5-Hole 1/4 1 3/8 c-to-c

Hilo Medical Center
*We Care for Our Community*

# ANESTHESIA RECORD

| PROCEDURE | |
|---|---|
| SURGEON(S) | ANESTHESIA PROVIDER(S) |

| DATE: | OR # | IV GAUGE | SITE ☐ R ☐ L | ANESTHESIA TECHNIQUE: GEN - REG - IV Sed - L/MAC | ASA PRIOR TO INDUCTION 1 2 3 4 5 6 E |
|---|---|---|---|---|---|
| ANESTHESIA TIME START: STOP: | | Started OR / Floor | INITIAL | PRE-MEDICATION & TIME: | ☐ UNCHANGED ☐ CHANGED (see notes) |

☐ **"TIME OUT" PERFORMED** (Correct Patient, Correct Procedure, Correct Side/Site, Correct Position, Special Anesthesia Equipment)

| | | TOTALS |
|---|---|---|
| $O_2$ | L/M | |
| $N_2O$ / Air | L/M | |
| desflurane/sevoflurane | % | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **IV Fluids** | | ml |
| | | |
| **EBL** | | ml |
| **UOP** | | ml |

## REGIONAL

☐ Spinal ☐ Epidural
☐ Other: _____
Position: _____
Prep: _____
Local: _____
Needle: _____
Drug(s)/Dose: _____
_____
Site: _____
Attempts x _____
Level: _____
☐ Catheter: _____
Test Dose: _____
☐ See Remarks

TIME

## MONITORS & EQUIPMENT

☐ NIBP ☐ R ☐ L
____ q ____ min
☐ $O_2$/$N_2O$/Agent
☐ Airway Humidifier
☐ Blanket Warmer
Upper / Lower
☐ Fluid Warmer
☐ OG / NG
#_____ Fr
☐ Steth PC / ESO
☐ TE Monitor

200 180 160 140 120 100 80 60 40 20

## SYMBOLS

⊙ Operation
∨∧ NIBP
⊥⊤ Arterial BP
• PULSE

**VENTILATION**

O Spontaneous
Ø Assisted
⊗ Mechanical

REMARKS

| | |
|---|---|
| **EKG** | |
| **$FIO_2$** | |
| **$SpO_2$** | |
| **$ETCO_2$** | |
| **TEMP** | |
| **$V_T$ / PIP** | |
| **POSITION** | |

## PATIENT SAFETY

☐ anesthesia machine #____checked

**ARMS**
☐ padded
☐ restraints
☐ at side
☐ ABD less than 90°

**EYES**
☐ taped
☐ lubed
☐ padded
☐ goggles

## CONTROLLED DRUGS

| DRUG | WASTE |
|---|---|
| | |
| | |
| | |
| | |

provider signature witness signature

## AIRWAY

☐ NP
☐ $O_2$ mask
☐ Mask
☐ Airway O / N
☐ LMA #_____
☐ ETT / NTT
#_____ mmID
☐ Endobronchial
#_____ Fr L

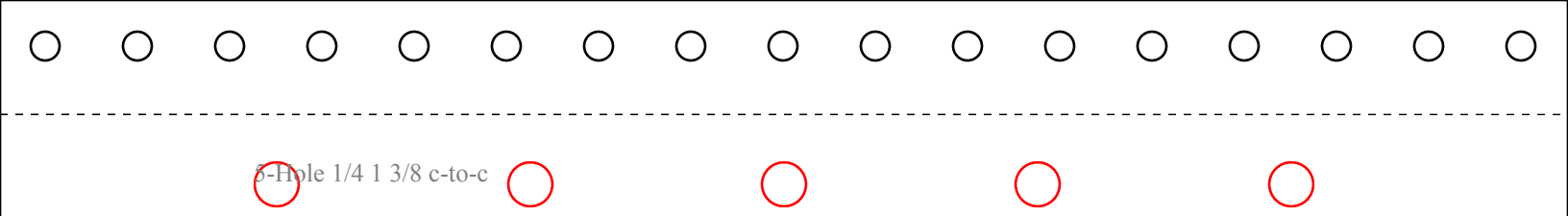
**INTUBATION**
☐ Blind
☐ Direct - blade
#_____
☐ Trachlight
☐ Fiberoptic
☐ Easy
☐ Difficult (see notes)

