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NSW Health		GIVEN NAME			☐ FEMALE		
Facility:		D.O.B// M.O.					
		ADDF	RESS				
Facility:  REPORT OF DEATH A  WITH ANAESTHESIA  (PREVIOUSLY FOR	SEDATION	LOCA	ATION  COMPLETE	E ALL DETAILS	OR AFFIX	PATIENT LA	ABEL HERE
LOCATION OF DEATH (eg, OR, ICI	J, HDU etc)	ATE O	F DEATH	TIME OF DEA	ATH W	EIGHT	
Pre-operative diagnosis / conditi	on						
ASA classification (please tick)	□1 □2		]з □	]4 □5	. □ E		
Operation(s) / procedure(s)							
Findings at operation/procedure							
Induction	DATE OF INDUCT	ΓΙΟΝ	TIME OF I	NDUCTION	TIME ANA	AESTHETIC	CEASED
Anaesthetic / Sedation (tick all relevant boxes)	□ga	Пь	egional	П,	.ocal		Sedation
List of all drugs given & doses (including premedication if any)	Шал	<u> Ш</u> п	egioriai		Jocai		Sedation
Brief description of events							
Likely cause(s) of death							
Anaesthetist / Sedationist (Please print name, title and	1.						
qualifications)	2.						
Contact details of Medical Officer completing this report (for feedback)	PRIVATE MAILING	ADDF	RESS	HOSPITAL A	ADDRESS		
Name of Medical Officer completing this report:				SIGNATURI	 [	D	ATE
Please send completed form to: Secretary NSW Health, c/o Special Clinical Excellence Commission, L SPECIAL COMMITTEE INVESTIGATING	I Committee Investi .ocked Bag 8 HAYM	IARKE	ΓNSW 1240		a		

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Operation(s) / pro	cedure(s)						
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(including premed	cation if any)						
Brief description	of events						
Likely cause(s) of	death						
Anaesthetist / Sec		1.					
(Please print name qualifications)	, title and	2.					
Contact details of Medical		PRIVATE M	PRIVATE MAILING ADDRESS		HOSPITAL ADDRESS		
Officer completin (for feedback)	g this report						
Name of Medical completing this re					SIGNATUR	E	DATE