ANAESTHESIA RECORD GOK/KSA

REPUBLIC OF KENYA

NAME		DATE	WARD
IP No.	AGE	GENDER Male ☐ Female ☐	THEATRE
WT (kg)	HT (cm)	ANAESTHETISTS	
PRE- OP DIAGNOSIS		SURGEONS	
INTRA-OP DIAGNOSIS		SCRUB NURSES	
PROPOSED PROCEDURE		PROCEDURE DONE	

PRE-OPERATIVE ASSESSMENT | OTT

SMOKING	ALCOHOL	OTHER DRUG USE

CARDIOVASCULAR SYSTEM Normal ☐ Abnormal ☐	Yes	No	COMMENTS (Positive findings/ recommendations) H.R. B.P Pallor ☐
Hypertension/Hypotension	☐	☐	
Easy fatiguability	☐	☐	
Murmur	☐	☐	
Chest pain/ angina / CAD	☐	☐	
Congestive Heart Failure	☐	☐	
Arrythmia	☐	☐	
Peripheral Vascular Disease	☐	☐	
Congenital/Valvular Heart Disease	☐	☐	
Other	☐	☐	
RESPIRATORY SYSTEM Normal ☐ Abnormal ☐			R.R. SpO2 Cyanosis ☐
Asthma	☐	☐	
T. B.	☐	☐	
C.O.P.D.	☐	☐	
Other	☐	☐	
ENDOCRINE SYSTEM Normal ☐ Abnormal ☐			
Diabetes	☐	☐	
Thyroid Disease	☐	☐	
Recent steroid use	☐	☐	
Other	☐	☐	
NEUROLOGICAL SYSTEM Normal ☐ Abnormal ☐			
Seizures	☐	☐	G.C.S.
Elevated ICP	☐	☐	E
Neuromuscular disease	☐	☐	M
C.V.A./ Cerebrovascular disease	☐	☐	V
Other	☐	☐	Tot:
RENAL Normal ☐ Abnormal ☐			
ARF	☐	☐	
CRF	☐	☐	
HAEMODIALYSIS	☐	☐	
Other	☐	☐	
GASTROENTEROLOGICAL Normal ☐ Abnormal ☐			
Hepatitis/ Cirrhosis/ Jaundice	☐	☐	
Increased risk of reflux	☐	☐	
P.U.D	☐	☐	
Other	☐	☐	

OTHER SIGNIFICANT ANAESTHETIC AND MEDICAL HISTORY/ PHYSICAL EXAMINATION

HISTORY OF PRESENTING ILLNESS

ANAESTHESIA RECORD

AIRWAY	Yes	No	COMMENTS (Positive findings/ recommendations)
Loose teeth	☐	☐	
Dentures	☐	☐	
Anatomical abnormalities	☐	☐	
Mallampati classification _____			
Other	☐	☐	

CURRENT MEDICATION

1 _____	4	**STEROID USE**
2 _____	5	YES ☐ NO ☐
3 _____	6	

ALLERGIES: _____

SIGNIFICANT LAB RESULTS

Haematology Hb_____ Hct_____ Plts____				Positive findings/ recommendations
WBC_____ PT_____ INR_____APTT_____				
	Normal	Abnormal	N/A	
Renal function tests	☐	☐	☐	
Liver function tests	☐	☐	☐	
Glucose	☐	☐	☐	
Sickling Test	☐	☐	☐	
Other_____				

OTHER SIGNIFICANT PRE-OP TESTS

CXR	Normal	☐	Abnormal	☐	
	N/A	☐			
E.C.G.	Normal	☐	Abnormal	☐	
	N/A	☐			
Echo	Normal	☐	Abnormal	☐	
	N/A	☐			
Cardial Cath	Normal	☐	Abnormal	☐	
	N/A	☐		☐	
Other _____	Normal	☐	Abnormal	☐	
	N/A	☐		☐	

ASA: 1 2 3 4 5 E

PRE-OPERATIVE ORDERS / INSTRUCTIONS

Name_____ **Signed**_____**Date**_____**Time**_____

DRUGS | UNITS

INTRA-OPERATIVE RECORD Date:...../...../.....

INTRA-OPERATIVE RECORD Date:...../...../.....