## RECOVERY

Location: PACU - CCU
Time in: _____
RA - NP - FM - LMA - ETT
Awake - Responsive - Not Responsive
BP: _____ P: _____
R: _____ T: _____
$SpO_2$: _____ % $O_2$: _____ L/M
Notes:

**REMARKS:**

patient identification


5-Hole 1/4 1 3/8 c-to-c

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PROCEDURE

SURGEON(S) | ANESTHESIA PROVIDER(S)

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| $N_2O$ / Air | L/M | |
| desflurane/sevoflurane | % | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| **IV Fluids** | | ml |
| | | |
| **EBL** | | ml |
| **UOP** | | ml |

**TIME**

**MONITORS & EQUIPMENT**

- ☐ NIBP ☐ R ☐ L
- ____ q ____ min
- ☐ $O_2$/$N_2O$/Agent
- ☐ Airway Humidifier
- ☐ Blanket Warmer Upper / Lower
- ☐ Fluid Warmer
- ☐ OG / NG #_____ Fr
- ☐ Steth PC / ESO
- ☐ TE Monitor

**SYMBOLS**

- ⊙ Operation
- ∨∧ NIBP
- ⊥⊤ Arterial BP
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200 180 160 140 120 100 80 60 40 20

REMARKS

| | |
|---|---|
| **EKG** | |
| **$FIO_2$** | |
| **$SpO_2$** | |
| **$ETCO_2$** | |
| **TEMP** | |
| **$V_T$ / PIP** | |
| **POSITION** | |

**REGIONAL**

- ☐ Spinal ☐ Epidural
- ☐ Other: _____
- Position: _____
- Prep: _____
- Local: _____
- Needle: _____
- Drug(s)/Dose: _____
- Site: _____
- Attempts x _____
- Level: _____
- ☐ Catheter: _____
- Test Dose: _____
- ☐ See Remarks

**PATIENT SAFETY**

- ☐ anesthesia machine #____checked

**ARMS**

- ☐ padded
- ☐ restraints
- ☐ at side
- ☐ ABD less than 90°

**EYES**

- ☐ taped
- ☐ lubed
- ☐ padded
- ☐ goggles

**CONTROLLED DRUGS**

| DRUG | WASTE |
|---|---|
| | |
| | |
| | |
| | |

provider signature | witness signature

**AIRWAY**

- ☐ NP
- ☐ $O_2$ mask
- ☐ Mask
- ☐ Airway O / N
- ☐ LMA #_____
- ☐ ETT / NTT #_____ mmID
- ☐ Endobronchial #_____ Fr L

**INTUBATION**

- ☐ Blind
- ☐ Direct - blade #_____
- ☐ Trachlight
- ☐ Fiberoptic
- ☐ Easy
- ☐ Difficult (see notes)

**RECOVERY**

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Time in: _____

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Awake - Responsive - Not Responsive

BP: _____ P: _____

R: _____ T: _____

$SpO_2$: _____ % $O_2$: _____ L/M

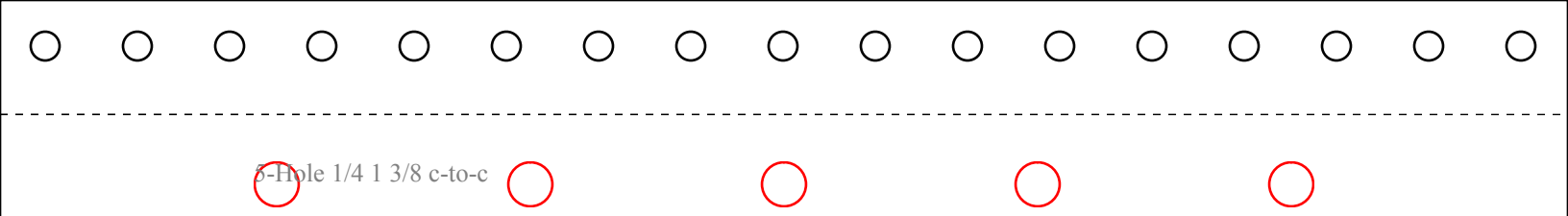
Notes:

