

Improving documentation in Obstetric Anaesthesia

L.CONNOLLY¹, A KANSAL¹, P AKIN-NIBOSUN², K KAMARAJ¹

¹ Medway Maritime Hospital, Gillingham, Kent, United Kingdom

² Kings College Hospital, London, United Kingdom



INTRODUCTION

Obstetric anaesthesia is highly litigious, and the anaesthetic chart can be the only evidence available to demonstrate standard of care. Documentation becomes increasingly important when cases are brought many years later. Common themes in successful medical negligence claims include: consent; checking the block; and professionalism¹, with note- keeping falling under this designation.

It was noted during a notes review for a separate project that quality of documentation by anaesthetists was highly variable.

In the wake of the Montgomery² ruling and subsequent change in consideration of consent we looked into this further.

METHODS

Electronic anaesthetic charts for caesarean section (non-elective) on SaferSleep system were analysed over a 30day period (1st to 30th November 2021).

Data included documentation of consent of risk specific to the chosen anaesthetic technique; anaesthetic start and ready times; block height including time and dermatome; and presence of a motor block using Bromage scale.

Results were presented to the anaesthetic department, alongside a teaching session around consent. We suggested prompts to set up on each anaesthetists SaferSleep login, and we agreed a minimum standard of documentation. Re-audit was undertaken from 1st to 30th June 2022.

RESULTS

	Original data	Re-audit data
Number of cases	101	118
Anaesthetic: General anaesthesia	11/101 (10.9%)	8/118 (6.7%)
Anaesthetic: Spinal	57/101 (56.4%)	74/118 (62.7%)
Anaesthetic: Epidural top up	29/101 (28.7%)	36/118 (30.5%)
Anaesthetic: CSE	2/101 (1.9%)	0/118
Anaesthetic start time	91/101 (90.1%)	82/118 (69.4%)
Anaesthetic ready time	19/101 (18.8%)	64/118 (54.2%)
Block height (time)	40/93 (43%)	74/110 (67.2%)
Block height (dermatome)	60/93 (64.5%)	105/110 (95%)
Motor block (with Bromage score)	27/93 (29%)	56/110 (50.9%)
Anaesthetic consent	69/101 (68.3%)	105/118 (84.9%)

CONCLUSIONS

We have demonstrated overall improvement in quality of documentation, but did not reach 100% documentation of anaesthetic consent. We cannot infer from this that there was no discussion of risk, but acknowledge that in a medicolegal case the anaesthetist would have no evidence to support statements that a consent discussion had taken place.

To improve our consent process we developed a take away slip with a QR code linking to an OAA Labour Pains information sheet. This was similar to that already in use for patients attending obstetric pre-assessment clinic for elective caesarean section. After discussions within the anaesthetic department it was noted that this was not the most environmentally friendly approach. We have therefore created a poster for display in each delivery suite room (left)

Agreed standards for documentation are displayed on the anaesthetic machines in obstetric theatre (right) as a prompt for anaesthetists. To pre-empt any deterioration in compliance with documentation standards following trainee changeover, an example anaesthetic chart and copy of the standard has been uploaded onto the MS Teams obstetric anaesthetic induction file.

We will re-audit in three months.

Anaesthetists on delivery suite

What is an anaesthetist?

- Anaesthetists are specialist doctors responsible for providing anaesthesia, pain management and care of unwell patients

What does an anaesthetist do on delivery suite?

- Provide pain relief in labour using epidurals or patient controlled analgesia
- Provide anaesthesia for caesarean section
- Work with other teams in the care of unwell pregnant women

Is there always an anaesthetist on delivery suit?

- There is a dedicated anaesthetist on delivery suite 24 hours a day
- The immediate availability of the Anaesthetist is dependent on how busy the unit is

Scan here for information on risks associated with labour anaesthetics

Scan here for information relating to epidurals

Scan here for information on pain relief options

Scan here to find information about caesarean birth

Dr L Connolly, Dr K Kamaraj, April 2023

Standards for documentation in Obstetric Anaesthesia

Following a recent audit looking at documentation in obstetric anaesthesia we recommend the following information is included in all relevant anaesthetic charts.

- Category of caesarean section
 - Anaesthetic start time
- Time of spinal insertion (if applicable)
 - Anaesthetic ready time
- Block height with time and test modality
 - Bromage Score with time
 - Surgery start time
- Documentation of consent with risks discussed

Please ensure the time is documented against all of the above events

Reference: Obstetric Anaesthesia Association

1. McCombe, K. and Bogod, D.G. (2018), Learning from the Law. A review of 21 years of liganon for pain during caesarean secon. Anaesthesia, 73: 223-230.
<https://doi.org/10.1111/anae.14119>
2. [hps://www.themdu.com/guidance-and-advice/guides/montgomery-and-informed-consent](https://www.themdu.com/guidance-and-advice/guides/montgomery-and-informed-consent)