

Main Data Collection Form

ASA Closed Claims Project (Revised April 2008)

For committee use only:

Review1 _____ Review2 _____ Review3 _____
Code _____ Dbase _____ Final _____ Verified _____

Section 1. Patient and Case Characteristics

- 1.1 **Year of Event** _____
- 1.2 **Gender**
☐¹ Female
☐² Male
- 1.3 **Age** _____ years
 (or) _____ months
- 1.4 **Weight** _____ lbs
 (or) _____ kg
- 1.5 **Height** _____ inches
 (or) _____ cm
- 1.6 **Obese (BMI > 30)**
☐¹ Yes
☐² No
☐⁷⁷ Unknown

1.7 **ASA Status (circle one)**

- ☐¹ 1
☐² 2
☐³ 3
☐⁴ 4
☐⁵ 5
☐⁷⁷ Unknown

For committee use only

ASA: _____

1.8 **Emergency**

- ☐¹ Yes
☐² No

1.9 **Trauma**

- ☐¹ Yes
☐² No

Section 2. Surgical Characteristics

- 2.1 **Personnel involved**
☐¹ Anesthesiologist
☐¹ CRNA
☐¹ Resident
☐¹ Fellow
☐¹ Anesthesia assistant
☐¹ Other (*specify*) _____
- 2.2 **Was the anesthesiologist board certified?**
☐¹ Yes
☐² No
☐⁷⁷ Unknown
- 2.3 **Level of supervision of personnel by attending anesthesiologist**
☐¹ Intense (anesthesiologist in room)
☐² Appropriate (anesthesiologist not present, but immediately available)
☐³ Remote (anesthesiologist not readily available)
☐⁰ No anesthesiologist supervision of personnel
☐⁷⁷ Unknown
- 2.4 **Primary surgical procedure**

2.6 **Procedure scheduled as...**

- ☐¹ Inpatient
☐² Outpatient
☐⁷⁷ Unknown

2.7 **If outpatient procedure, check type of facility**

- ☐¹ Hospital or ambulatory surgery center
☐² Freestanding facility, e.g., office or clinic

2.8 **Position (at time of event)**

- ☐¹ Supine
☐² Lateral
☐⁵ Lithotomy
☐³ Prone
☐⁹⁸ Other (*specify*) _____

2.9 **Anesthesia start time:** _____ : _____

2.10 **Anesthesia start to end:** _____ (hrs & mins)

2.11 **Incision to closure:** _____ (hrs & mins)

2.12 **Primary anesthetic**

- ☐⁰ None
☐¹ General anesthesia
☐² Regional
☐³ Monitored anesthesia care (MAC)

FOR ALL CLAIMS INVOLVING LABOR AND DELIVERY OR C-SECTION, A SUPPLEMENTAL NEWBORN FORM MUST BE COMPLETED, EVEN IF NO INJURY TO THE NEWBORN IS ALLEGED.

IF CHRONIC PAIN MANAGEMENT IS THE PRIMARY ISSUE IN THIS CLAIM, PLEASE COMPLETE A "CHRONIC PAIN CLAIMS ONLY" FORM INSTEAD OF THIS "MAIN DATA COLLECTION FORM".

2.5 **[office use only] CPT Code** _____

- 2.13 **Intubation**
☐⁰ Not attempted
☐¹ Attempted but unsuccessful
☐² Intubated
- 2.14 **First attempts at intubation**
☐⁰ Arrived intubated
☐¹ At induction
☐² After mask anesthesia
☐³ During resuscitation
- 2.15 **Monitors in use at time of damaging event**
☐¹ Arterial catheter
☐¹ Bispectral index system (*BIS*)
☐¹ BP cuff
☐¹ CVP
☐¹ ECG
☐¹ EEG
☐¹ End tidal CO₂
☐¹ Inhalation agent analyzer
☐¹ Nerve stimulator
☐¹ Oxygen analyzer
☐¹ Pulmonary artery catheter
☐¹ Pulse oximeter
☐¹ Spirometer
☐¹ Stethoscope
☐¹ Precordial
☐² Esophageal
☐³ Both precordial and esophageal
☐⁴ Unspecified type
☐¹ Temperature
☐¹ Other (*specify*) _____

