



Business Services
Organisation

Directorate of Legal Services

— PRACTITIONERS IN LAW TO THE
HEALTH & SOCIAL CARE SECTOR —

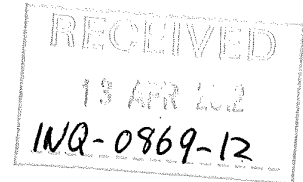
2 Franklin Street, Belfast, BT2 8DQ
DX 2842 NR Belfast 3

Your Ref:

Our Ref:
HYP B04/01

Date:
13.04.12

Mrs A Dillon
Solicitor to the Inquiry
Arthur House
41 Arthur Street
Belfast
BT1 4GB



Dear Madam,

RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS

I refer to the above and Dr Rosalie Campbell's witness statements. I note that you are already in possession of the theatre logs which detail the cases in which Dr Campbell was involved in on the morning of 27th November 1995. I now enclose a copy of the redacted Anaesthetic Records which in respect of same for your attention. I understand that Dr Campbell may wish to refer to same during her oral evidence.

Yours faithfully,

Joanna Bolton
Solicitor Consultant

Email: [REDACTED]

Tel: [REDACTED]

Providing Support to Health and Social Care



THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
ANAESTHETIC RECORD

Date of Surgery Year Month Day
9 5 1 1 2 7

PRE-OPERATIVE RECORD: T/P/R 36.9 / 88 /
Wt. 21 BP Hb. g/L K+ mmol/L
Other Lab

Last Solid 26/11/95 Time 6.45 pm Last Liquid 26/11/95 Time 6.45 pm Consent

Proposed Procedure

PREMEDICATION: Dose Route Time

PRE-OPERATIVE ASSESSMENT A. S. A. CLASSIFICATION 1, 2, 3, 4, 5, E

SIGNIFICANT HISTORY

SIGNIFICANT FAMILY HISTORY

CURRENT MEDICATION

PREVIOUS ANAESTHETIC

PHYSICAL EXAM: Airway Normal ☒ No ☐
Loose Teeth No ☐ ☐
E.N.T. Normal ☒ No ☐
Resp. Normal ☒ No ☐
C.V.S. Normal ☒ No ☐
C.N.S. Normal ☒ No ☐
Hepatic/Renal Normal ☒ No ☐
Other Normal ☒ No ☐

DRUG REACTION OR ALLERGY

ANTICIPATED PROBLEMS: PROPOSED MANAGEMENT

SURGICAL SPECIALITY PATIENT'S STATE ON ARRIVAL

ANAESTHETIST'S SIGNATURE

DATE 27.11.95

TIMES:
SENT FOR ARRIVE IN THEATRE ANAESTHETIC SURGERY

ANAESTHETIC COMPLICATIONS

INTRAOPERATIVE LAB RESULTS

ANAESTHETIC COMMENTS:

Time	
Temp.	
EGF	
pH	
pCO ₂	
pO ₂	
HCO ₃	
Na ⁺	
K ⁺	
Ca ⁺⁺	
Glucose	
Hct	

ANAESTHETIST

ASSISTANT

SURGEON

OPERATION

ANAESTHETIC TIME ,

TO

POST-OPERATIVE ASSESSMENT

Awake
Rousable
Unconscious

Spont. ventilation
Ventilation problem
On Ventilator
Orotracheal tube
Nasotracheal tube
Tracheotomy tube


CVS — No Problem
BP ↓
BP ↓
Dysrhythmias
Temp. > 38°C
Temp. < 35°C

Recovery
I.C.U.
Other

POST OPERATIVE INSTRUCTIONS

① O₂ 4L/min until awake.

② Fentanyl 200 mcg, O₂ 4L/min

ANAESTHETIST'S SIGNATURE: 

COMPLICATIONS☐ yes☒ no**RESPIRATORY COMPLICATIONS**

- | | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | 1 Upper Airway Obstruction |
| <input type="checkbox"/> | 2 Laryngospasm |
| <input type="checkbox"/> | 3 Lower Airway Obstruction |
| <input type="checkbox"/> | 4 Pneumothorax |
| <input type="checkbox"/> | 5 Atelectasis |

Discharged to:

☐ Ward☒ D.C.U.☐ I.C.U.**Airway Required**

- | | |
|--------------------------|----------------|
| <input type="checkbox"/> | 1 Oral |
| <input type="checkbox"/> | 2 Nasal |
| <input type="checkbox"/> | 3 Endotracheal |

Ventilatory Assistance Required☐ Manual**CARDIOVASCULAR COMPLICATIONS**

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1 Hypotension |
| <input type="checkbox"/> | 2 Hypertension |
| <input type="checkbox"/> | 3 Tachycardia |
| <input type="checkbox"/> | 4 Bradycardia |
| <input type="checkbox"/> | 5 Arrhythmia |
| <input type="checkbox"/> | 6 Cardiac Arrest |
| <input type="checkbox"/> | 7 _____ Open Cardiac Compression |
| <input type="checkbox"/> | 8 _____ Closed Chest Cardiac Compression |

Discharge Time: hrs**DISCHARGE****SEDATION SCORE**

- | | |
|---|--|
| 0 | <input checked="" type="checkbox"/> Awake/Crying |
| 1 | <input type="checkbox"/> Settled |
| 2 | <input type="checkbox"/> Semi-conscious |
| 3 | <input type="checkbox"/> Unconscious |

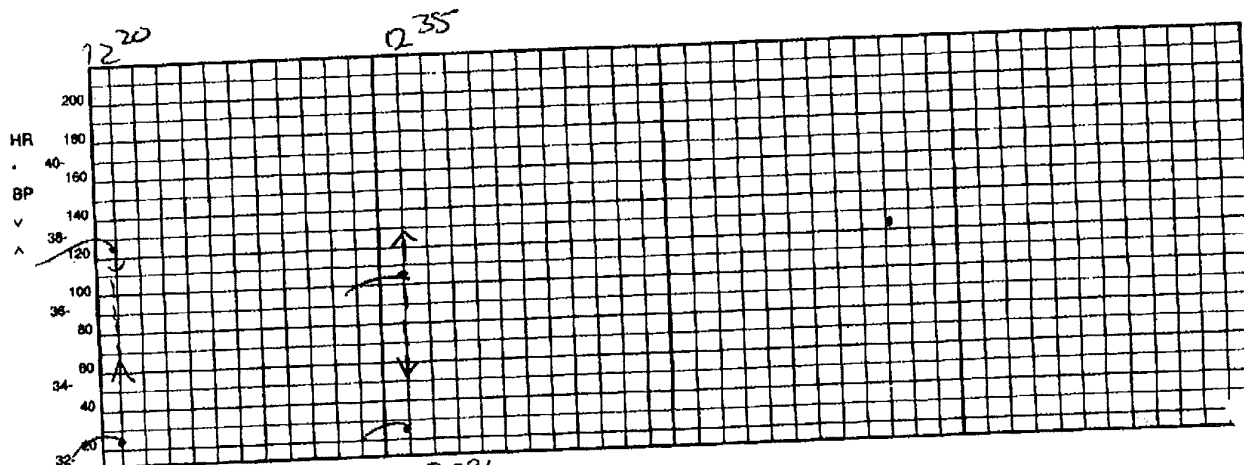
PAIN SCORE

- | | |
|---|---|
| 0 | <input checked="" type="checkbox"/> No Pain |
| 1 | <input type="checkbox"/> Mild |
| 2 | <input type="checkbox"/> Moderate |
| 3 | <input type="checkbox"/> Severe |

