

Dealing with Anaesthetic Catastrophes

Anaesthetists are likely to be involved with an anaesthetic catastrophe at some point in their careers. There may be significant psychological impact on all staff involved. It is therefore good clinical governance and risk management to ensure that colleagues, hospital staff, hospital administration and family should provide practical help and support to the anaesthetist concerned according to individual needs.

The following should also be considered:

- The clinical commitment of the anaesthetist concerned should be reviewed.
- The task of breaking bad news should be carried out by a senior member of the anaesthesia department. A team approach should be adopted when breaking bad news with relatives.
- Critical incident debriefing and psychological support may assist individuals to recover from the traumatic event.

It is the responsibility of all hospitals to have governance and risk management systems in place to deal with a catastrophe.

IMMEDIATE ACTIONS

Records

- Keep an accurate and contemporaneous record of the anaesthetic and event.
- Electronically stored monitoring records should be printed and filed in the notes.
- Where practical, it is advisable during attempted resuscitation to allocate one member of the team to record times, the personnel involved and interventions performed including details of all drugs, fluids used and outcomes.
- Original notes and charts must not be altered in any way at a later date. Amendments and additions must be recorded separately, timed, dated and signed.
- Any subsequent entries to the contemporaneous notes should be made in the same way.
- Details of the pre-operative discussions with the patient regarding the risks of anaesthesia and surgery should be documented.
- It is important to keep copies of the records and make personal notes as these may be required later.

Contact your MDO. Contemporaneous records of the event must be kept.

DEALING WITH THE ANAESTHETIST

For trainees/registrars, the responsible consultant should attend in person. A decision should be made whether the anaesthetist should continue with his/her list or on-call. The decision is best made after assessing the situation with the anaesthetist involved and senior colleagues.

In the event of a death, all appropriate documentation should be completed as soon as possible, including, where applicable, notification to the relevant Death Under Anaesthesia Committee (or equivalent). It is important to complete a critical or adverse incident form.

- In the event of death, all lines, tubes and other equipment connected to the patient must be left in place. If there is any cause for concern regarding the placement of the endotracheal tube, the position should be confirmed and recorded by an independent anaesthetist.
- In the event of an anaesthesia-related catastrophe where the patient survived, it is important for the anaesthetist concerned to take an ongoing interest in the progress of the patient.

DEALING WITH THE PATIENT or RELATIVES

- Breaking bad news should be done in person wherever possible. If there is no immediate family to accompany the relative, ask the relative to bring a friend.
- Speak to the family with your surgical colleague who may already have encountered members of the family prior to the operation.
- Explain the 'bad news' first in a straightforward and honest way, followed by answering any questions which may arise. If no cause has been specified, **do not** speculate or offer an opinion.

Giving an apology does not imply fault.

SUBSEQUENT ACTIONS

Equipment and Drugs

The clinical director or a consultant not involved with the incident should take responsibility for checking the patient and equipment.

If there is suspicion of equipment failure or a hazard affecting the theatre, a decision may be made to take the theatre or anaesthetic machine out of commission.

All anaesthetic equipment, drug syringes and ampoules should be kept.

An accurate record should be made of all the checks undertaken including time and date of inspection.

All disposable equipment including syringes and ampoules, airway devices etc. should be *kept in a secure place*.

THE HOSPITAL RESPONSE

Urgent actions

- Secure the area or equipment until investigated.
- Keep a record of all actions.
- Check that the relatives have been contacted, and cared for.
- Ascertain if there is any evidence of an equipment or drug problem.
- Ascertain if there is any possibility of physical impairment.
- Ascertain if there is any evidence of poor staff performance or system failure.
- Contact the GP.
- Ensure that the incident forms have been completed.
- Together with the appropriate manager ensure that the relevant theatre staff are supported, and have been debriefed.
- Arrange for statements to be made by all who were present during the incident.
 - Statements should be descriptions of what happened rather than interpretations of events.
 - Statements may be legally disclosed in the future, so accuracy and care is essential.
- Prevent future incidents utilising a systems based approach for risk management.

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Disclaimer

These documents have been prepared by the ASA to assist its members in dealing with catastrophes in anaesthetic practice.

These documents are general in nature. Before deciding upon any course of action, members should seek their own professional advice.

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