



Reporting Form QA1

Please complete this form to notify the Queensland Perioperative and Periprocedural Anaesthetic Mortality Review Committee (QPPAMRC) when a patient dies within 30 days of having a procedure involving anaesthesia and / or sedation using anaesthetic drugs eg. ketamine, propofol, thiopentone, fentanyl, midazolam, rocuronium and suxamethonium (not an exhaustive list).

Confidentiality

The Committee is gazetted as an approved Quality Assurance Committee pursuant to Part 6, Division 1 of the Hospital and Health Boards Act 2011. The Committee is therefore prohibited from providing a report or information that discloses the identity of an individual who is a patient or a health service provider, unless that individual has consented in writing to the disclosure.

All information held by the committee is managed in accordance with the Hospital and Health Boards Act 2011, Part 6, section 84 Disclosure of information and Part 7, Confidentiality. The Hospital and Health Boards Act 2011, Part 6 and Part 7 replace the disclosure of information and confidentiality provisions in the repealed Health Services Act 1991.

Doctor/s (responsible for anaesthesia / sedation):

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Procedure and ICD 10 AM Code (if known):

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Form box containing fields for Surname, U.R. No, Given Names, Date of Birth, Sex, Address, Date of Death (Affix Patient Identification Label Here)

When answering the following questions, please refer to the QPPAMRC Glossary of Terms for Case Classification.

Scale for Anaesthetic Risk (ASA)

- Scale for Anaesthetic Risk (ASA) options: I, II, III, IV, V, E

Mortality review category

- Mortality review category options: Category 1-8, Unable to categorise, Requires QPPAMRC review

Causal or contributory sub-category (for categories 1, 2 and 3)

- Causal or contributory sub-category options: A-H, (i)-(v)

Other investigation / review undertaken

- Other investigation / review undertaken options: HEAPS, RCA, QASM, HQCC, ANZTADC, M&M Committee, Chief Health Officer, Accreditation agency, Coroner, Other

General comment:

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To assist the QPPAMRC committee to undertake a review, information is required from:

- Anaesthetist Surgeon Proceduralist ICU Physician
- ED Physician Not applicable

Form 1 completed by:

Name: Hospital:

Contact number: Date:

Please forward the completed form as soon as possible via Email: QPPAMRC@health.qld.gov.au
Fax: (07) 3131 6557