

NHS
Bedfordshire Hospitals
NHS Foundation Trust

A ATTRIBUTABLE Allows identification	L LEGIBLE Readable, understandable and sequential	C CONTEMPORANEOUS Time matched to events	O ORIGINAL Not tampered with, replaced or deleted	A ACCURATE Precise and valid data entry	+ COMPLETE Trackable trail to prove nothing is lost or deleted	+ CONSISTENT Reproducible in a good quality	+ ENDURING Easily accessible over time	+ AVAILABLE Accessible in readable format for review or inspection
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OBSTETRIC ANAESTHETIC RECORD		Bedfordshire Hospitals NHS Foundation Trust	
Intended Surgery: ☐ LSCS Category ☐ Perineal tear repair ☐ Management of PPH		☐ Trial of Instrumental Delivery ☐ Management of Third stage ☐	
Obstetric history:		ASA 1 2 3 4 E	
Placentation:		LMWH Y / N	
Antacid Prophylaxis:			
Medical history:		Current Medications:	
Previous Spinal / Epidural / GA:			
Antenatal anaesthetic review: Y / N			
Airway:			
MPC: I II III IV Jaw Slide: A B C			
Thyromental distance: < / > 6.5cm		Dentition: + -	
Neck movement: Free / Restricted			
Anticipated difficult airway? Y / N			
Anticipated difficult regional technique? Y / N			
Anticipated difficult venous access? Y / N			
Labour epidural assessment:			
Risk discussion / Informed consent			
Regional Anaesthesia ☐ Itching (very common) ☐ Significant BP fall (common) ☐ Multiple attempts / Failure ☐ Touch, tug, pressure sensations ☐ Epidural abscess / meningitis ☐ Blood transfusion ☐ Accidental unconsciousness / High block / Total spinal (rare) ☐ PDPH (common)		General Anaesthesia ☐ Shivering (very common) ☐ Nausea / Vomiting (common) ☐ Suboptimal effect / resite (common) ☐ Numb, heavy legs ☐ Epidural hematoma (v. rare) ☐ Conversion to GA ☐ Neurological deficit temporary / permanent (rare / v. rare) ☐ LA toxicity	
Pre-operative instructions / comments:		Anaesthetic plan:	
Assessed by: Grade: Date: Time:		Consent for PR medications: Y / N	
Discussed with Consultant: Y / N Name:			
PC-002622-Obstetric Anaesthetic Record		PC-002622-Obstetric Anaesthetic Record	
QR Code		QR Code	

OBSTETRIC ANAESTHETIC RECORD											
Date: Surgery performed:											
Time: 250											
Decision: In Theatre: Induction: Pt ready: Antibiotics:											
Instrumental Pull 1 Pull 2 Pull 3 LSCS KTS: KTU: Baby: Placenta:											
FIO ₂ SpO ₂ EtCO ₂ Et IAA MAC / BIS Temp ET cuff pressure Urine output											
Intraoperative comments:											
IV access:											
Total EBL:											
Positioning: Supine / Lithotomy Left Tilt ☐ Pressure points padded ☐ Eyes taped Warming: ☐ Warm blanket ☐ Bair Hugger ☐ Fluid warmer DVT prophylaxis: ☐ Anti embolism stockings (TEDS) ☐ Pneumatic compression device											
Block assessment Dermatomal level Time R L R L To touch To cold Lower level Motor block assessment (Bromage scale) ☐ Complete: Unable to move feet or knees ☐ Almost complete: Able to move feet only ☐ Partial: Just able to move knees											
Monitoring ☐ ECG ☐ NIBP ☐ Pulseoximeter ☐ Capnography ☐ Airway pressures ☐ Airway gases ☐ Temperature ☐ Arterial line ☐ BIS											
PC-002622-Obstetric Anaesthetic Record-V1_0_01032023--page 2 of 2											
QR Code											

Postoperative Record											
Time into recovery: Recovery Nurse: Midwife:											
Post-operative instructions: Post natal VTE score: VTE prophylaxis: TEDS/Flowtrons ☐ LMWH first dose at: ☐ Regular observations ☐ Analgesia prescribed ☐ Investigations:											
Anaesthetist: GMC no: Date:											
Time: 250											
SpO ₂ Resp rate Heart rate Temp Pain score											
Epidural catheter removed? Y / N ☐ Tip intact ☐ Opsite spray											
Recovery comments:											
Removed by: Witnessed by: Date: Time: LMWH next dose at:											
Time handed over to ward: Ward Nurse:											
PC-002622-Obstetric Anaesthetic Record-V1_0_01032023--page 1 of 2											
QR Code											

References: 1. Popescu M, Yap J, Improving anaesthetic chart documentation. Clin Med (Lond). 2022 Jul;22(Suppl 4):66-67. doi:10.7861/clinmed.22-4-s66. 2. Royal College of Anaesthetists. Raising the Standards: RCoA quality improvement compendium. 4th edition. London: RCoA, 2021 3. Rattan, Anil, Data Integrity: History, Issues, and Remediation of Issues PDA J Pharm Sci Technol . 2018 Mar-Apr;72(2):105-116