- 2.16 **Would better use of monitoring devices or the use of additional monitors probably have prevented the complication?**
☐¹ Yes
☐² No
☐⁷⁷ Unknown
- 2.17 **If yes, what kind of monitoring?**
☐¹ End tidal CO₂
☐² Pulse oximeter
☐³ Nerve stimulator
☐⁹⁸ Other (*specify*) _____
- 2.18 **Was an automated anesthesia record used?**
☐¹ Yes
☐² No
- 2.19 **If yes, did the automated record play a role in the litigation?**
☐¹ Yes (*elaborate in narrative summary*)
☐² No
☐⁷⁷ Unknown

Section 3. Acute (Post-Op) Pain Management

IF CHRONIC PAIN MANAGEMENT IS THE PRIMARY ISSUE IN THIS CLAIM, PLEASE COMPLETE A "CHRONIC PAIN CLAIMS ONLY" FORM
INSTEAD OF THIS "MAIN DATA COLLECTION FORM".

- 3.1 **Was acute pain management an issue in the claim?**
☐¹ Yes, Acute (postop) pain management
☐³ No (skip to next section)
☐⁷⁷ Unknown
- 3.2 **What was the procedure at issue in the claim?**
☐³ Block or injection (*steroid, etc.*)
☐⁵ Neuraxial infusion catheter
☐⁴ PCA (IV)
☐⁹ Consultation or diagnosis (*no treatment*)
☐¹⁰ Medication prescription or management
☐¹² Maintain, refill or program device (*specify device type*) _____
☐⁹⁸ Other (*specify*) _____

- 3.3 **What agents were used?**
☐¹ None
☐¹ Blood (*patch*)
☐¹ Saline
☐¹ Local anesthetic agent (*specify*) _____
☐¹ Narcotic (*specify*) _____
☐¹ Other (*specify*) _____

DESCRIBE IN THE NARRATIVE SUMMARY THE SPECIFIC PROCEDURE AND DOSES USED, AND THE COMPLAINT AGAINST THE DEFENDANT ANESTHESIOLOGIST.

Section 4. Sedation or Premedication for General or Regional Anesthesia or MAC

4.1 Was sedation or premedication for general or regional anesthesia or MAC used?

- ☐¹ Yes
☐² No (skip to next section)
☐⁷⁷ Unknown

4.2 Benzodiazepines

- ☐¹ Diazepam
☐² Midazolam
☐⁹⁸ Other (specify) _____

4.3 Narcotics

- ☐¹ Fentanyl (mark G.A. doses in Section 5)
☐⁴ Morphine
☐⁹⁸ Other (specify) _____

4.4 Dissociatives

- ☐¹ Droperidol
☐² Ketamine (mark G.A. doses in Section 5)
☐⁹⁸ Other (specify) _____

4.5 Miscellaneous

- ☐¹ Propofol (mark G.A. doses in Section 5)
☐⁹⁸ Other (specify) _____

Section 5. General Anesthesia: Inhalation or Total Intravenous Anesthesia (TIVA)

5.1 Was general anesthesia used?

- ☐¹ Yes
☐² No (skip to next section)
☐⁷⁷ Unknown

5.2 If yes, General anesthesia provided by:

- ☐¹ Inhalation
☐² IV (TIVA)

5.3 Type of mask used for maintenance of general anesthesia

- ☐³ Mask not used
☐¹ Face mask
☐² Laryngeal mask

AGENTS FOR GENERAL ANESTHESIA

5.4 Inhalational agents for general anesthesia

- ☐¹ Desflurane
☐¹ Enflurane
☐¹ Halothane
☐¹ Isoflurane
☐¹ Nitrous oxide
☐¹ Sevoflurane
☐¹ Other (specify) _____
☐¹ Unknown

5.5 Narcotic agents for general anesthesia

- ☐¹ Fentanyl (mark sedative doses in Section 4)
☐¹ Sufentanil
☐¹ Morphine sulfate
☐¹ Other (specify) _____
☐¹ Unknown

5.6 Other agents for general anesthesia

- ☐¹ Thiopental
☐¹ Propofol (mark sedative doses in Section 4)
☐¹ Ketamine (mark sedative doses in Section 4)
☐¹ Etomidate
☐¹ Other (specify) _____