VOMITINGY ☐N ☒**DISCHARGED BY**Nurse N. GuAnaesthetist [Signature]

RECOVERY WARD

ADMISSION TIME 12:20



% 80% 97%

RECOVERY ROOM SCORES:

AWAKE Fully awake
Arousable
Not responding

VENTILATION Can cough or cry
Breathing easily
Airway requires attention

MOVEMENT Moving purposefully
Moving involuntarily
Not moving

ON ADMISSION

5 MIN

15 MIN

30 MIN

DISCHARGE

OXYGEN:

☒ 1. Mask
☐ 2. Endotracheal
☐ 3. Other

HUMIDITY:

DRUGS	DOSE	ROUTE	TIME	GIVEN BY	CHECKED BY
-------	------	-------	------	----------	------------

1. PCA
2. Morphine Inf
3. Epidural
4. Other
- 5.

INTRAVENOUS FLUIDS

SITE:

SOLUTION: RATE

1. ml/hr

2. ml/hr

3. ml/hr

NG/DRAINS

DRAINAGE

1. m/s

2. m/s

3. m/s

WOUND:

Parental Presence Y ☒ N ☐

INTRAOPERATIVE RECORD

REGIONAL ☐

Caudal ☐

Spinal ☐

Epidural ☐

Other ☐

Procedure _____ Drug _____ Conc. vol _____

GENERAL ☒

INDUCTION Preoxygenation ☐ Rapid Sequence with Cricoid Pressure ☐ Precurarization ☐ mg

STP _____ mg Propofol 80 mg Atropine 0.2 mg Sux _____ mg Location _____

Inhalation _____ I.M./Rectal _____ mg.

Topical Spray _____ mg. Other _____

Intubation: Asleep ☒ Awake ☐ E.T.T. in situ ☐ Tracheostomy tube ☐ Size _____ Laryngeal Mask ☐

Endotracheal tube: Oral ☒ Nasal ☐ Cuffed ☐ Non-Cuffed ☒ Direct Vision ☒ Blind ☐

Tube type and Size: PVC ☐ RAE S.S. Other ☐

Cuff inflated ☐ ml. Bilateral Air entry ☒ Throat Pack Used ☐ Air Leak ☒

Protection of Face Face

MAINTENANCE

CIRCUIT

<input type="checkbox"/>	T-piece
<input checked="" type="checkbox"/>	Bain
<input type="checkbox"/>	ADE
<input type="checkbox"/>	Bronchoscope

<input type="checkbox"/>	Ventilation
<input type="checkbox"/>	Spontaneous
<input type="checkbox"/>	Manual
<input checked="" type="checkbox"/>	Ventilator Control

Ventilator type

W. field. Polar

R.R. 16 /min

Tidal volume 190 ml.

P.I.P. 18 cm H₂O

PEEP _____

MONITORS

Supportive

<input type="checkbox"/>	Warming Blanket (temp.) _____
<input type="checkbox"/>	Humidifier (temp.) _____
<input type="checkbox"/>	Radiant Heater
<input checked="" type="checkbox"/>	Gas Scavenging
<input type="checkbox"/>	Blood Warmer
<input type="checkbox"/>	Blood Microfilter
<input type="checkbox"/>	Stethoscope Precordial/Esophageal
<input checked="" type="checkbox"/>	Electrocardiogram
<input type="checkbox"/>	BP Cuff _____
<input checked="" type="checkbox"/>	Dinamap
<input type="checkbox"/>	Temp. Probe Loc. _____
<input type="checkbox"/>	SpO ₂
<input type="checkbox"/>	ETCO ₂
<input checked="" type="checkbox"/>	O ₂ Analyzer/mixer
<input checked="" type="checkbox"/>	Agent Monitor

ANAESTHETIC AGENTS

Inhalation

<input type="checkbox"/>	Air
<input checked="" type="checkbox"/>	O ₂
<input checked="" type="checkbox"/>	N ₂ O
<input checked="" type="checkbox"/>	Halothane
<input type="checkbox"/>	Isflurane

Intravenous

<input type="checkbox"/>	Fentanyl
<input type="checkbox"/>	Morphine infusion
<input type="checkbox"/>	Ketamine
<input type="checkbox"/>	Alfentanyl

POSITION

<input checked="" type="checkbox"/>	Supine
<input type="checkbox"/>	Prone
<input type="checkbox"/>	Lateral
<input type="checkbox"/>	Lithotomy

RELAXANTS

<input checked="" type="checkbox"/>	Atracurium
<input type="checkbox"/>	Vecuronium
<input type="checkbox"/>	Suxameth

Peripheral IV	1. Location	<u>22G @ hand</u>	Type	Size
	2. Location		Type	Size
Arterial Line	Location		Type	Size
CVP Line	Location		Type	Size

FLUID BALANCE

Blood Loss

Swabs	<input type="checkbox"/>
Suction	<input type="checkbox"/>
Towels	<input type="checkbox"/>
Specimens	<input type="checkbox"/>
Total	<input type="checkbox"/> ml.

Total Urine Output
☐ ml.

Intake

1/5N Saline/4%	<input type="checkbox"/>
Hartmanns	<input type="checkbox"/>
10% Glucose	<input type="checkbox"/>
Plasma/F.F.P.	<input type="checkbox"/>
Packed Cells	<input type="checkbox"/>
Total	<input type="checkbox"/> ml.

Final Fluid Balance _____

**THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
ANAESTHETIC RECORD**

Date of Surgery Year Month Day
9 5 1 1 2 7

PRE-OPERATIVE RECORD:

T/P/R 36.5/88/1
Wt. 30kgs BP Hb. g/L K+ mmol/L

Other Lab

Last Solid 26/11/95 Time 10.30pm Last Liquid 26/11/95 Time 10.30pm Consent ☒ Mr Brown.

Proposed Procedure

PREMEDICATION:

Dose

Route

Time

PRE-OPERATIVE ASSESSMENT

A. S. A. CLASSIFICATION 1, 2, 3, 4, 5, E

SIGNIFICANT HISTORY nil

SIGNIFICANT FAMILY HISTORY asthma

CURRENT MEDICATION nil

PREVIOUS ANAESTHETIC prev. GA - no probs.

