|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reporter details** | |  | **Patient details** | |
| Reporting Organisation |  |  | NHS / Hospital Number |  |
| Form completed by |  |  | Date of Birth / Age |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criteria for rapid review** | | | | |
| **Traumatic Cardiac Arrest** | **Resuscitative Thoracotomy** | **Pregnant / Hysterotomy** | **DCS / Intraoperative** | **Paediatric** |
| Other Click or tap here to enter text. | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of arrival** | Click or tap to enter a date. | **Date of death:** | Click or tap to enter a date. | **Mechanism of injury** | Choose an item. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Arrival** | | | | |
| Self-Presented | NWAS | Air  Ambulance | Other  Ambulance Provider | Police |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Enhanced pre-hospital management** | | | | |
| RSI | Blood | Thoracostomies | Thoracotomy | Other |
| Click or tap here to enter text. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ED management** | | | | |
| Pre-Alert Received | Trauma Team Activation | Consultant TTL Present | MHP Activated | Speciality Consultant |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Any identified issues?** | | | | |
| Pathway(s) | Staffing | Facilities | Equipment | Communication |
|  | | | | |

|  |
| --- |
| **Brief description**  *(include explanations of any identified issues & opportunity for shared learning)* |
|  |

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| **Potential problem in healthcare identified?** |
| A problem in healthcare is defined as ‘any point where the patient’s healthcare fell below an acceptable standard and led to harm’  **If any potential problem in healthcare is identified, this must be reported via local governance processes for appropriate internal review to take place.** |

All completed forms should be sent [Calum.edge@nhs.net](mailto:Calum.edge@nhs.net) from a secure NHS/GOV.IM email account or as an encrypted email.

Submission of completed forms is requested within 5 working days from the date of death where possible.

Formally Mortality review process should still be followed as per local and Network guidelines.

Each Rapid Review will be discussed at the next Clinical Group Governance Meeting unless a request is submitted to the Network to facilitate a more urgent review.