

South African Paediatric Surgical Outcomes Study (SAPSOS)

Operating Room case record form

Patient information:

Age: days mnths yrs Gender: M F
Exposure to tobacco smoke: Y N Vaccinations up to date: Y N
Weight: . kg Height: cm
ASA I II III IV V E
Asian/ Indian Black African Caucasian Coloured Other

Chronic or Acute CO-MORBID disease: (tick all that apply)

Congenital heart disease Other cardiac disease Muscle disorder
 Endocrine Cancer Cerebral Palsy
 Snoring Asthma/Atopy HIV/AIDS
 Obstructive sleep apnoea Current/recent URTI Current/recent LRTI
 Pulmonary hypertension Acute liver disease Chronic liver disease
 Congenital syndrome (specify) _____ Other (specify) _____

Most recent blood results: (no more than 28 days before surgery)

Haemoglobin . g/dl Leucocytes . x10⁹/L Platelets x10⁹/L
Albumin Urea/BUN . mmol/L Creatinine . µmol/L

Anaesthesia induction time (24h): h : m Date: 2 0 1 7

Anaesthetic technique: (tick all that apply)

General Sedation
Induction: IV Volatile HALO SEVO N₂O
Airway: Mask SGA/LMA ETT cuffed ETT uncuffed
Regional: Epidural Caudal Local Other regional (specify) _____
Analgesia: Opioid Ketamine NSAID Paracetamol
Inotrope / Vasopressor: Dopamine NorAd Adrenaline Dobutamine Other

SAPSOS unique patient ID

Patient name: _____ DOB

Patient hospital number : _____

Anaesthetic Complications:

- Difficult BMV Difficult intubation Failed intubation Low Glucose
- Laryngospasm Aspiration Severe hypoxia Bronchospasm
- Arrhythmia Bradycardia Severe hypotension Cardiac arrest
- T > 38°C T < 36°C Emergence agitation Post-op stridor
- Other (specify) _____

Neonates:

Gestational age at birth: weeks Birth weight: grams

Birth Asphyxia: Y N Unknown

Surgical procedure category (select *single* most appropriate):

- Orthopaedic Cardiac ENT
- Gynaecological Vascular Kidney / Urological
- Upper gastro-intestinal Thoracic Ophthalmology
- Lower gastro-intestinal Maxillo-facial/ dental Plastics / Cutaneous
- Hepato-biliary Neurosurgery Burns
- Other (specify) _____

Urgency of surgery: Elective Urgent Emergency

Severity of surgery: Minor Intermediate Major

Primary indication for surgery:

Non-communicable disease Traumatic injury Infective Congenital

Surgical checklist used (e.g. WHO checklist)? Y N

Blood loss during surgery: ml Transfusion Y N

Duration of surgery: minutes

Personnel:

Most senior anaesthetist present in operating room

Specialist MO/ registrar > 3 yrs Junior (<3 years in anaesthesia)

Most senior surgeon present in operating room

Specialist MO/ registrar > 3 yrs Junior (<3 years in surgery)

Requires critical care (CC) after surgery: Y N

If Yes, did the patient get admitted to CC Y N

Primary indication for CC: Respiratory/Airway CVS Other (specify) _____

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Post-operative follow-up case record form

Infection

Superficial surgical site	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	None <input type="checkbox"/>
Deep surgical site	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	None <input type="checkbox"/>
Body cavity	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	None <input type="checkbox"/>
Pneumonia	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	None <input type="checkbox"/>
Urinary tract	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	None <input type="checkbox"/>
Bloodstream	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	None <input type="checkbox"/>

Cardiovascular

Arrhythmia	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	None <input type="checkbox"/>
Pulmonary oedema	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	None <input type="checkbox"/>
Pulmonary embolism	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	None <input type="checkbox"/>
Cardiac arrest			Severe <input type="checkbox"/>	None <input type="checkbox"/>

Miscellaneous complications

Gastro-intestinal bleed	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	None <input type="checkbox"/>
Acute kidney injury	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	None <input type="checkbox"/>
Postoperative bleed	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	None <input type="checkbox"/>
ARDS	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	None <input type="checkbox"/>
Anastomotic breakdown	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	None <input type="checkbox"/>
Other	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	None <input type="checkbox"/>

Postoperative Follow Up

Re-operation for complication Yes No

Critical care admission to treat postoperative complications Yes No

Days in critical care after surgery:

Days in hospital after surgery:

Status at hospital discharge or 30th postoperative in-hospital day: Alive Dead

SAPSOS unique patient ID

SAPSOS Operating Room case record form V 1.3

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Patient name: _____

DOB

Patient hospital number : _____

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Critical Care case record form

Patient information:

Critical Care Admission date:

Admitted from same hospital: Yes No Elective Critical Care admission: Yes No

Reasons for admission to Critical Care:

Recovery from surgery or a procedure:

- Recovery from non-cardiac procedure Recovery from bypass
 Recovery from non-bypass cardiac procedure

Select any other reasons: (tick as many as apply)

- Asthma Bronchiolitis Croup OSA
 DKA CMO or myocarditis Hypoplastic left heart syndrome
 Cardiac arrest preceding Critical Care admission Seizure disorder
 Spontaneous cerebral haemorrhage Neurodegenerative disorder
 Leukaemia or lymphoma after first induction Severe combined immune deficiency
 Necrotising enterocolitis Other (specify) _____

Complete within 4 hours of Critical Care ADMISSION post-surgery:

Mechanical Ventilation in 1st 4 hours: Yes No Temperature on admission in °C .

Systolic BP: Highest mmHg Lowest mmHg

Heart Rate: Highest b/m Lowest b/m

PaO₂: Highest mmHg Lowest mmHg

FiO₂: Highest . Lowest .

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Patient name: _____

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Base excess: Highest mmol/L Lowest mmol/L unknown

Pupillary reaction to bright light: (tick the most appropriate below)

one side > 3mm both dilated unknown/can't measure normal

Paediatric GCScale: E V M

TRAUMA SCORING: Tick none if region not affected or write description for *all* those that apply

REGION	NONE	If Trauma present give INJURY DESCRIPTION
Head & Neck		
Face		
Chest		
Abdomen		
Extremity		
External		

Organ support during Critical Care stay:

- | | |
|---|--|
| <input type="checkbox"/> Airway (ETT, tracheostomy) | <input type="checkbox"/> CVS/ haemodynamic (inotropes/vasopressors) |
| <input type="checkbox"/> Renal (RRT) | <input type="checkbox"/> Respiratory (invasive/non-invasive ventilation) |
| <input type="checkbox"/> Metabolic (Electrolytes/Glucose) | <input type="checkbox"/> Neurological (neuro-protection) |
| <input type="checkbox"/> GIT (enteral feed/ TPN, IAP) | <input type="checkbox"/> Other (specify)_____ |

Discharge from Critical Care:

Date of discharge from CC: / /

Survived: or Died : / /

Transferred to High Care Transferred to ward / base hospital

Primary Diagnosis at discharge from Critical Care:

SAPSOS unique patient ID

Patient name: _____ DOB / /

Patient hospital number : _____

Infectious

Non Communicable

Trauma

Congenital

Secondary Diagnosis at discharge from Critical Care: (may be multiple)

Specify: _____

SAPSOS unique patient ID

Scissors icon

Patient name: _____

DOB ddmmyyyy

Patient hospital number : _____