PHYSICAL EXAM: Airway Normal ☐ No ☐
Loose Teeth No ☐ ☐
E.N.T. Normal ☐ No ☐
Resp. Normal ☐ No ☐
C.V.S. Normal ☐ No ☐
C.N.S. Normal ☐ No ☐
Hepatic/Renal Normal ☐ No ☐
Other Normal ☐ No ☐

DRUG REACTION OR ALLERGY NKA

ANTICIPATED PROBLEMS:

PROPOSED MANAGEMENT

Severed +
not found sing

SURGICAL SPECIALITY

PATIENT'S STATE ON ARRIVAL

ANAESTHETIST'S SIGNATURE

DATE 27.11.95

TIMES:

SENT FOR ☐

ARRIVE IN THEATRE ☐

ANAESTHETIC ☐

SURGERY ☐

ANAESTHETIC COMPLICATIONS

INTRAOPERATIVE LAB RESULTS

ANAESTHETIC COMMENTS:

Time	
Temp.	
EGF	
pH	
pCO ₂	
pO ₂	
HCO ₃	
Na ⁺	
K ⁺	
Ca ⁺⁺	
Glucose	
Hct	

ANAESTHETIST

ASSISTANT

SURGEON

OPERATION

ANAESTHETIC TIME ,

TO

POST-OPERATIVE ASSESSMENT

Awake ☐
 Rousable ☐
 Unconscious ☐

Spont. ventilation ☐
 Ventilation problem ☐
 On Ventilator ☐
 Orotracheal tube ☐
 Nasotracheal tube ☐
 Tracheotomy tube ☐

CVS — No Problem ☐
 BP ↓ ☐
 BP ↓ ☐
 Dysrhythmias ☐
 Temp. > 38°C ☐
 Temp. < 35°C ☐

Recovery ☐
 I.C.U. ☐
 Other ☐

POST OPERATIVE INSTRUCTIONS

PARACETAMOL 480mg
 p.o. 6 hourly prn

Chd by [Signature]
 Given by P.M. Haggan
 2.25pm

ANAESTHETIST'S SIGNATURE:

[Signature]

COMPLICATIONS☐ yes☒ no**RESPIRATORY COMPLICATIONS**

- | | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | 1 Upper Airway Obstruction |
| <input type="checkbox"/> | 2 Laryngospasm |
| <input type="checkbox"/> | 3 Lower Airway Obstruction |
| <input type="checkbox"/> | 4 Pneumothorax |
| <input type="checkbox"/> | 5 Atelectasis |

Discharged to:

<input type="checkbox"/>	Ward
<input checked="" type="checkbox"/>	D.C.U.
<input type="checkbox"/>	I.C.U.

Airway Required**Ventilatory Assistance Required**

- | | |
|--------------------------|----------------|
| <input type="checkbox"/> | 1 Oral |
| <input type="checkbox"/> | 2 Nasal |
| <input type="checkbox"/> | 3 Endotracheal |

☐ Manual**RDIOVASCULAR COMPLICATIONS**

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1 Hypotension |
| <input type="checkbox"/> | 2 Hypertension |
| <input type="checkbox"/> | 3 Tachycardia |
| <input type="checkbox"/> | 4 Bradycardia |
| <input type="checkbox"/> | 5 Arrhythmia |
| <input type="checkbox"/> | 6 Cardiac Arrest |
| <input type="checkbox"/> | 7 _____ Open Cardiac Compression |
| <input type="checkbox"/> | 8 _____ Closed Chest Cardiac Compression |

Discharge Time: 1514 hrs

DISCHARGE**SEDATION SCORE**

- | | | |
|---|-------------------------------------|----------------|
| 4 | <input checked="" type="checkbox"/> | Awake/Crying |
| 1 | <input type="checkbox"/> | Settled |
| 2 | <input type="checkbox"/> | Semi-conscious |
| 3 | <input type="checkbox"/> | Unconscious |

PAIN SCORE

- | | | |
|---|-------------------------------------|----------|
| 0 | <input checked="" type="checkbox"/> | No Pain |
| 1 | <input type="checkbox"/> | Mild |
| 2 | <input type="checkbox"/> | Moderate |
| 3 | <input type="checkbox"/> | Severe |

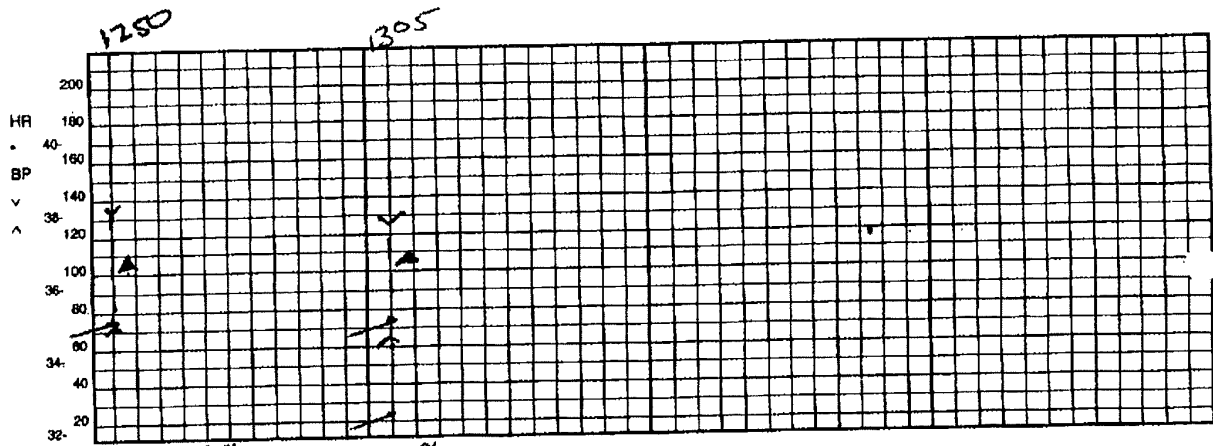
VOMITING

Y	<input type="checkbox"/>
N	<input checked="" type="checkbox"/>

DISCHARGED BYNurse Y. B. BradleyAnaesthetist SA

RECOVERY WARD

ADMISSION TIME 1250



SaO₂ 99%

100%

RECOVERY ROOM SCORES:

		ON ADMISSION	5 MIN	15 MIN	30 MIN	DISCHARGE
AWAKE	Fully awake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arousable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not responding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENTILATION	Can cough or cry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Breathing easily	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Airway requires attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOVEMENT	Moving purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Moving involuntarily	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not moving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OXYGEN:

- ☒ 1. Mask
☐ 2. Endotracheal
☐ 3. Other

HUMIDITY:

DRUGS DOSE ROUTE TIME GIVEN BY CHECKED BY

- PCA
- Morphine Int
- Epidural
- Other
-

INTRAVENOUS FLUIDS

SITE:

SOLUTION: RATE

- ml/hr
- ml/hr
- ml/hr

NG/DRAINS

DRAINAGE

- m/s
- m/s
- m/s

WOUND:

CALCULATED INTRAOP MAINTENANCE _____ ML/HOUR

301-134-012

Parental Presence Y ☒ N ☐

INTRAOPERATIVE RECORD

REGIONAL ☒

Caudal ☒

Spinal ☐

Epidural ☐

Other ☐

Procedure BUPWACKING

Drug 30ml 0.125%

Conc. vol

GENERAL ☒

INDUCTION Preoxygenation ☐

Rapid Sequence with Cricoid Pressure ☐

Precurarization ☐ mg

STP ☐ mg Propofol 150mg

Atropine ☐ mg

Sux ☐ mg

Location

Inhalation

I.M./Rectal

Voltaren 25mg @ 1240 mg.