MUSCLE RELAXANTS

5.7 Succinylcholine

- ☐¹ Intubation
☐¹ Prolonged relaxation

5.8 Non-depolarizing muscle relaxant

- ☐¹ Intubation
☐¹ Prolonged relaxation

5.9 Relaxant reversed?

- ☐¹ Yes
☐² No / not applicable
☐⁷⁷ Unknown

5.10 If relaxant was reversed, how was it confirmed?

- ☐¹ Nerve Stimulator
☐² Inspiratory force
☐³ Tidal volume
☐⁴ Head lift
☐⁷⁷ Unknown
☐⁹⁸ Other (specify) _____

Section 6. Regional Anesthesia, or Local/MAC

6.1 Was regional anesthesia, or local or MAC used?

- ☐¹ Yes
☐² No (skip to next section)
☐⁷⁷ Unknown

6.2 Regional block

- ☐¹ Axillary

☐² Epidural - Caudal
☐¹⁰ Epidural - Cervical
☐³ Epidural - Lumbar
☐²³ Epidural - Thoracic

☐²⁷ Eye block, peribulbar (see question 6.6)
☐⁵ Eye block, retrobulbar (see question 6.6)
☐²⁹ Eye block, unspecified (see question 6.6)

☐¹³ Intercostal
☐¹⁵ Interscalene
☐⁶ IV Regional/Bier Block

☐⁴ SAB, intrathecal
☐⁷ SAB/LEP combination

☐²² Stellate
☐²⁰ Supraclavical
☐²¹ Suprascapular

☐⁹⁸ Other (specify) _____

AGENTS USED IN BLOCK

6.3 Local anesthetic used in block

- ☐⁰ None
☐¹ Bupivacaine
☐² Chlorprocaine
☐⁷ Etidocaine
☐³ Lidocaine
☐⁴ Mepivacaine
☐⁸ Nupercaine
☐⁹ Procaine
☐¹³ Ropivacaine
☐⁵ Tetracaine
☐⁹⁸ Other (specify) _____
☐⁷⁷ Unknown

6.4 Narcotic used in block

- ☐¹ Demerol
☐² Fentanyl
☐³ Morphine
☐⁹⁸ Other (specify) _____

6.5 Other drug used in block

- ☐¹ Epinephrine
☐⁹ Other (specify) _____

EYE BLOCK DETAILS

6.6 If it was an eye block, who performed it?

- ☐¹ Anesthesiologist
☐² CRNA
☐³ Surgeon
☐⁹⁸ Other (specify) _____

LOCAL / MAC DETAILS

6.7 Was MAC with or without sedation used?

- ☐¹ Sedation only (no monitoring)
☐² Monitoring only (no sedation)
☐³ MAC with sedation
☐⁹⁸ Other (specify) _____
☐⁷⁷ Unknown
☐⁸⁸ Not applicable

6.8 Was local used by anesthesiologist or surgeon?

- ☐¹ Local infiltration by anesthesiologist
☐² Local infiltration by surgeon
☐³ Local infiltration by unknown
☐⁷⁷ Unknown
☐⁸⁸ Not applicable

OTHER BLOCK DETAILS

6.9 Needle type: _____

6.10 Needle size: _____

6.11 Test dose?

- ☐¹ Yes (see next question)
☐² No

6.12 Epinephrine in test dose?

- ☐¹ Yes
☐² No

6.13 Paresthesias elicited?

- ☐¹ Yes
☐² No

6.14 Paresthesias during injection?

- ☐¹ Yes
☐² No

6.15 Post block headache?

- ☐¹ Yes
☐² No

6.16 Therapeutic blood patch?

- ☐¹ Yes
☐² No

Section 7. The Damaging Event: The event during care which caused damage or negative outcome

7.1 Was the anesthetist in the room during the damaging event?

- ☐¹ Yes
☐² No
☐⁷⁷ Unknown

RESPIRATORY SYSTEM DAMAGING EVENTS

- ☐¹ Difficult intubation
☐¹ Esophageal intubation
 If esophageal, minutes until detection: _____
 If esophageal, how was intubated verified?
 (check all techniques attempted)
 ☐¹ ETCO₂ by capnograph
 ☐¹ ETCO₂ by capnometer *(color change)*
 ☐¹ Bulb detector
 ☐¹ Auscultation
 ☐¹ Direct visualization
 ☐¹ Fiberoptic bronchoscope
 ☐¹ Chest X-ray
 ☐¹ Other *(specify)* _____
☐¹ Bronchospasm
☐¹ Airway obstruction
 (etiology) _____
☐¹ Inadequate oxygenation/ ventilation
☐¹ Aspiration
☐¹ Inadvertent / accidental extubation
☐¹ Premature extubation
☐¹ Unexplained respiratory event
☐¹ Other respiratory
 (specify) _____

