



Title CSOP Peer Review of Emergency Surgical Skills Procedure

Version No: 1.1

Effective date: 25/01/2021

SURGICAL SKILLS DEBRIEF FORM

Date of case	Date of form	
Practitioner 1 Name	Practitioner 2 Name	
Job title	Job title	
Procedure performed		
Times <i>(write n/a if not applicable)</i>	999 call	
	Dispatch time	
	Arrival on scene	
	Onset of cardiac arrest	
	RSI – Rocuronium in	
	Procedure started	
	Procedure finished	
	PLE	
	Depart scene	
Description of case (age/sex, mechanism, setting, clinical findings, resources on scene, location in relation to MTC/TU)		
Indications for procedure (as per CSOP)		



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<p>Describe the technique and equipment used in detail</p>
<p>Were there any technical problems? Please describe any issues with the equipment or surgical technique.</p>
<p>Were there any non-technical issues? Please describe any problems with human factors/CRM or decision-making?</p>
<p>Were there any clinical complications from the procedure?</p>



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Did you receive any feedback from in-hospital or from other pre-hospital colleagues?
Were there any other learning points from this case that would be helpful to share?

End of Document

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