

Suggested items to be included in obstetric anaesthesia records

This list is intended as a guide to what fields could be included in an anaesthesia record used in obstetric practice. It is merely a suggested list and should not be considered mandatory or exclusive. Local variations will apply.

Maternal Details	Maternal Name
	Date of birth
	Hospital Number
	(NHS number)

Assessment and risk factors	Date assessed
	Time assessed
	Place assessed
	Weight at booking
	Height
	Basic vital signs (BP, Pulse)
	Medication
	Allergies
	Previous GAs, Family history
	Prostheses, teeth, crowns
	Airway assessment:
	Mallampati,
	Mouth opening
	Jaw slide
	Neck extension
	Thromboembolic risk stratification
	Systemic Enquiry – Asthma, diabetes etc
Fasting time	
Premedication	

Obs	Obstetric History
	Prev Regional Anaesthesia
	Gestation

Investigations	Investigations: With dates
	Haemoglobin
	Transfusion – Group and Safe in date
	If crossmatched no. of units
	Placental Localisation (if performed)

Consent	Consent for Regional:
	Technique
	Sensation
	Failure
	Conversion to GA
	Low Blood Pressure
	Nausea
	Motor Block
	Neuraxial opioid
	Headache
	Nerve damage
	Itching
	Consent for General:
	Technique
	Aspiration Risk
	Difficult Airway
	Suxamethonium pains
	Dental damage
	Awareness
	Consent for procedure
Consent for suppositories	

Timings	Times: Date
	Anaesthetist informed
	To theatre
	Anaesthetic started
	Anaesthetic ready
	Knife to skin
	Uterotomy
	Birth
	Surgery finished
	Anaesthetic finished
	Out of theatre

Suggested data on Obstetric Anaesthetic Charts

Who was who	Place
	Names of Anaesthetists
	Grade of Anaesthetists
	Qualified Assistant present
	Names of Operating surgeons
	Grade of Operating surgeons
	Duty anaesthetic consultant informed (time)
	Anaesthetic machine checked
Operations performed	

Monitoring (GA)	Vital signs recorded:
	Pulse/Heart Rate (ECG)
	Blood Pressure
	Pulse Oximetry
	<i>Capnography</i>
	<i>Inspired Oxygen concentration</i>
	<i>Vapour Analyser</i>
	<i>Disconnection alarm</i>
	<i>Airway Pressure</i>
	<i>Nerve Stimulator</i>
	<i>Temperature</i>
<i>Invasive pressure</i>	

Fluids	Intravenous Cannulation
	Intravenous drugs: doses and times
	Fluids: Nature, times and volumes
	Warmer used

General care of patient	Positions of patient whilst anaesthesia evolving
	Position of patient for surgery (Supine, Lithotomy)
	Wedge used
	Thromboprophylaxis
	Temperature control methods used
	Pressure points noted
	Limb positions
	Blood loss
	Urine output

Regional Blockade	New regional: Spinal, Epidural or Combined technique (state whether a new procedure)
	Position of patient for insertion
	Entry Level
	Method of entry (midline or paramedian)
	Needles used:
	Size
	Type
	Loss of resistance
	Number of attempts
	Free flow of csf
	Catheter:
	Size
	Length in space
	Length at skin
	Epidural volume expansion
	Paraesthesia/Dysaesthesia
	Complications e.g ADP, intravascular placement
	Spinal doses:
	Bupivacaine
	Hyper or Isobaric solution
	Opioid
	Epidural doses (whether a newly placed or insitu catheter):
Local anaesthetic (Which drug/what %)	
Other additives	
Opioids	

Efficacy of block	Margins of Block
	Upper
	Lower
	Upper limits for Right and Left sides
	Sacral block
	Motor block
	Method of testing
	Quality of block for surgery
	Steps taken to alleviate pain
	General anaesthetic offered

Management of General Anaesthesia	General anaesthetic:
	Time of pre-oxygenation
	Rapid sequence induction
	Tracheal intubation – Use of bougie, Intubating Laryngeal Mask Airway, Fibre-optic scope
	Use of Cricoid pressure
	Laryngoscopy grade
	Airway management
	Breathing system
	Filters used
	Ventilation (spontaneous or IPPV)
	Minute ventilation
	Tidal Volume
	Positive end expiratory pressure
	Peak pressure
	Oxygen flow
	Nitrous Oxide (flow/concentration)
	Air (flow)
	Vapour (agent/%)
Target concentration of Propofol	

Post-op	Post-operative fluids
	Post-operative analgesia
	Oxygen
	Monitoring

Crises	Untoward events:
	Critical events
	Hazard flags for future anaesthesia