EQUIPMENT DAMAGING EVENTS

- | | |
|---|---|
| <input type="checkbox"/> ¹ Anesthesia machine | <input type="checkbox"/> ¹ Vaporizer |
| <input type="checkbox"/> ¹ Breathing circuit | <input type="checkbox"/> ¹ Ventilator |
| <input type="checkbox"/> ¹ Central IV line | <input type="checkbox"/> ¹ Peripheral IV |
| <input type="checkbox"/> ¹ Hot bottle / bag | <input type="checkbox"/> ¹ Cautery |
| <input type="checkbox"/> ¹ Forced air warming blanket / hose | |
| <input type="checkbox"/> ¹ Warming blanket <i>(not air)</i> | |
| <input type="checkbox"/> ¹ Other equipment
<i>(specify)</i> _____ | |

CARDIOVASCULAR SYSTEM DAMAGING EVENTS

- ☐¹ Air or gas embolism
 (etiology) _____
☐¹ Pulmonary embolism: fluid or particulate
 (amniotic fluid, clot/thrombosis, fat, etc.)
 (etiology) _____
☐¹ Electrolyte imbalance / fluid management
☐¹ Excessive blood loss / uncontrolled surgical
 hemorrhage
☐¹ Wrong blood administered
☐¹ Unexplained cardiac event
☐¹ Other cardiovascular
 (specify) _____

REGIONAL BLOCK DAMAGING EVENTS

- ☐¹ Block needle trauma to eye
☐¹ Dural puncture
☐¹ High block / total spinal
☐¹ Inadvertent intravascular injection / absorption
☐¹ Inadequate analgesia from block
☐¹ Neuraxial cardiac arrest
☐¹ Retained block catheter / needle
☐¹ Unexplained block related
☐¹ Other block-related
 (specify) _____

MISCELLANEOUS DAMAGING EVENTS

- ☐¹ Adverse/ allergic drug reaction
☐¹ Failure to diagnose preoperative abnormality
☐¹ Inadequate anesthesia for MAC / GA
☐¹ Patient condition *(preexisting, not attributable to care provided)*
 (specify) _____
☐¹ Patient fell or was dropped
☐¹ Patient moved during procedure
☐¹ Positioning / padding
☐¹ Surgical technique
☐¹ Wrong drug or dose
☐¹ Wrong side, procedure or patient
☐¹ Other event
 (specify) _____

PRIMARY DAMAGING EVENT

7.2 If you have checked more than one damaging event, list the primary event here:

Section 8. Clinical Clues: Physiological symptoms suggesting that a problem exists

☐ No clinical clues (skip to next section)

RESPIRATORY CLINICAL CLUES

- ☐¹ Cyanosis
- ☐¹ SpO₂ abnormality
 - ☐¹ Low value
 - ☐¹ Decreased value
 - ☐¹ SpO₂ <85%
- ☐¹ Subcutaneous emphysema
- ☐¹ Tachypnea
- ☐¹ Respiratory arrest/ apnea
- ☐¹ Other respiratory clue
(specify) _____

CARDIOVASCULAR CLINICAL CLUES

- ☐¹ Bradycardia
- ☐¹ Tachycardia
- ☐¹ Arrhythmia
- ☐¹ Ventricular fibrillation
- ☐¹ Asystole
- ☐¹ Other cardiovascular clue
(specify) _____
- ☐¹ Hypotension
- ☐¹ Hypertension

MISCELLANEOUS CLINICAL CLUES

- ☐¹ Oliguria/ anuria
- ☐¹ Regurgitation
- ☐¹ Vomiting
- ☐¹ Convulsion
- ☐¹ Other clue
(specify) _____

Section 9. Complications: Claimed / alleged physical / psychological injury, loss, negative outcome

