



ADVERSE EVENT PROTOCOL

Tool Box



AUGUST 1, 2016
SASA WELLNESS RESOURCES

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