SYMBOLS:
X-Anaesthesia
S-Surgery
O-Respiration
◊-Temperature
C-C.V.P
T-Tourniquest

O_2 L/min

Air N_2O L/min

Vapour %

INFUSIONS | RATE

FLUIDS 1

2

3

BLOOD/BLOOD PRODUCTS

WB/ FB

PACKED CELLS

FFP

PLTS / CRYO

REGIONAL
Caudal ☐
Spinal ☐
Epidural ☐
Bier's block ☐
Combined Spinal/epidural ☐
Other ☐

AIRWAY
OROPHARYNGEAL ☐
NASOPHARYNGEAL R/L ☐
LMA ☐ SIZE_____
UNDER MASK ☐
OTHER

INTUBATION
DIRECT VISION ☐
BLIND ☐
FIBREOPTIC ☐
ASLEEP ☐ AWAKE ☐
IN SITU ☐
TOPICAL SPRAY_____
BLADE Size_____
CURVED ☐ STRAIGHT ☐
DIFFICULTY_____
ENDOTRACHEAL TUBE
ORAL ☐
NASAL ☐ R / L
ENDOBRONCHIAL ☐ R / L
SIZE_____
LENGTH_____
CUFF ☐

PACK YES ☐
NO ☐
TIME IN_____
TIME OUT

NG TUBE YES ☐ NO ☐

TIME 15 30 45 0 15 30 45 0 15 30 45 0 15 30 45 0 15 30 45 0 15 30 45 0 15

HR 190 180 170 160 150 140 130 120

TEMP 110 42 100 41 90 40 80 39 70 38 60 37 50 36 40 35 30 34 20

SpO2
ETCO2
E.C.G.
CVP
LAP
OTHER_____
POSITION
URINE
FBI

SITE
TECHNIQUE
LOCAL ANAESTHETIC
Drug:
Concentration:
Volume:
Additive

Spo2
ETCO2
E.C.G.
CVP
LAP
OTHER
POSITION | TOTALS
URINE
E.B.L.

MONITORS LOCATION
ECG_____ ☐ PRECORDIAL STETH ☐ TEMP 1 ☐ TEMP 2 ☐ URINARY CATHETER ☐ PULSE OX _____ ☐ $ETCO_2$ ☐ CVP ☐ NIBP_____ ☐ NERVE STIMULATOR ☐ ANAES GAS ANALYSER ☐ OTHER ☐ _____

INDUCTION	TIME
1	
2	
3	
4	
INCISION TIME	

INDUCTION METHOD:
RAPID SEQUENCE ☐
INHALATIONAL ☐
INTRAVENOUS ☐
PRE-OXYGENATION ☐
OTHER_____ ☐

VENTILATION:
METHOD: IPPV ☐ SPONT ☐
MANUAL ☐ OTHER ☐
CIRCUIT: CLOSED ☐ OPEN ☐
TYPE:_____
VENTILATOR TYPE:_____

VENT. SETTINGS
T.V. _____
RATE_____
I:E _____
PEEP_____
OTHER

INTRAVENOUS ACCESS
1____G SITE_____
2____G SITE_____
3____G SITE_____
4____G SITE_____

CENTRAL VENOUS ACCESS
1 SIZE_____ 2 SIZE_____
LENGTH_____ LENGTH_____
SITE_____ SITE_____
TYPE_____ TYPE_____

ARTERIAL LINES
1 SIZE_____ 2 SIZE_____
SITE_____ SITE_____
TYPE_____ TYPE_____

OTHER ACCESS
1 SIZE_____
SITE_____
TYPE_____

RECOVERY

+ Blood Pressure	TIME																				
200																					
150																					
100																					
50																					
Oxygen L/min																					
SpO2																					
ETCO2																					
E.C.G																					

CRS																						
	Drowsy																					
	Arousable																					
	Fully conscious																					

RR																					
40																					
30																					
20																					
10																					

TEMP																					
42																					
41																					
40																					
39																					
38																					
37																					
36																					
35																					
34																					

Fluids																					
Urine																					
Drains																					

Anaesthetist called to see patient prior to return to ward Yes ☐ No ☐

Time patient fit to return to ward _____ Recovery room nurse signature _____

ANAESTHETIC COMPLICATIONS/ COMMENTS

REVERSAL

REVERSED YES ☐ NO ☐

EXTUBATED YES ☐ NO ☐

REVERSAL: _____

_____

TRANSFER: RECOVERY ☐ ICU ☐ HDU ☐

BREATHING SPONT ☐

VENTILATED ☐

AIRWAY ORAL ETT ☐

NASAL ETT ☐

TRACHEOSTOMY ☐

POST-OPERATIVE FLUIDS

POST-OPERATIVE NOTES

1ST POST-OPERATIVE DAY REVIEW

Name _____ **Signed** _____ **Date** _____