioner completing Part B
(e.g. I.V. fluids, electrolytes, oxygen, etc)	
PART B	
SURGICAL PREOPERATIVE ASSESSMENT	
DATE & TIME:	
ASSESSMENT:	SAROLA SIONA (S. CAMPANIA)
Stomach tube (if used) NGT/OGT	
Size Make	When:
Name of Practitioner:	
Designation:	
Qualifications:	
Signed: Date .	

Naı	me of Supervisor(if applicable)
Des	signation
Qu	alifications:
Sig	ned: Date:
PA	RTICULARS OF THE PROCEDURES UNDERTAKEN (e.g. Surgery)
	Name of Patient
(Th	is excludes the anaesthetic administration)
1.	Were all relevant particulars in Part B and any other relevant feature(s) noted before the procedure was undertaken?
2.	Nature of Procedure
3.	Time commenced
4.	Details of condition(s) attesting the course of the procedure (e.g. shock, haemorrhage, unconsciousness including pre-operative treatment if prescribed or carried out by medical practitioner)
5.	Therapy prescribed during the procedure: e.g. blood transfusion drugs)

6.	Account of events leading to patient's death (including resuscitative measures)							
		•••••						
7.	Probable cause of death							
Nai	ame of Practitioner:							
Des	esignation:							
	ualifications:							
Sig	gned: Date							
PA	ART C. – THE ANAESTHETIC MANAGEMENT							
	Name of Patient	.						
TI	E OF PREOPERATIVE ASSESSMENT:							
1.	(a) Were all particulars in Part B and any other relevant feature(s) noted before the administration of the							
	anaesthetic?	<b>.</b>						
	b) ASA Grade							
2.	Premedication prescribed							
Wa	as premedication satisfactory							
3	Time of induction Duration of anaesthetic							

4.	Ind	uction:
	a)	Intravenous, General/Regional/Local Anaesthetic including muscle relaxants (give amounts and
		antidotes and state whether used for induction only or fractionally throughout
		administration)
	b)	Maintenance: Inhalational anaesthetic agent%. Maintenance gases (O2/N2O/Air) Flow
		FiO <sub>2</sub>
	c)	Rectal Administration
	d)	Regional Anaesthetic: Spinal/Epidural Anaesthesia:
		Drugs & amounts
		Expiry date of any drugs, if known
		Method of administration (indicate type of apparatus used and mention any specific technique with
		special reference to controlled or assisted respiration if muscle relaxants used)
		Complications
		Adverse Drug Reactions:

Exact Time	of respirato	ry arrest		Ca	rdiac Arre	est	
If cardiac n	nassage perf	formed, state	interval from cardi	ac arrest to	o cardiac	massage	
Method of	cardiac mass	sage and /or d	lefibrillation				
Result (retu	urn of sponta	aneous circula	tion)				
Resuscitativ	ve measures	·					
Weller WANT							
			4	••••••		•••••	
ails of drug (	Drug	neral condition <b>Dosage</b>	Injection site	Result	B.P.	Pulse	Respir.
	and seems	THE SET THEFT		DESCRIPTION OF THE PARTY OF THE	Selection.	LIST ENCAPE	
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			Accession Secretary		and its least	nti vitis to s	establessions
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	of death						

8.	Post Mortem requested:	Yes		No	
9.	Reasons why Post-mortem was r	ot done			
					•
Nai	me of Practitioner:				
Des	signation:				
	alifications:				
	ned:				
Sig	nea:	1 1 2 1 1 1 1 1 1 1 1 1 1	Date		ala la nesta
Nai	me of Supervisor (if applicable)				
Des	signation				
	alifications:				
	ned:				
			Date		
PA	RT D. – OTHER ACCOUNTS OF	INE DEATH			
			Name of Patient		
1.					
Nar	me of Practitioner:				
Des	signation:				
Qua	alifications:				
Sig	ned:		Date		

2.					
Nam	ne of Practitioner:				
Desi	ignation:				
Qua	iiiicau0iis		•••••		 ,
Sign	ed:			Date	
Nam	ne of Supervisor (if applie	cable)			
Desi	gnation				
Qua	lifications:				
Sign	ed:			Date:	
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MEDICAL AND DENTAL PRACTITIONERS COUNCIL REGISTRAR

1 5 NOV 2016

8 Harvey Brown Ave., Milton Park, Hre. P.O. Box CY810. Causeway Telephone 792195 APPROVED
28 JUNE 2016