Main Data Collection Form
ASA Closed Claims Project (Revised April 2008)

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

1.8 Emergency
- ☐ 1 Yes
- ☐ 2 No

1.9 Trauma
- ☐ 1 Yes
- ☐ 2 No

Section 2. **Surgical Characteristics**

2.1 Personnel involved
- ☐ 1 Anesthesiologist
- ☐ 2 CRNA
- ☐ 3 Resident
- ☐ 4 Fellow
- ☐ 5 Anesthesia assistant
- ☐ 77 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)
- ☐ 4 No anesthesiologist supervision of personnel
- ☐ 77 Unknown

2.4 Primary surgical procedure
________________________________________

2.5 [office use only] CPT Code ________________

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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.

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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".
2.13 **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 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

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### Section 3. **Acute (Post-Op) Pain Management**

**Chronic 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.)
- □ 6 Neuraxial infusion catheter
- □ 4 PCA (IV)
- □ 9 Consultation or diagnosis (no treatment)
- □ 10 Medication prescription or management
- □ 12 Maintain, refill or program device
  - □ 1 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?
- Yes
- No (skip to next section)
- Unknown

4.2 Benzodiazepines
- Diazepam
- Midazolam
- Other (specify) ________________________

4.3 Narcotics
- Fentanyl (mark G.A. doses in Section 5)
- Morphine
- Other (specify) ________________________

4.4 Dissociatives
- Droperidol
- Ketamine (mark G.A. doses in Section 5)
- Other (specify) ________________________

4.5 Miscellaneous
- Propofol (mark G.A. doses in Section 5)
- Other (specify) ________________________

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

5.1 Was general anesthesia used?
- Yes
- No (skip to next section)
- Unknown

5.2 If yes, General anesthesia provided by:
- Inhalation
- IV (TIVA)

5.3 Type of mask used for maintenance of general anesthesia
- Mask not used
- Face mask
- Laryngeal mask

AGENTS FOR GENERAL ANESTHESIA

5.4 Inhalational agents for general anesthesia
- Desflurane
- Enflurane
- Halothane
- Isoflurane
- Nitrous oxide
- Sevoflurane
- Other (specify) ________________________
- Unknown

5.5 Narcotic agents for general anesthesia
- Fentanyl (mark sedative doses in Section 4)
- Sufentanil
- Morphine sulfate
- Other (specify) ________________________
- Unknown

5.6 Other agents for general anesthesia
- Thiopental
- Propofol (mark sedative doses in Section 4)
- Ketamine (mark sedative doses in Section 4)
- Etomidate
- Other (specify) ________________________

MUSCLE RELAXANTS

5.7 Succinylcholine
- Intubation
- Prolonged relaxation

5.8 Non-depolarizing muscle relaxant
- Intubation
- Prolonged relaxation

5.9 Relaxant reversed?
- Yes
- No / not applicable
- Unknown

5.10 If relaxant was reversed, how was it confirmed?
- Nerve Stimulator
- Inspiratory force
- Tidal volume
- Head lift
- Unknown
- 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
- 6 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) __________________________

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### 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
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) __________________________

### 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 Neurolax cardiac arrest
- □ 1 Retained block catheter / needle
- □ 1 Unexplained block related
- □ 1 Other block-related (specify) __________________________

### EQUIPMENT DAMAGING EVENTS

- □ 1 Anesthesia machine
- □ 1 Vaporizer
- □ 1 Breathing circuit
- □ 1 Ventilator
- □ 1 Central IV line
- □ 1 Peripheral IV
- □ 1 Hot bottle / bag
- □ 1 Cautery
- □ 1 Forced air warming blanket / hose
- □ 1 Warming blanket (not air)
- □ 1 Other equipment (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)