Topical Spray

mg. Other

Intubation: Asleep ☐

Awake ☐

E.T.T. in situ ☐

Tracheostomy tube ☐

Size

Laryngeal Mask ☒

Endotracheal tube: Oral ☐

Nasal ☐

Cuffed ☐

Non-Cuffed ☐

Direct Vision ☐

Blind ☐

Tube type and Size:

PVC ☐

RAE ☐

Other ☐

Cuff inflated ☐ ml.

Bilateral Air entry ☐

Throat Pack Used ☐

Air Leak ☐

Protection of Face Eyes taped closed.

MAINTENANCE

CIRCUIT

☐ T-piece
☐ Bain
☐ ADE
☐ Bronchoscope

☐ Ventilation
☐ Spontaneous
☐ Manual
☐ Ventilator Control

Ventilator type

R.R. ☐ /min

Tidal volume ☐ ml.

P.I.P. ☐

PEEP ☐

Peripheral IV 1. Location

2. Location

Arterial Line Location

CVP Line Location

MONITORS

Supportive

Warming Blanket (temp.)

Humidifier (temp.)

Radiant Heater

Gas Scavenging

Blood Warmer

Blood Microfilter

Stethoscope Precordial/Esophageal

Electrocardiogram

BP Cuff

Dinamap

Temp. Probe Loc. Ar

SpO₂

ETCO₂

O₂ Analyzer/mixer

Agent Monitor

ANAESTHETIC AGENTS

Inhalation

Air

O₂

N₂O

Halothane

Isosurane

Intravenous

Fentanyl

Morphine infusion

Ketamine

Alfentanil

POSITION

Supine

Prone

Lateral

Lithotomy

RELAXANTS

Atracurium

Vacuronium

Suxameth

Peripheral IV 1. Location (L) hand

Type Quick call Size 22

Type Quick call Size 22

Arterial Line Location Type Size

CVP Line Location Type Size

FLUID BALANCE

Blood Loss

Swabs

Suction

Towels

Specimens

Total

ml.

Total Urine Output

ml.

Intake

1/5N Saline/4%

Hartmanns

10% Glucose

Plasma/F.F.P.

Packed Cells

Total

ml

Final Fluid Balance

THE ROYAL BELFAST HOSPITAL FOR SICK CHILDRE
ANAESTHETIC RECORD

Date of Surgery Year Month Day
915 111 217

PRE-OPERATIVE RECORD:

T/P/R

Wt. 28kgs BP Hb. g/L K+ mmol/L

Other Lab

Last Solid 26/11/95 Time 8.30pm Last Liquid 26/11/95 Time 8.30pm Consent ☒

Proposed Procedure

PREMEDICATION:

Dose

Route

Time

PRE-OPERATIVE ASSESSMENT

A. S. A. CLASSIFICATION 1, 2, 3, 4, 5, E

SIGNIFICANT HISTORY

h/o asthma

SIGNIFICANT FAMILY HISTORY

none of note

CURRENT MEDICATION

ventolin

PREVIOUS ANAESTHETIC

PHYSICAL EXAM: Airway Normal ☐ No ☐
Loose Teeth No ☐ ☐
E.N.T. Normal ☐ No ☐
Resp. Normal ☐ No ☐
C.V.S. Normal ☐ No ☐
C.N.S. Normal ☐ No ☐
Hepatic/Renal Normal ☐ No ☐
Other Normal ☐ No ☐

DRUG REACTION OR ALLERGY

ANTICIPATED PROBLEMS:

PROPOSED MANAGEMENT

bandaid + Volt

SURGICAL SPECIALITY

PATIENT'S STATE ON ARRIVAL

ANAESTHETIST'S SIGNATURE:

DATE

TIMES:

SENT FOR

☐

ARRIVE IN THEATRE

☐

ANAESTHETIC

☐

SURGERY

☐

ANAESTHETIC COMMENTS:

Time	
Temp.	
FGF	
pH	
pCO ₂	
pO ₂	
HCO ₃	
Na ⁺	
K ⁺	
Ca ⁺⁺	
Glucose	
Hct	

ASSISTANT

SURGEON

OPERATION

ANAESTHETIC TIME

TO

Awake	<input type="checkbox"/>	Spont. ventilation	<input type="checkbox"/>	CVS — No Problem	<input type="checkbox"/>	Recovery	<input type="checkbox"/>
Rousable	<input type="checkbox"/>	Ventilation problem	<input type="checkbox"/>	BP ↓	<input type="checkbox"/>	I.C.U.	<input type="checkbox"/>
Unconscious	<input type="checkbox"/>	On Ventilator	<input type="checkbox"/>	BP ↓	<input type="checkbox"/>	Other	<input type="checkbox"/>
		Orotracheal tube	<input type="checkbox"/>	Dysrhythmias	<input type="checkbox"/>		
		Nasotracheal tube	<input type="checkbox"/>	Temp. > 38°C	<input type="checkbox"/>		
		Tracheotomy tube	<input type="checkbox"/>	Temp. < 35°C	<input type="checkbox"/>		

POST OPERATIVE INSTRUCTIONS

PARACETAMOL
500 mg - given at
PO 12.25pm
Rauvencor
blatly
pm

ANAESTHETIST'S SIGNATURE:

COMPLICATIONS☐ yes☒ no**RESPIRATORY COMPLICATIONS**

- ☐ 1 Upper Airway Obstruction
- ☐ 2 Laryngospasm
- ☐ 3 Lower Airway Obstruction
- ☐ 4 Pneumothorax
- ☐ 5 Atelectasis

Discharged to:

☐ Ward☒ D.C.U.☐ I.C.U.**Airway Required****Ventilatory Assistance Required**

- ☐ 1 Oral
- ☐ 2 Nasal
- ☐ 3 Endotracheal

☐ Manual**CARDIOVASCULAR COMPLICATIONS**

- ☐ 1 Hypotension
- ☐ 2 Hypertension
- ☐ 3 Tachycardia
- ☐ 4 Bradycardia
- ☐ 5 Arrhythmia
- ☐ 6 Cardiac Arrest
- ☐ 7 _____ Open Cardiac Compression
- ☐ 8 _____ Closed Chest Cardiac Compression