**REMARKS:**

patient identification



DISPOSITION: ANESTHESIA COPY


5-Hole 1/4 1 3/8 c-to-c

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Hilo Medical Center
*We Care for Our Community*

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PROCEDURE

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| | | |
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| **IV Fluids** | | ml |
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**TIME**

## MONITORS & EQUIPMENT

- ☐ NIBP ☐ R ☐ L
- ____ q ____ min
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|---|---|
| | |
| | |
| | |
| | |

provider signature | witness signature

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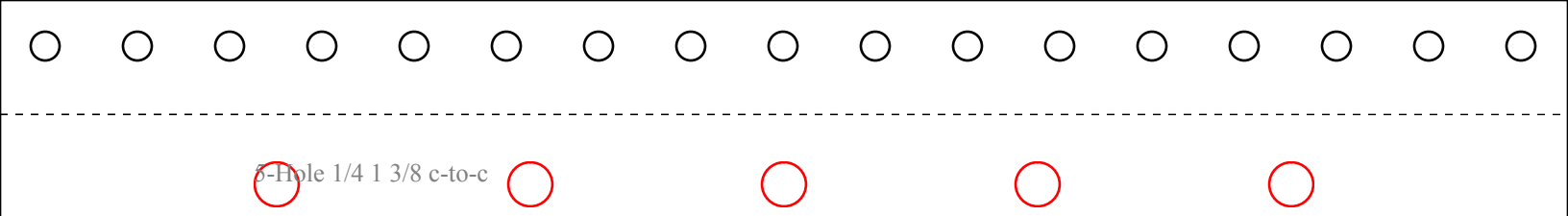
patient identification


5-Hole 1/4 1 3/8 c-to-c

5-Hole 1/4 1 3/8 c-to-c

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Anesthesiology Department

**BOLDED ITEMS FALL OUT FOR PEER REVIEW**

# ANESTHESIA QUALITY ASSURANCE

patient identification

**Initial:** _____ OR _____ PACU _____ 48 hrs

| OR | PACU | 48 HRS | CODE | |
|---|---|---|---|---|
| | | | **0100** | **AIRWAY** |
| ☐ | ☐ | ☐ | 0101 | **Aspiration** |
| ☐ | ☐ | ☐ | 0102 | Dental Injury |
| ☐ | ☐ | ☐ | 0103 | Difficult Intubation (unrecognized) |
| ☐ | ☐ | ☐ | 0104 | **Esophageal Intubation** |
| ☐ | ☐ | ☐ | 0105 | Hypoxemia ($SpO_2$ less than 90%) sustained 5 min |
| ☐ | ☐ | ☐ | 0106 | Mainstem Intubation |
| ☐ | ☐ | ☐ | 0107 | Post-intubation Croup |
| ☐ | ☐ | ☐ | 0108 | **Reintubation (unplanned)** |
| ☐ | ☐ | ☐ | 0109 | **Respiratory Arrest (unplanned)** |
| ☐ | ☐ | ☐ | 0110 | **Unable to intubate** |
| ☐ | ☐ | ☐ | 0111 | Uvular Trauma |
| | | | **0200** | **CARDIOVASCULAR** |
| ☐ | ☐ | ☐ | 0201 | **Pulmonary Edema** |
| ☐ | ☐ | ☐ | 0202 | **Cardiac arrest** |
| ☐ | ☐ | ☐ | 0203 | Dysrhythmia (new dx'd) |
| ☐ | ☐ | ☐ | 0204 | **Myocardial Infarction Acute (new)** |
| ☐ | ☐ | ☐ | 0205 | **Pulmonary Embolism** |
| | | | **0300** | **DEATH** |
| ☐ | ☐ | ☐ | 0301 | **Temporally Related to Anesthetic** |
| | | | **0400** | **DRUG** |
| ☐ | ☐ | ☐ | 0401 | **Muscle Paralysis Prolonged (unplanned)** |
| ☐ | ☐ | ☐ | 0402 | Narcotic Resp Depression (Rx'd with Narcan) |
| | | | **0500** | **EQUIPMENT** |
| ☐ | ☐ | ☐ | 0501 | Failure |