<table>
<thead>
<tr>
<th><strong>Respiratory Clinical Clues</strong></th>
<th><strong>Cardiovascular Clinical Clues</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1 Cyanosis</td>
<td>□ 1 Bradycardia</td>
</tr>
<tr>
<td>□ 1 SpO₂ abnormality</td>
<td>□ 1 Hypotension</td>
</tr>
<tr>
<td>□ 1 Low value</td>
<td>□ 1 Tachycardia</td>
</tr>
<tr>
<td>□ 1 Decreased value</td>
<td>□ 1 Hypertension</td>
</tr>
<tr>
<td>□ 1 SpO₂ &lt;85%</td>
<td>□ 1 Arrhythmia</td>
</tr>
<tr>
<td>□ 1 Subcutaneous emphysema</td>
<td>□ 1 Ventricular fibrillation</td>
</tr>
<tr>
<td>□ 1 Tachypnea</td>
<td>□ 1 Asystole</td>
</tr>
<tr>
<td>□ 1 Respiratory arrest/ apnea</td>
<td>□ 1 Other cardiovascular clue</td>
</tr>
<tr>
<td></td>
<td>(specify)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Miscellaneous Clinical Clues</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1 Oliguria/ anuria</td>
</tr>
<tr>
<td>□ 1 Regurgitation</td>
</tr>
<tr>
<td>□ 1 Vomiting</td>
</tr>
<tr>
<td>□ 1 Convulsion</td>
</tr>
<tr>
<td>□ 1 Other clue</td>
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<tr>
<td>(specify)</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>Respiratory Complications</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1 Respiratory complications</td>
</tr>
<tr>
<td>□ 1 Aspiration pneumonitis</td>
</tr>
<tr>
<td>□ 1 Pneumothorax</td>
</tr>
<tr>
<td>□ 1 Pulmonary edema</td>
</tr>
<tr>
<td>□ 1 Respiratory distress syndrome (ARDS)</td>
</tr>
<tr>
<td>□ 1 Prolonged ventilatory support</td>
</tr>
<tr>
<td>□ 1 Other respiratory complication</td>
</tr>
<tr>
<td>(specify)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Eye Damage</strong></th>
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</thead>
<tbody>
<tr>
<td>9.2 □ 1 Eye Damage (code specifics below)</td>
</tr>
<tr>
<td>□ 1 Blindness</td>
</tr>
<tr>
<td>□ 1 Corneal abrasion</td>
</tr>
<tr>
<td>□ 1 Optic nerve damage</td>
</tr>
<tr>
<td>□ 1 Retinal artery or vein occlusion</td>
</tr>
<tr>
<td>□ 1 Retinal detachment or tear</td>
</tr>
<tr>
<td>□ 1 Retinal hemorrhage</td>
</tr>
<tr>
<td>□ 1 Vitreous expusion</td>
</tr>
<tr>
<td>□ 1 Vitreous hemorrhage</td>
</tr>
<tr>
<td>□ 1 Other eye damage</td>
</tr>
<tr>
<td>(specify)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Cardiovascular Complications</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>9.3 Cardiovascular complications</td>
</tr>
<tr>
<td>□ 1 Myocardial infarction</td>
</tr>
<tr>
<td>□ 1 Prolonged arrhythmia</td>
</tr>
<tr>
<td>□ 1 Stroke</td>
</tr>
<tr>
<td>□ 1 Localized vascular insufficiency</td>
</tr>
<tr>
<td>□ 1 Other cardiovascular complication</td>
</tr>
<tr>
<td>(specify)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Newborn Injury</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 □ 1 Injury/ death of newborn</td>
</tr>
<tr>
<td>(complete newborn data form)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Brain Damage</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>9.5 Brain damage?</td>
</tr>
<tr>
<td>□ 1 Yes</td>
</tr>
<tr>
<td>□ 2 No</td>
</tr>
<tr>
<td>□ 77 Unknown</td>
</tr>
</tbody>
</table>

*If yes, etiology of brain damage:*
| □ 1 Hypotension |
| □ 2 Hypoxia |
| □ 3 CVA/ stroke |
| □ 77 Unknown |
| □ 98 Other |
| (specify) |

<table>
<thead>
<tr>
<th><strong>Airway Injury/ Intubation Trauma</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>9.6 □ 1 Airway Damage (code specifics below)</td>
</tr>
<tr>
<td>□ 1 Arytenoid cartilage dislocation</td>
</tr>
<tr>
<td>□ 1 Esophageal injury</td>
</tr>
<tr>
<td>□ 1 Hoarseness, cause unspecified</td>
</tr>
<tr>
<td>□ 1 Laryngeal injury</td>
</tr>
<tr>
<td>□ 1 Mediastinitis</td>
</tr>
<tr>
<td>□ 1 Nose</td>
</tr>
<tr>
<td>□ 1 Oropharynx</td>
</tr>
<tr>
<td>□ 1 Posterior pharynx</td>
</tr>
<tr>
<td>□ 1 TMJ syndrome</td>
</tr>
<tr>
<td>□ 1 Trachea injury</td>
</tr>
<tr>
<td>□ 1 Vocal cord</td>
</tr>
<tr>
<td>□ 1 Other airway trauma</td>
</tr>
<tr>
<td>(specify)</td>
</tr>
</tbody>
</table>
**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
- □ 8 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 (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
- ☐ 2 Patient condition
- ☐ 3 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

Anesthesic record issues:

☐ 1 Multiple records were found
☐ 1 Anesthesic 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
10.12 Where did the damaging event probably occur?
- Emergency room
- Preinduction
- Intra-anesthesia, intra-procedure
- In transit
- PACU
- ICU
- Ward / floor
- Post-procedure, before discharge
- After discharge
- Postop. unspecified
- Impossible to judge
- Other (specify) ____________________________

10.13 Where did the injury become apparent?
- Emergency room
- Preinduction
- Intra-anesthesia, intra-procedure
- In transit
- PACU
- ICU
- Ward / floor
- Post-procedure, before discharge
- After discharge
- Postop. unspecified
- Impossible to judge
- Other (specify) ____________________________

Section 11. Legal Action

11.1 Was a lawsuit filed?
- Yes
- No

11.2 How was the anesthesia claim resolved?
- Dropped, dismissed, discontinued by plaintiff, closed for lack of activity
- Settlement (includes mediation or arbitration)
- Trial (judge or jury)

11.3 Year of payment (or year claim closed)

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

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<tr>
<th></th>
<th>Amount</th>
<th>$0</th>
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<tr>
<td>CRNA</td>
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<tr>
<td>Surgeon</td>
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<tr>
<td>Hospital</td>
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<tr>
<td>Other</td>
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<tr>
<td>Total</td>
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</tbody>
</table>

11.5 Insurance Company Costs

$____________

Section 12. Documentation

12.1 Documents you reviewed when completing this form
- Anesthesia record
- Surgeon’s operative note
- PACU record
- X-rays, lab tests, toxicology reports
- Discharge summary
- Follow-up evaluation by medical consultants or primary caregiver
- Autopsy record
- Deposition transcripts or summaries
- Narratives from involved parties
- Economic analysis of damages (by economist)
- Photographs of patient or equipment
- Expert or peer reviews
- Claims manager evaluation, notes or summary
- Attorney evaluation, notes or summary
- Other document (specify) ____________________________
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.*