Discharge Time: ☐ ☐ hrs**DISCHARGE****SEDATION SCORE**

- 0 ☒ Awake/Coating
- 1 ☐ Settled
- 2 ☐ Semi-conscious
- 3 ☐ Unconscious

PAIN SCORE

- 0 ☒ No Pain
- 1 ☐ Mild
- 2 ☐ Moderate
- 3 ☐ Severe

VOMITING

Y ☐
N ☒

DISCHARGED BY

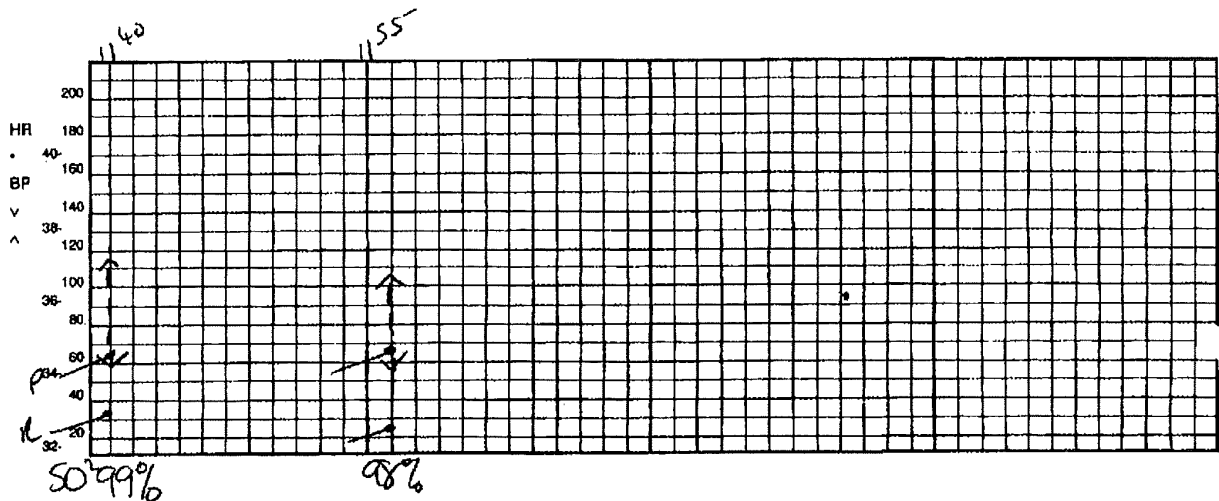
Nurse

Anaesthetist

[Signature]
[Signature]

RECOVERY WARD

ADMISSION TIME 11:40



RECOVERY ROOM SCORES:

		ON ADMISSION	5 MIN	15 MIN	30 MIN	DISCHARGE
AWAKE	Fully awake	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arousable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not responding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENTILATION	Can cough or cry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Breathing easily	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Airway requires attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOVEMENT	Moving purposefully	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Moving involuntarily	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not moving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OXYGEN:

- ☒ 1. Mask
☐ 2. Endotracheal
☐ 3. Other

HUMIDITY:

DRUGS	DOSE	ROUTE	TIME	GIVEN BY	CHECKED BY
1. PCA					
2. Morphine Inf					
3. Epidural					
4. Other					
5.					

INTRAVENOUS FLUIDS

SITE:

SOLUTION: RATE

1. ml/hr

2. ml/hr

3. ml/hr

NG/DRAINS DRAINAGE

1. ml/s

2. ml/s

3. ml/s

WOUND:

WT. 28 KG. ESTIMATED BLOOD VOLUME _____ ML.
 Hb. _____ g/L ESTIMATED FLUID DEFICIT _____ ML.
 CALCULATED INTRAOP MAINTENANCE _____ ML/HOUR

DRUGS																	
atropine																	
STP																	
propofol																	
Valium																	
Neostig/glycop																	
FLUID INTAKE																	
Hartmann's																	
1/5N Saline/4%																	
Packed Cells																	
Plasma/FFP																	
LOSSES																	
Swabs																	
Suction																	
Towels																	
Other																	
Total																	
Cumulative Urine Output																	
TIME		10	15	30	45	10	15	30	45	10	15	30	45	10	15	30	45
L/MIN.	O ₂																
	N ₂ O																
	AIR																
	F.O ₂																
% VAPOUR	3.0																
	2.5																
	2.0																
	1.5																
	1.0																
	0.5																
ECG ✓ = NSR																	
SpO ₂																	
ETCO ₂																	
CVP																	
HR	°C																
BP	mmHg																
▲ x O																	
Axillary																	
Nasopharyngeal																	
Rectal																	
Start of operation:																	
↑																	

Parental Presence Y ☒ N ☐

INTRAOPERATIVE RECORD

REGIONAL ☐

Caudal ☒

Spinal ☐

Epidural ☐

Other ☐

Procedure Caudal Drug Propofol Conc. vol 0.1g, 20ml

GENERAL ☐

INDUCTION Preoxygenation ☐ Rapid Sequence with Cricoid Pressure ☐ Precurarization ☐ mg

STP 200 mg Propofol Atropine mg Sux mg Location

Inhalation I.M./Rectal mg.

Topical Spray mg. Other

Intubation: Asleep ☒ Awake ☐ E.T.T. in situ ☐ Tracheostomy tube ☐ Size Laryngeal Mask ☒

Endotracheal tube: Oral ☒ Nasal ☐ Cuffed ☐ Non-Cuffed ☐ Direct Vision ☐ Blind ☐

Tube type and Size: PVC RAE Other

Cuff inflated ☐ ml. Bilateral Air entry ☐ Throat Pack Used ☐ Air Leak ☐

Protection of Face

MAINTENANCE

CIRCUIT	MONITORS	ANAESTHETIC AGENTS	POSITION
<input type="checkbox"/> T-piece <input type="checkbox"/> Bain <input type="checkbox"/> ADE <input type="checkbox"/> Bronchoscope	Supportive <input type="checkbox"/> Warming Blanket (temp.) <input type="checkbox"/> Humidifier (temp.) <input type="checkbox"/> Radiant Heater <input checked="" type="checkbox"/> Gas Scavenging <input type="checkbox"/> Blood Warmer <input type="checkbox"/> Blood Microfilter	Inhalation <input type="checkbox"/> Air <input type="checkbox"/> O ₂ <input type="checkbox"/> N ₂ O <input checked="" type="checkbox"/> Halothane <input type="checkbox"/> Isoflurane	<input checked="" type="checkbox"/> Supine <input type="checkbox"/> Prone <input type="checkbox"/> Lateral <input type="checkbox"/> Lithotomy
<input type="checkbox"/> Ventilation <input type="checkbox"/> Spontaneous <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Ventilator Control	<input checked="" type="checkbox"/> Stethoscope Precordial/Esophageal <input type="checkbox"/> Electrocardiogram <input type="checkbox"/> BP Cuff <input checked="" type="checkbox"/> Dinamap <input type="checkbox"/> Temp. Probe Loc.	Intravenous <input type="checkbox"/> Fentanyl <input type="checkbox"/> Morphine Infusion <input type="checkbox"/> Ketamine <input type="checkbox"/> Alfentanil	RELAXANTS <input type="checkbox"/> Atracurium <input checked="" type="checkbox"/> Vecuronium <input type="checkbox"/> Succinylcholine
Ventilator type <u> </u>	<input checked="" type="checkbox"/> SpO ₂ <input checked="" type="checkbox"/> ETCO ₂ <input type="checkbox"/> O ₂ Analyzer/mixer <input type="checkbox"/> Agent Monitor		
R.R. <u>16</u> /min Tidal volume <u>300</u> ml. P.I.P. <u>20cmH₂O</u> PEEP <u> </u>			
Peripheral IV	1. Location <u>226 (L) hand</u>	Type <u> </u>	Size <u> </u>
	2. Location <u> </u>	Type <u> </u>	Size <u> </u>
Arterial Line	Location <u> </u>	Type <u> </u>	Size <u> </u>
CVP Line	Location <u> </u>	Type <u> </u>	Size <u> </u>

FLUID BALANCE

Blood Loss	Total Urine Output	Intake
Swabs <u> </u>	<u> </u> ml.	1/5N Saline/4% <u> </u>
Suction <u> </u>		Hartmanns <u> </u>
Towels <u> </u>		10% Glucose <u> </u>
Specimens <u> </u>		Plasma/F.F.P. <u> </u>
Total <u> </u> ml.		Packed Cells <u> </u>
Final Fluid Balance <u> </u>		Total <u> </u> ml.

THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
ANAESTHETIC RECORD

Date of Surgery Year Month Day
95 11 27

PRE-OPERATIVE RECORD:

T/P/R 36⁹/104/

DCU 1

MR BROWN

Wt. 11kgs BP Hb. g/L K+ mmol/L

Other Lab

Last Solid 26/4/95 Time 8pm Last Liquid 27/11/95 Time 7am Consent ☒

Proposed Procedure

PREMEDICATION:

Dose

Route

Time

PRE-OPERATIVE ASSESSMENT

A. S. A. CLASSIFICATION 1, 2, 3, 4, 5, E

SIGNIFICANT HISTORY

SIGNIFICANT FAMILY HISTORY

CURRENT MEDICATION

PREVIOUS ANAESTHETIC

PHYSICAL EXAM: Airway Normal ☐ No ☐

Loose Teeth No ☐ ☐

E.N.T. Normal ☐ No ☐

Resp. Normal ☐ No ☐

C.V.S. Normal ☐ No ☐

C.N.S. Normal ☐ No ☐

Hepatic/Renal Normal ☐ No ☐

Other Normal ☐ No ☐

DRUG REACTION OR ALLERGY

ANTICIPATED PROBLEMS:

PROPOSED MANAGEMENT

SURGICAL SPECIALITY

PATIENT'S STATE ON ARRIVAL

ANAESTHETIST'S SIGNATURE

DATE 27.11.95

TIMES:

SENT FOR ☐

ARRIVE IN THEATRE ☐

ANAESTHETIC ☐

SURGERY ☐

[illegible]

Time	
Temp.	
FGF	
pH	
pCO ₂	
pO ₂	
HCO ₃	
Na ⁺	
K ⁺	
Ca ⁺⁺	
Glucose	
Hct	

ANAESTHETIC TIME , TO

Awake	
Rousable	
Unconscious	

Sport. ventilation	
Ventilation problem	
On Ventilator	
Orotracheal tube	
Nasotracheal tube	
Tracheotomy tube	

BP ↓
BP ↓
Dysrhythmias
Temp. > 38°C
Temp. < 35°C

Recovery	
I.C.U.	
Other	

POST OPERATIVE INSTRUCTIONS

- 1) O₂ between until awake
- 2) Pressed down 12cm H₂O

ANAESTHETIST'S SIGNATURE: *A. J.*

ANAESTHETIST'S SIGNATURE:

COMPLICATIONS☐ yes☒ no**RESPIRATORY COMPLICATIONS**

- ☐ 1 Upper Airway Obstruction
- ☐ 2 Laryngospasm
- ☐ 3 Lower Airway Obstruction
- ☐ 4 Pneumothorax
- ☐ 5 Atelectasis

Discharged to:

☐ Ward☒ D.C.U.☐ I.C.U.**Airway Required****Ventilatory Assistance Required**

- ☐ 1 Oral
- ☐ 2 Nasal
- ☐ 3 Endotracheal

☐ Manual**CARDIOVASCULAR COMPLICATIONS**

- ☐ 1 Hypotension
- ☐ 2 Hypertension
- ☐ 3 Tachycardia
- ☐ 4 Bradycardia
- ☐ 5 Arrhythmia
- ☐ 6 Cardiac Arrest
- ☐ 7 ☐ Open Cardiac Compression
- ☐ 8 ☐ Closed Chest Cardiac Compression

Discharge Time: ☐ ☐ hrs**DISCHARGE****SEDATION SCORE**

- 0 ☒ Awake/Crying
- ☐ Settled
- 2 ☐ Semi-conscious
- 3 ☐ Unconscious

PAIN SCORE

- 0 ☒ No Pain
- 1 ☐ Mild
- 2 ☐ Moderate
- 3 ☐ Severe

VOMITING

Y ☐
N ☒

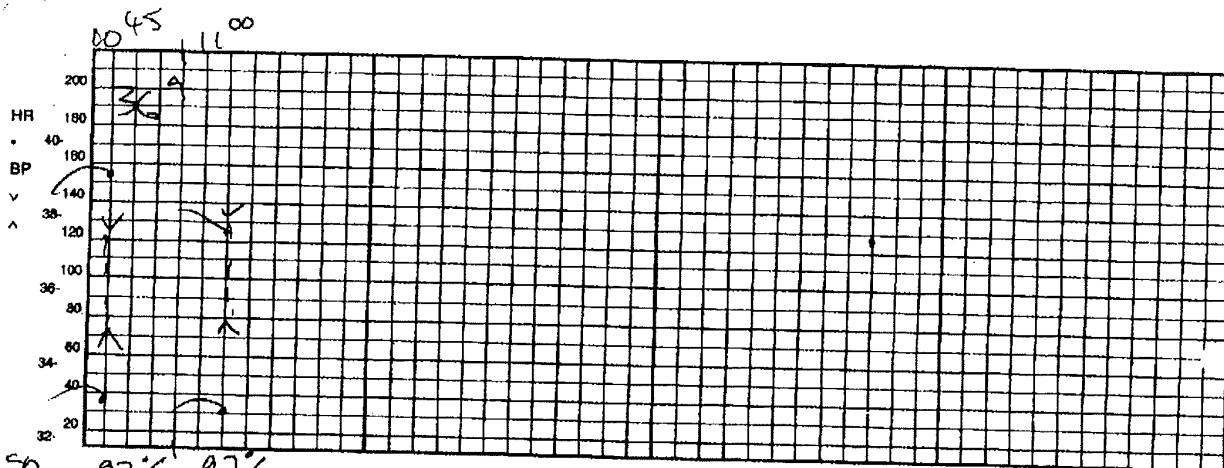
DISCHARGED BY

Nurse

Anaesthetist

RECOVERY WARD

ADMISSION TIME 10:45



% SO_2 97% 97%

RECOVERY ROOM SCORES:

		ON ADMISSION	5 MIN	15 MIN	30 MIN	DISCHARGE
AWAKE	Fully awake	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arousable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not responding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENTILATION	Can cough or cry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Breathing easily	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Airway requires attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOVEMENT	Moving purposefully	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Moving involuntarily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not moving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OXYGEN:

- ☒ 1. Mask
☐ 2. Endotracheal
☐ 3. Other

HUMIDITY:

DRUGS DOSE ROUTE TIME GIVEN BY CHECKED BY

- PCA
- Morphine Inf
- Epidural
- Other
-

INTRAVENOUS FLUIDS

SITE:

SOLUTION: RATE

- ml/hr
- ml/hr
- ml/hr

NG/DRAINS

DRAINAGE

- m/s
- m/s
- m/s

WOUND:

[illegible]

Hartmann's
1/5N Saline/4%
Packed Cells
Plasma/FFP

LOSSES	Time (hr)											
	0	15	30	45	1	1.5	30	45	1	1.5	30	45
Swabs												
Suction												
Towels												
Other												
Total												
Cumulative Urine Output		15	30	45	1	1.5	30	45	1	1.5	30	45