| OR | PACU | 48 HRS | CODE | |
|---|---|---|---|---|
| | | | **0600** | **INVASIVE MONITORS** |
| ☐ | ☐ | ☐ | 0601 | **Post-CVC Pneumothorax** |
| ☐ | ☐ | ☐ | 0602 | **Carotid artery Puncture** |
| ☐ | ☐ | ☐ | 0603 | **Pulmonary Hemorrhage with Swan Ganz** |
| | | | **0700** | **MISCELLANEOUS** |
| ☐ | ☐ | ☐ | 0701 | **Burns** |
| ☐ | ☐ | ☐ | 0702 | **Ocular Injury** |
| ☐ | ☐ | ☐ | 0703 | **Post-TURP Syndrome** |
| ☐ | ☐ | ☐ | 0704 | **Recall** |
| | | | **0800** | **NEUROLOGICAL** |
| ☐ | ☐ | ☐ | 0801 | **Nerve Palsy** |
| ☐ | ☐ | ☐ | 0802 | **Seizures** |
| ☐ | ☐ | ☐ | 0803 | Spinal Headache |
| ☐ | ☐ | ☐ | 0804 | **Stroke (new)** |
| | | | **0900** | **REGIONAL TECHNIQUE** |
| ☐ | ☐ | ☐ | 0901 | Epidural Wet Tap |
| ☐ | ☐ | ☐ | 0902 | Failed Block |
| ☐ | ☐ | ☐ | 0903 | High Level |
| ☐ | ☐ | ☐ | 0904 | **IV Local Injection (unplanned)** |
| ☐ | ☐ | ☐ | 0905 | **Pneumothorax** |
| | | | **1000** | **THERMOREGULATION** |
| ☐ | ☐ | ☐ | 1001 | **Malignant Hyperthermia** |
| ☐ | ☐ | ☐ | 1002 | **Core Temp less than 95° F (unplanned)** |
| | | | **1100** | **TYPE OF ANESTHETIC DELIVERED** |
| ☐ | ☐ | ☐ | 1101 | Other than planned |

(See other side)

FORM 322-0002 Rev. 11/08

DISPOSITION QUALITY MANAGEMENT

**ANESTHESIA QUALITY ASSURANCE**

Perforation

Hilo Medical Center
*We Care for Our Community*

# ANESTHESIA CHARGES

**DATE:**

**ANESTHESIA TIME**

START: STOP:

patient identification

| CODE | AMOUNT | DESCRIPTION |
|---|---|---|
| 370-2900 | | ANESTHESIA INITIAL 15 MINUTES |
| 370-2901 | | ANESTHESIA EA ADDL MINUTE |
| 370-6937 | | US GUIDE VASC ACCESS |
| 370-6942 | | US GUIDE NEEDLE PLACEMENT |
| 370-3050 | | HEMOCUE |

FORM 322-0002 Rev. 11/08

DISPOSITION: HMC BILLING OFFICE

**ANESTHESIA CHARGES**

5-Hole 1/4 1 3/8 c-to-c

Description of Incident (Reference Code)

MD/CRNA Signature:

Perforation

5-Hole 1/4 1 3/8 c-to-c

Hilo Medical Center
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# PRE - ANESTHETIC EVALUATION

**PROPOSED PROCEDURE**

**DIAGNOSIS**

| Age | Height | Weight | Date: / Time: | temp | pulse | resp | $SpO_2$ RA / $O_2$ | BP |
|---|---|---|---|---|---|---|---|---|
| | | lb(s)/ kg | | | | | | |