RESPIRATORY COMPLICATIONS

- 9.1 **Respiratory complications**
- ☐¹ Aspiration pneumonitis
 - ☐¹ Pneumothorax
 - ☐¹ Pulmonary edema
 - ☐¹ Respiratory distress syndrome (ARDS)
 - ☐¹ Prolonged ventilatory support
 - ☐¹ Other respiratory complication
(specify) _____

EYE DAMAGE

- 9.2 ☐¹ **Eye Damage (code specifics below)**
- ☐¹ Blindness
 - ☐¹ Corneal abrasion
 - ☐¹ Optic nerve damage
 - ☐¹ Retinal artery or vein occlusion
 - ☐¹ Retinal detachment or tear
 - ☐¹ Retinal hemorrhage
 - ☐¹ Vitreous expulsion
 - ☐¹ Vitreous hemorrhage
 - ☐¹ Other eye damage
(specify) _____

CARDIOVASCULAR COMPLICATIONS

- 9.3 **Cardiovascular complications**
- ☐¹ Myocardial infarction
 - ☐¹ Prolonged arrhythmia
 - ☐¹ Stroke
 - ☐¹ Localized vascular insufficiency
 - ☐¹ Other cardiovascular complication
(specify) _____

NEWBORN INJURY

- 9.4 ☐¹ **Injury/ death of newborn**
(complete newborn data form)

BRAIN DAMAGE

- 9.5 **Brain damage?**
- ☐¹ Yes
 - ☐² No
 - ☐⁷⁷ Unknown

If yes, etiology of brain damage:

- ☐¹ Hypotension
- ☐² Hypoxia
- ☐³ CVA/ stroke
- ☐⁷⁷ Unknown
- ☐⁹⁸ Other
(specify) _____

AIRWAY INJURY/ INTUBATION TRAUMA

- 9.6 ☐¹ **Airway Damage (code specifics below)**
- ☐¹ Arytenoid cartilage dislocation
 - ☐¹ Esophageal injury
 - ☐¹ Hoarseness, cause unspecified
 - ☐¹ Laryngeal injury
 - ☐¹ Mediastinitis
 - ☐¹ Nose
 - ☐¹ Oropharynx
 - ☐¹ Posterior pharynx
 - ☐¹ TMJ syndrome
 - ☐¹ Trachea injury
 - ☐¹ Vocal cord
 - ☐¹ Other airway trauma
(specify) _____

NERVE DAMAGE

- 9.7 ☐¹ **Nerve Damage (code specifics below)**
☐¹ Brachial plexus
☐¹ Femoral
☐¹ Lumbosacral nerve root
☐¹ Median
☐¹ Radial
☐¹ Sciatic
☐¹ Spinal cord
 ☐¹ Paraplegia
 ☐¹ Quadriplegia
 ☐¹ Other spinal cord
 (specify) _____
☐¹ Ulnar
☐¹ Other nerve
 (specify) _____
- 9.8 **Was extra padding applied to the affected extremity?**
☐¹ Yes
☐² No
☐⁷⁷ Unknown
- 9.9 **Bilateral nerve damage?**
☐¹ Yes
☐² No
- 9.10 **Cause of nerve / CNS injury**
☐¹ Probably positional
☐² Possibly positional
☐³ Block related
☐⁴ Surgery
☐⁵ Pre-existing nerve damage
☐⁶ No clear evidence of injury
☐⁷ Unclear mechanism/insufficient data
☐⁹⁸ Other cause
 (specify) _____

HEALTH FACTORS INFLUENCING NERVE DAMAGE

- 9.11 **Diabetes**
☐¹ Yes
☐² No
☐⁷⁷ Unknown
- 9.12 **History of Smoking**
☐¹ Yes
☐² No
☐⁷⁷ Unknown
- 9.13 **Smoking within last 30 days**
☐¹ Yes
☐² No
☐⁷⁷ Unknown
- 9.14 **History of alcohol abuse in past year**
☐¹ Yes
☐² No
☐⁷⁷ Unknown

NEURAXIAL INJURY

- 9.15 **Epidural / spinal injury**
☐¹ Epidural / spinal hematoma
☐² Epidural / spinal abscess
- 9.16 ☐¹ **Meningitis**

IF THERE WERE NEUROLOGIC SYMPTOMS SUCH AS TEMPORARY OR PERMANENT PARALYSIS, LIST THESE IN THE NERVE DAMAGE SECTION.