TIME		O ₂	N ₂ O	AIR	F ₂ O ₂
L/MIN.		4	4	4	0.5
% VAPOUR	3.0				
	2.5				
Helioxane	2.0				
	1.5				
	1.0				
	0.5				
ECG	✓ = NSR	✓	✓	✓	
SpO ₂		96	96	96	
ETCO ₂					
CVP					
HR	•	38	200		
BP	X		180		
◀ x O		36	160		
			140		
		34	120		
			100		
		32	80		
			60		
		30	40		
			20		
Start of operation:	↑	20			

Parental Presence Y ☒ N ☐

INTRAOPERATIVE RECORD

REGIONAL ☒

Caudal ☒

Spinal ☐

Epidural ☐

Other ☐

Procedure Cerebral

Drug Bupiv 0.125%

Conc. vol 10 ml

GENERAL ☒

INDUCTION

Preoxygenation ☐

Rapid Sequence with Cricoid Pressure ☐

Precurazation ☐ mg

STP 75 mg Propofol

Atropine 0.2 mg

Sux 10 mg Location

Inhalation

I.M./Rectal Voluven 12.5 mg mg. 10

Topical Spray

mg. Other

Intubation:

Asleep ☐

Awake ☐

E.T.T. in situ ☐

Tracheostomy tube ☐

Size

Laryngeal Mask ☐

Endotracheal tube: Oral ☐

Nasal ☐

Cuffed ☐

Non-Cuffed ☐

Direct Vision ☐

Blind ☐

Tube type and Size:

PVC ☐

RAE ☐

Other ☐

Cuff inflated ☐ ml.

Bilateral Air entry ☐

Throat Pack Used ☐

Air Leak ☐

Protection of Face

MAINTENANCE

CIRCUIT

☒ T-piece
☐ Bain
☐ ADE
☐ Bronchoscope

☒ Ventilation
☐ Spontaneous
☐ Manual
☐ Ventilator Control

Ventilator type

R.R. _____/min

Tidal volume _____ml.

P.I.P. _____

PEEP _____

MONITORS

Supportive

☐ Warning Blanket (temp.)
☐ Humidifier (temp.)
☐ Radiant Heater
☐ Gas Scavenging
☐ Blood Warmer
☐ Blood Microfilter

☒ Stethoscope Precordial/Esophageal

☒ Electrocardiogram

☐ BP Cuff

☒ Dinamap

☒ Temp. Probe Loc.

☒ SpO₂

☐ ETCO₂

☒ O₂ Analyzer/mixer

☒ Agent Monitor

ANAESTHETIC AGENTS

Inhalation

☒ Air

☒ O₂

☒ N₂O

☐ Halothane

☐ Isoflurane

Intravenous

☐ Fentanyl

☐ Morphine infusion

☐ Ketamine

☐ Alfentanil

POSITION

☒ Supine

☐ Prone

☐ Lateral

☐ Lithotomy

RELAXANTS

☐ Atracurium

☐ Vecuronium

☐ Suxameth

Peripheral IV	1. Location	Type	Size
	2. Location	Type	Size
Arterial Line	Location	Type	Size
CVP Line	Location	Type	Size

FLUID BALANCE

Blood Loss

Swabs ☐
Suction ☐
Towels ☐
Specimens ☐
Total ☐ ml.

Total Urine Output ☐ ml.

Final Fluid Balance _____

Intake

1/5N Saline/4% ☐
Hartmanns ☐
10% Glucose ☐
Plasma/F.F.P. ☐
Packed Cells ☐
Total ☐ ml.

THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
ANAESTHETIC RECORD

Date of Surgery Year Month Day
95 11 27

PRE-OPERATIVE RECORD:

T/P/R 356/86/1
Wt. 43kg BP Hb. g/L K+ mmol/L

DCU MD/JP CONSULTANT Mr Brown

Other Lab

Last Solid 26/11/95 Time 10pm Last Liquid 27/11/95 Time 6.30am Consent ☒

Proposed Procedure

PREMEDICATION:

Dose

Route

Time

PRE-OPERATIVE ASSESSMENT

A. S. A. CLASSIFICATION 1, 2, 3, 4, 5, E

SIGNIFICANT HISTORY nil of note

SIGNIFICANT FAMILY HISTORY

CURRENT MEDICATION

PREVIOUS ANAESTHETIC

PHYSICAL EXAM: Airway Normal ☐ No ☐
Loose Teeth No ☐ ☐
E.N.T. Normal ☐ No ☐
Resp. Normal ☐ No ☐
C.V.S. Normal ☐ No ☐
C.N.S. Normal ☐ No ☐
Hepatic/Renal Normal ☐ No ☐
Other Normal ☐ No ☐

DRUG REACTION OR ALLERGY

ANTICIPATED PROBLEMS:

PROPOSED MANAGEMENT

SURGICAL SPECIALITY

PATIENT'S STATE ON ARRIVAL

ANAESTHETIST'S SIGNATURE

DATE

TIMES:

SENT FOR ☐

ARRIVE IN THEATRE ☐

ANAESTHETIC ☐

SURGERY ☐

Parental Presence Y ☒ N ☐

INTRAOPERATIVE RECORD

REGIONAL

Caudal ☐ Spinal ☐ Epidural ☐ Other ☐

Procedure _____ Drug _____ Conc. vol _____

GENERAL

INDUCTION Preoxygenation ☐ Rapid Sequence with Cricoid Pressure ☐ Precurarization ☐ mg

STP _____ mg Propofol 80 mg Atropine _____ mg Sux _____ mg Location _____

Inhalation _____ I.M./Rectal _____ mg.

Topical Spray _____ mg. Other _____

Intubation: Asleep ☒ Awake ☐ E.T.T. in situ ☐ Tracheostomy tube ☐ Size _____ Laryngeal Mask ☐

Endotracheal tube: Oral ☒ Nasal ☐ Cuffed ☐ Non-Cuffed ☐ Direct Vision ☐ Blind ☐

Tube type and Size: PVC _____ RAE 7.0 Other _____

Cuff inflated ☐ ml. Bilateral Air entry ☐ Throat Pack Used ☐ Air Leak ☐

Protection of Face Eyes taped.

MAINTENANCE

CIRCUIT

☐ T-piece
☒ Bain
☐ ADE
☐ Bronchoscope

☐ Ventilation
☐ Spontaneous
☒ Manual
☐ Ventilator Control

Ventilator type Puritan

R.R. 12 /min

Tidal volume 450 ml.

P.I.P. 20

PEEP —

MONITORS

Supportive

☐ Warming Blanket (temp.) _____
☐ Humidifier (temp.) _____
☐ Radiant Heater
☐ Gas Scavenging
☐ Blood Warmer
☐ Blood Microfilter

☐ Stethoscope Precordial/Esophageal

☐ Electrocardiogram

☐ BP Cuff _____

☐ Dinamap

☐ Temp. Probe Loc. _____

☐ SpO₂

☐ ETCO₂

☐ O₂ Analyzer/mixer

☐ Agent Monitor

ANAESTHETIC AGENTS

Inhalation

☐ Air
☐ O₂
☐ N₂O
☐ Halothane
☐ Isoflurane

Intravenous

☐ Fentanyl
☐ Morphine infusion
☐ Ketamine
☐ Alfentanyl

POSITION

☐ Supine
☐ Prone
☐ Lateral
☐ Lithotomy

RELAXANTS

☐ Atracurium
☐ Vecuronium
☐ Suxameth

Peripheral IV 1. Location #02 (4) wrist Type Quinckeath Size _____
2. Location _____ Type _____ Size _____
Arterial Line Location _____ Type _____ Size _____
CVP Line Location _____ Type _____ Size _____

FLUID BALANCE

Blood Loss

Swabs ☐
Suction ☐
Towels ☐
Specimens ☐
Total ☐ ml.