**SURGICAL / ANESTHETIC HISTORY** ☐ no personal or family history of anesthetic complications

**TEETH** ☐ Appear normal ☐ Decayed ☐ Missing ☐ Other
☐ Dentures Full: Upper / Lower Partial: Upper / Lower

**AIRWAY / HEAD & NECK** ☐ No apparent airway problems

**RESPIRATORY** ☐ WNL
- ☐ Asthma
- ☐ COPD
- ☐ Recent URI
- ☐ Sleep Apnea
- ☐ Smoker _____ packs/day x _____ yrs
- ☐ Ex-Smoker _____ packs/day x _____ yrs Quit _____

**CARDIOVASCULAR** ☐ WNL
- ☐ Angina
- ☐ ASHD / CAD
- ☐ ASPVD
- ☐ CHF
- ☐ Dysrhythmia
- ☐ HTN
- ☐ Hypercholesterolemia / Hyperlipidemia
- ☐ MI
- ☐ Pacemaker
- ☐ Valvular Disease

**HEPATO / GASTROINTESTINAL** ☐ WNL
- ☐ Hiatal Hernia / Reflux
- ☐ Drug / Alcohol Abuse
- ☐ Liver Disease
- ☐ Nausea / Vomiting
- ☐ Ulcers

**NEURO / MUSCULOSKELETAL** ☐ WNL
- ☐ Arthritis
- ☐ CVA / TIA's
- ☐ DJD
- ☐ Headaches
- ☐ Muscle Weakness
- ☐ Neuromuscular Disease
- ☐ Neuropathy
- ☐ Paralysis
- ☐ Seizures

**RENAL / ENDOCRINE** ☐ WNL
- ☐ Diabetes: NIDDM / IDDM
- ☐ Renal Failure / Dialysis
- ☐ Recent Steroids
- ☐ Thyroid Disease

**OTHER**
- ☐ Coagulopathy
- ☐ Obesity
- ☐ Pregnancy
- ☐ Psychiatric Hx

**CURRENT MEDICATIONS**

**ALLERGIES / NKDA**

| LABORATORY STUDIES | DIAGNOSTIC STUDIES |
|---|---|
| CBC: WBC, Hgb, Hct, Platelets | CXR |
| Electrolytes: Na, Cl, BUN, Glucose, K, $CO_2$, Creatinine | EKG |
| Other | Other |

**NPO** after: time _____ date _____

## ANESTHESIA PLAN

**ASA 1 2 3 4 5 6 E**

**Anesthesia Plan:** GEN - REG - IV Sed - L/MAC

Anesthesia plan, risks, benefits and alternatives discussed with patient. Questions were answered. ☐ Yes ☐ No

Patient appears to understand; anesthetic plan and risks are accepted. Patient wishes to proceed and is determined to be an appropriate candidate for the planned anesthesia. ☐ Yes ☐ No

Patient identity, procedure, and site verified. ☐ Yes ☐ No

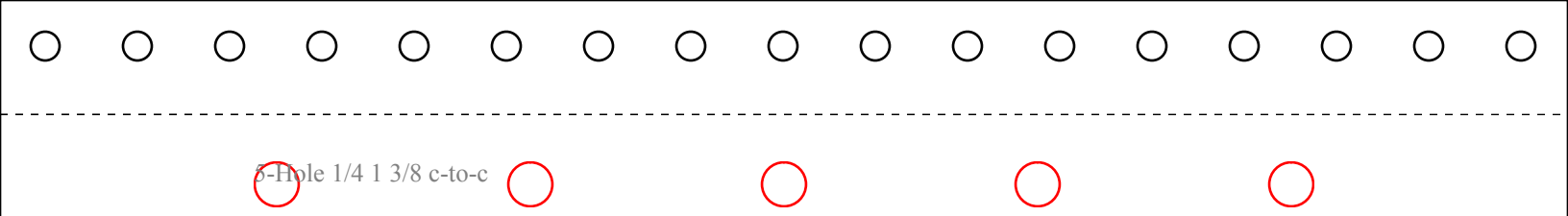
provider signature _____ date / time _____

## POST-OP VISIT

☐ Chart reviewed ☐ Patient visit
☐ No apparent anesthetic complications

signature _____ date / time _____

patient identification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