PAIN / EMOTIONAL DISTRESS

- 9.17 **Pain / distress attributed to medical procedure**
☐¹ Headache
☐¹ Back pain
☐¹ Pain during surgery
☐¹ Awake during surgery
☐¹ Emotional distress/ fright

SKIN INJURY

- 9.18 **Skin injury attributed to medical procedure**
☐¹ Scarring
☐¹ Burn (thermal)
☐¹ Skin reaction (inflammatory, pressure)

OTHER COMPLICATIONS

- 9.19 **Other medical complications**
☐¹ Hepatic dysfunction/ failure
☐¹ Renal dysfunction/ failure
☐¹ Other complication
 (specify) _____
- 9.20 **Did a cardiac arrest occur?**
☐¹ Yes
☐² No
☐⁷⁷ Unknown
- 9.21 **If a cardiac arrest did occur, was it appropriately treated?**
☐¹ Yes
☐² No
- 9.22 **Did a respiratory arrest occur?**
☐¹ Yes
☐² No
☐⁷⁷ Unknown

If yes, was it appropriately treated?
 ☐¹ Yes
 ☐² No
 ☐⁷⁷ Unknown
- 9.23 **If the patient died, was an autopsy performed?**
☐¹ Yes
☐² No

If yes, who performed the autopsy?
 ☐¹ Medical examiner
 ☐² Hospital pathologist
 ☐⁷⁷ Unknown

SEVERITY OF INJURY FOR PATIENT

9.24 Please code the severity of injury for the patient.

- ☐⁰ No obvious injury
☐¹ Emotional only (fright, awake, pain during anesthetic)

Temporary

- ☐² Insignificant (lacerations, contusions, no delay in recovery)
☐³ Minor (fall in hospital, recovery delayed- extra time in recovery room or hospital)
☐⁴ Major (brain damage, nerve damage, unable to work, prolonged hospitalization)

Permanent

- ☐⁵ Minor (damage to organs, non-disabling injuries)
☐⁶ Significant (loss of eye, deafness, loss of one kidney or lung)
☐⁷ Major (paraplegia, loss of use of limb, blindness, brain damage)
☐⁸ Grave (severe brain damage, quadriplegia, lifelong care or fatal prognosis)
☐⁹ Death

Section 10. Professional Opinion

10.1 Was the injury related to care provided or directed by the anesthesiologist?

- ☐¹ Yes
☐² No
☐³ Undecided

For a claim unrelated to care provided by the anesthesiologist, what was the complaint related to?

- ☐¹ Surgery
☐¹ Patient condition
☐¹ Other
(specify) _____

10.2 If regional anesthetic, could the block have caused the damage?

- ☐¹ Yes
☐² No
☐³ Impossible to judge

10.3 Appropriateness of anesthetic care

- ☐¹ Less than appropriate
☐² Appropriate
☐³ Impossible to judge

10.4 Was the complication preventable?

- ☐¹ Yes
☐² No
☐³ Impossible to judge

10.5 Was informed consent a legal issue in the claim?

- ☐¹ Yes
☐² No
☐³ Impossible to judge

10.6 Did the recorded preanesthetic evaluation seem adequate?

- ☐¹ Yes
☐² No
☐³ Impossible to judge

10.7 Would a better preanesthetic evaluation probably have prevented the complication?

- ☐¹ Yes
☐² No
☐³ Impossible to judge

10.8 Quality of the anesthetic record

- ☐¹ Adequate
☐² Inadequate
☐⁷⁷ Impossible to judge

Anesthetic record issues:

- ☐¹ Multiple records were found
☐¹ Anesthetic record was changed

10.9 Regarding their ability to tell the story, the anesthetic record and/ or progress notes were

- ☐¹ Adequate
☐² Inadequate
☐⁷⁷ Impossible to judge

10.10 Documented follow-up care

- ☐¹ Adequate
☐² Inadequate
☐³ Impossible to judge
☐⁸⁸ Not applicable

10.11 Would better follow-up care probably have prevented the complication?

- ☐¹ Yes
☐² No
☐³ Impossible to judge
☐⁸⁸ Not applicable

OPINION ON LOCATION OF EVENT / INJURY

10.12 Where did the damaging event probably occur?

- ☐⁰ Emergency room
☐¹ Preinduction
☐² Intra-anesthesia, intra-procedure
☐³ In transit
☐⁴ PACU
☐⁵ ICU
☐⁶ Ward / floor
☐¹³ Post-procedure, before discharge
☐⁷ After discharge
☐¹¹ Postop. unspecified
☐⁸ Impossible to judge
☐⁹⁸ Other
 (specify) _____

10.13 Where did the injury become apparent?

- ☐⁰ Emergency room
☐¹ Preinduction
☐² Intra-anesthesia, intra-procedure
☐³ In transit
☐⁴ PACU
☐⁵ ICU
☐⁶ Ward / floor
☐¹³ Post-procedure, before discharge
☐⁷ After discharge
☐¹¹ Postop unspecified
☐⁸ Impossible to judge
☐⁹⁸ Other
 (specify) _____

Section 11. Legal Action

11.1 Was a lawsuit filed?

- ☐¹ Yes
☐² No

11.2 How was the anesthesia claim resolved?

- ☐³ Dropped, dismissed, discontinued by plaintiff, closed for lack of activity
☐¹ Settlement (includes mediation or arbitration)
☐² Trial (judge or jury)

11.3 Year of payment (or year claim closed)

11.4 Payments (indemnity) made by specified defendants, excluding legal costs

	Amount	\$0	Unknown
Anesthesiologist.....	\$_____	<input type="checkbox"/> ⁰	<input type="checkbox"/> ⁻¹
CRNA.....	\$_____	<input type="checkbox"/> ⁰	<input type="checkbox"/> ⁻¹
Surgeon	\$_____	<input type="checkbox"/> ⁰	<input type="checkbox"/> ⁻¹
Hospital	\$_____	<input type="checkbox"/> ⁰	<input type="checkbox"/> ⁻¹
Other	\$_____	<input type="checkbox"/> ⁰	<input type="checkbox"/> ⁻¹

Total	\$_____	<input type="checkbox"/> ⁰	<input type="checkbox"/> ⁻¹
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11.5 Insurance Company Costs

\$_____

Section 12. Documentation

12.1 Documents you reviewed when completing this form

- | | |
|--|---|
| <p> <input type="checkbox"/>¹ Anesthesia record
 <input type="checkbox"/>¹ Surgeon's operative note
 <input type="checkbox"/>¹ PACU record
 <input type="checkbox"/>¹ X-rays, lab tests, toxicology reports
 <input type="checkbox"/>¹ Discharge summary
 <input type="checkbox"/>¹ Follow-up evaluation by medical consultants or primary caregiver
 <input type="checkbox"/>¹ Autopsy record </p> | <p> <input type="checkbox"/>¹ Deposition transcripts or summaries
 <input type="checkbox"/>¹ Narratives from involved parties
 <input type="checkbox"/>¹ Economic analysis of damages (by economist)
 <input type="checkbox"/>¹ Photographs of patient or equipment
 <input type="checkbox"/>¹ Expert or peer reviews
 <input type="checkbox"/>¹ Claims manager evaluation, notes or summary
 <input type="checkbox"/>¹ Attorney evaluation, notes or summary
 <input type="checkbox"/>¹ Other document
 (specify) _____ </p> |
|--|---|

Section 13. *Summary of Events - REQUIRED – DO NOT LEAVE THIS BLANK*

13.1 Specify the sequence of events and details not included elsewhere on the form. Provide details pertaining to the quality of anesthetic care. *Please write legibly.*

Sequence of Clinical Events

- Relevant medical history
- What happened? Be specific: Who, what, where, when, how...
- What events or actions contributed to the patient's injury?
- What other factors contributed to the claim (*medical care by others, other factors such as bedside manner*)?
- Include results of pertinent diagnostic studies that were helpful in determining the cause and extent of injury
- Final follow-up of patient – did the injury resolve?

Professional Assessment

- Was the anesthesia care appropriate? Why or why not (*please comment*)?
- If the file contains conflicting information or unresolved differential diagnoses, what do you think really happened?

Provide brief comments in support of your assessments.

[illegible]