

Anesthesia Case Review
Data Collection Sheet

MR# _____ Primary Dx: _____ Date of Surgery: _____
Anesthesiologist: _____ Procedure: _____

Criteria: Yes No N/A

Selecting/Preparing the Patient:

- | | | | | |
|----|---|-------|-------|-------|
| 1. | A preanesthesia note was completed including: patient's medical, anesthetic and drug history, patient's physical status, anticipated anesthetic technique, and documentation of explanation of risks to the patient/parent. | _____ | _____ | _____ |
| 2. | a. According to the preanesthesia note, the patient experienced nausea/vomiting within 24 hours of a previous procedure, excluding those patients receiving chemotherapy at the same time. | _____ | _____ | _____ |
| | b. If yes, was an antiemetic given prophylactically. | _____ | _____ | _____ |
| 3. | The patient experienced a dental and/or ocular injury during a procedure. | _____ | _____ | _____ |

Monitoring the Patient/Performing the Procedure:

- | | | | | |
|-----|---|-------|-------|-------|
| 4. | The patient's preoperative temperature was either < 33° c or >38.5° c | _____ | _____ | _____ |
| 5. | The patient's postoperative Hct was > 20% above or below the preoperative Hct. | _____ | _____ | _____ |
| 6. | The patient required ventilator support during the immediate post op period in the recovery room. | _____ | _____ | _____ |
| 11. | Anesthesia records document the monitoring of the patient pre, intra and post operatively. | _____ | _____ | _____ |

Providing Post Procedure Care:

- | | | | | |
|----|---|-------|-------|-------|
| 7. | The patient developed a central nervous system (CNS) complication within two post procedure days of procedures involving anesthesia administration, subcategorized by ASA-PS class, patient age, and CNS versus non-CNS-related procedures. | _____ | _____ | _____ |
| 8. | Intrahospital mortality of patients within two post procedure days of of procedures involving anesthesia administration, subcategorized by ASA-PS class and patient age. | _____ | _____ | _____ |

Providing Post Procedure Care: Yes No N/A

- | | | | | |
|----|---|-------|-------|-------|
| 9. | Post operative note includes status of patient and/or any complications | _____ | _____ | _____ |
|----|---|-------|-------|-------|

related to anesthesia.

- | | | | | |
|---------------------------------|---|-------|-------|-------|
| | | _____ | _____ | _____ |
| 10. | a. Did patient experience nausea/vomiting within 24 hours of the procedure, excluding those patients receiving chemotherapy at the same time. | _____ | _____ | _____ |
| | b. If yes, was antiemetic given for the nausea/vomiting? | _____ | _____ | _____ |
| 12. | Patient developed a peripheral neurologic deficit within two post procedure days involving anesthesia. | _____ | _____ | _____ |
| 13. | Patients with a discharge diagnosis of fulminant pulmonary edema developed during procedures or within one post procedure day. | _____ | _____ | _____ |
| 14. | Patients diagnosed with an aspiration pneumonitis occurring during a procedure or within 2 post procedure days. | _____ | _____ | _____ |
| 15. | For those patients with an epidural, pain control was adequate (documented by the anesthesiologist and apparent by morphine use) | _____ | _____ | _____ |
| 16. | The patient had an unplanned respiratory arrest during a procedure involving anesthesia administration or within 24 post procedure hours of its conclusion. | _____ | _____ | _____ |
| 19. | The patient had post operative stridor. | _____ | _____ | _____ |
| <u>Discharging the Patient:</u> | | | | |
| 17. | The patient was discharged from the recovery room by a qualified licensed practitioner. | _____ | _____ | _____ |
| 18. | The patient's post procedure status is assessed on admission to the post anesthesia recovery area and before discharge from the post anesthesia recovery area or setting. | _____ | _____ | _____ |
| 20. | Cardiac complications (i.e. CHF, pulmonary edema, myocardial infarction occurred within two post procedure days of anesthesia administration). | _____ | _____ | _____ |

QI Reviewer: _____ Date: _____

Comments: _____