Total Urine Output ☐ ml.

Final Fluid Balance _____

Intake

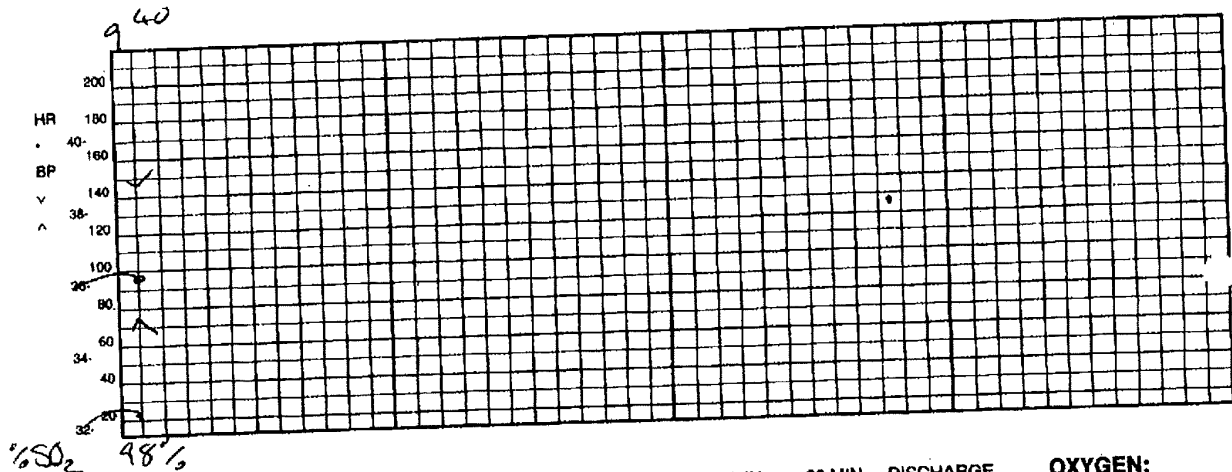
1/5N Saline/4% ☐
Hartmanns ☐
10% Glucose ☐
Plasma/F.F.P. ☐
Packed Cells ☐
Total ☐ ml.

WT. 43 kg KG. ESTIMATED BLOOD VOLUME _____ ML.
 Hb. _____ g/L 100 ESTIMATED FLUID DEFICIT _____ ML.
 CALCULATED INTRAOP MAINTENANCE _____ ML/HOUR

DRUGS															
atropine															
STP															
propofol	<u>80 mg</u>														
<u>Atrocure</u>	<u>5 mg</u>														
<u>Neosig / glycop</u>	<u>2 mg / 0.2 mg</u>														
FLUID INTAKE															
Hartmann's															
1/5N Saline/4%															
Packed Cells															
Plasma/FFP															
LOSSES															
Swabs															
Suction															
Towels															
Other															
Total															
Cumulative Urine Output															
TIME		15	30	45	0	15	30	45	15	30	45	15	30	45	
L/MIN.	O ₂														
	N ₂ O														
	AIR														
	F ₁ O ₂														
% VAPOUR	3.0														
	2.5														
	2.0														
	1.5														
	1.0														
	0.5														
ECG	✓ = NSR														
SpO ₂															
ETCO ₂															
CVP															
HR	•	38													
BP	Y	180													
◀ x O		36													
		140													
		120													
		100													
		80													
		60													
		40													
		20													

RECOVERY WARD

ADMISSION TIME 9:40



RECOVERY ROOM SCORES:

AWAKE Fully awake
Arousable
Not responding

VENTILATION Can cough or cry
Breathing easily
Airway requires attention

MOVEMENT Moving purposefully
Moving involuntarily
Not moving

ON ADMISSION

5 MIN

15 MIN

30 MIN

DISCHARGE

OXYGEN:

☒ 1. Mask
☐ 2. Endotracheal
☐ 3. Other

HUMIDITY:

DRUGS DOSE ROUTE TIME GIVEN BY CHECKED BY

1. PCA
2. Morphine Inf
3. Epidural
4. Other
- 5.

INTRAVENOUS FLUIDS

SITE:

SOLUTION: RATE

1. ml/hr

2. ml/hr

3. ml/hr

NG/DRAINS

DRAINAGE

1. m/s

2. m/s

3. m/s

WOUND:

ANAESTHETIC COMPLICATIONS

INTRAOPERATIVE LAB RESULTS

ANAESTHETIC COMMENTS:

Time	
Temp.	
EGF	
pH	
pCO ₂	
pO ₂	
HCO ₃	
Na ⁺	
K ⁺	
Ca ⁺⁺	
Glucose	
Hct	

ANAESTHETIST

ASSISTANT

SURGEON

OPERATION

ANAESTHETIC TIME

TO

POST-OPERATIVE ASSESSMENT

Awake

Rousable

Unconscious

Spont. ventilation

Ventilation problem

On Ventilator

Orotracheal tube

Nasotracheal tube

Tracheotomy tube

CVS — No Problem

BP ↓

BP ↓

Dysrhythmias

Temp. > 38°C

Temp. < 35°C

Recovery

I.C.U.

Other

POST OPERATIVE INSTRUCTIONS

ANAESTHETIST'S SIGNATURE:

COMPLICATIONS☐ yes☒ no**RESPIRATORY COMPLICATIONS**

- ☐ 1 Upper Airway Obstruction
- ☐ 2 Laryngospasm
- ☐ 3 Lower Airway Obstruction
- ☐ 4 Pneumothorax
- ☐ 5 Atelectasis

Discharged to:

☐ Ward☒ D.C.U.☐ I.C.U.**Airway Required****Ventilatory Assistance Required**

- ☐ 1 Oral
- ☐ 2 Nasal
- ☐ 3 Endotracheal

☐ Manual**CARDIOVASCULAR COMPLICATIONS**

- ☐ 1 Hypotension
- ☐ 2 Hypertension
- ☐ 3 Tachycardia
- ☐ 4 Bradycardia
- ☐ 5 Arrhythmia
- ☐ 6 Cardiac Arrest
- ☐ 7 _____ Open Cardiac Compression
- ☐ 8 _____ Closed Chest Cardiac Compression

Discharge Time: 1 58 hrs

DISCHARGE**SEDATION SCORE**

- ☒ Awake/Crying
- ☐ 1 Settled
- ☐ 2 Semi-conscious
- ☐ 3 Unconscious

PAIN SCORE

- ☒ 0 No Pain
- ☐ 1 Mild
- ☐ 2 Moderate
- ☐ 3 Severe

VOMITING

Y ☐
N ☒

DISCHARGED BYNurse Anaesthetist