NSW GOVERNMENT Health

Facility:

REPORT OF DEATH ASSOCIATED WITH ANAESTHESIA/SEDATION

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

LOCATION OF DEATH (eg, OR, ICU, HDU etc)	DATE OF DEATH	TIME OF DEATH	WEIGHT

Pre-operative diagnosis / condition

ASA classification *(please tick)* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ E

Operation(s) / procedure(s)

Findings at operation/procedure

Induction	DATE OF INDUCTION	TIME OF INDUCTION	TIME ANAESTHETIC CEASED

Anaesthetic / Sedation *(tick all relevant boxes)* ☐ GA ☐ Regional ☐ Local ☐ Sedation

List of all drugs given & doses *(including premedication if any)*

Please attach a copy of the Anaesthetic Chart and Trend Printout to this Notification Form

Brief description of events

Likely cause(s) of death

Anaesthetist / Sedationist Details *(Please print name, qualifications, email and mobile number)*
1.
2.

Contact Details for Primary Anaesthetist / Sedationist

Email :

Mobile No :

HOSPITAL ADDRESS

Name of Medical Officer completing this report:

SIGNATURE Print and Sign DATE

Please send completed form to:
CEC-SCIDUA@health.nsw.gov.au

SCIDUA

Print, sign and retain original in the Health Record

SMR010511

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

NH601685A 180520

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