We want to think that anaesthesia is performed in a highly controlled environment. It is, however, in the very nature of our work that we will be faced with circumstances beyond our control. It is also because modern anaesthesia is so safe in terms of the reduction of major intra-operative accidents that we, as anaesthesia practitioners, have very little first-hand experience dealing in real time with a major anaesthesia adverse event.

This anaesthesia adverse event protocol is meant to fill that gap. It is intended to provide the anaesthesia practitioner with a detailed pre-thought-out plan to respond to a patient-injury intra-operative accident. It is in a tick-box format so it is easy to follow.

It comprises two tick-box protocols:

Adverse event protocol 1 – when adverse event occurs

Adverse event protocol 2 – if adverse event has occurred and the resuscitation is unsuccessful.
Adverse Event Protocol 1:

- Get help
  - Call for another anaesthetist
  - Call for the resuscitation trolley

- Continue patient care – attention to direct patient care and leave administration to others

- Designate an incident supervisor
  - Assume overall control of event
  - Organizes help and assign tasks in OR
  - Verify incident is under control – e.g. correct intubation
  - Involves other professionals as required – e.g. ICU
  - Co-ordinates and communicates with everyone – surgeons, family, etc
  - Close the theatre if necessary
  - Do not turn off or unplug anything
  - Access any memory in machine – printout or photograph the screen
  - Discard nothing – vials, needles, catheters, tubes, anything used
  - Alter nothing – preferably leave everything and lock up
  - Document everything

- Contact the hospital

- Arrange immediate comfort and support for patient and/or family
  - Share as much information as possible
  - Be objective and understanding and avoid blame

- Designate a follow-up supervisor
  - Make sure protocol is followed
  - Consider a group debriefing
  - Maintain ongoing communication between caregivers, patient, family
  - Pursue accident investigation, file reports and provide feedback
Document everything
- Put down strict narrative entries
- Write down a detailed account of event and put in safe place

Try to review all formal reports submitted

Continue involvement after the event if patient survives
- Talk to all caregivers about care and make changes and suggestions
- Be visible, supportive and not defensive with all involved
- Communicate as much as possible
Adverse Event protocol 2:

- Print out and keep physiologic data of patient
- Take a moment and think about what happened
- Sit down and write everything down (in detail) in chronological order as soon as possible
- Witnesses - write down the names of everyone present in the theatre
- Talk it over with all the medical staff present to make sure you have everything written down correctly
- Take a moment to calm down
- Think about what you are going to say
- Talk to the family – take your time, be honest and empathic and be present to answer questions
  - Provide answers that you are sure of at the time
  - Promise to and seek answers if uncertain
  - Allow more than one Question and Answer meeting with the family
  - Offer future meeting opportunities and give key contact details
  - Where necessary offer practical and emotional support
  - If relevant, offer an apology in a sincere manner, without accepting blame
- Inform hospital management – matron in charge of theatre
- Fill out form GW 7/24 part D
- The doctor in charge of the patient needs to fill out:
  - D28 form
  - GW 7/24 form parts A, B and C
- Call Medical Protection Society to report the incident
- Call for support for yourself
  - Chat to a senior colleague
  - Chat to a close friend
  - Chat to your family
  - Chat to professional support – psychologist, post traumatic counsellor
Death due to UNNATURAL causes

Accidental
Suicidal
Homicidal (Murder)
Sudden/Unexpected/Unexplained

Deaths due to NATURAL causes

HPAA 29 of 2007 – Section 48:
Patient deaths: during, as a result of procedure or where any aspect of the procedure contributed to death
Therapeutic, diagnostic or palliative

DO NOT complete DHA BI-1663

Complete SAPS form SAPS 180

Report to SAPS

Complete Doctors forms:
1) D28 (Clinical History)
2) GW7/24 (Procedures)

Contact Forensic Pathology Services

Medico-legal Autopsy and Reports

Medico-legal Reports to SAPS and Courts

Inquest/Criminal

DEPT OF HOME AFFAIRS

- Death Registration
- Death Certificate issued BI-1680
- Burial Order issued BI-14

COMPLETE DHA BI-1663

COMPLETE DHA-1663

Regulations Regarding the Rendering of Forensic Pathology Services:

a) Any death due to physical or chemical influence, direct or indirect, or related complications
b) Any death, including those deaths which normally would be considered to be a death due to natural causes, which in the opinion of a medical practitioner, has been the result of an act of commission or omission which may be criminal in nature
c) Where the death is sudden and unexpected, or unexplained, or where the cause of death is not apparent