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| **Category** |  | **Definition** |
| **1** |  | Where it is reasonably certain that CA was caused by the anaesthesia or other factors under the control of the anaesthetist |
| **2** |  | Where there is some doubt whether CA was entirely attributable to the anaesthesia or other factors under the control of the anaesthetist |
| **3** |  | Where CA was caused by both surgical and anaesthesia factors |
| **4** |  | CA where the administration of the anaesthesia is not contributory and surgical or other factors are implicated |
| **5** |  | Inevitable CA, which would have occurred irrespective of anaesthesia or surgical procedures |
| **6** |  | Incidental CA which could not reasonably be expected to have been foreseen by those looking after the patient, was not related to the indication for surgery and was not due to factors under the control of the anaesthetistor surgeon. |
| **7** |  | Those that cannot be assessed despite considerable data but where the information is conflicting or key data are missing |
| **8** |  | Cases that cannot be assessed because of inadequate data |

**Supplement Table 1**

Categorisation of cardiac arrest (CA) modified from the Australian system of classification by State-Based Anaesthesia Mortality Committees.

Red category – anaesthesia related CA;

Yellow category – anaesthesia contributory CA;

Green category – CA unrelated to anaesthesia