

**PRACTICE ASSESSMENT REPORT  
ANESTHESIOLOGY**



**CLINICAL PRACTICE**

**PRE-OPERATIVE ANESTHETIC ASSESSMENT**

**INSTRUCTIONS**

Please consider the evidence found in the records and, through your interview with the physician, the appropriateness of the completion of pre-operative anesthetic consultations and assessments by the physician.

| PRE-OPERATIVE ANESTHETIC ASSESSMENT  | APPROPRIATE(LY)          | APPROPRIATE(LY) WITH SUGGESTIONS | CONCERNS                 | N/A                      |
|--|--------------------------|----------------------------------|--------------------------|--------------------------|
| 1. The legibility of the pre-operative anesthetic consultation as judged by the assessor is...                             | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> |                          |
| 2. The medical history is acquired...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Smoking history is acquired...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The anesthetic history (personal and family) is acquired ...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Allergy history (e.g., latex, medications, food, etc.) is acquired ...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Obstetric/fetal history is acquired...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The physical exam (includes auscultation of the chest, etc., where appropriate) is ...                                  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The pre-operative vital signs assessment is...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The airway assessment is...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The state of dentition review is...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. ASA physical status or description is...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Documentation of patient medications (including Complementary and Alternative Medicines/Natural Health Products) is... | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Premedication, if given, is...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. NPO status is...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Investigations (e.g., labs, ECG, etc.) are selected and reviewed...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. The anesthetic management plan or recommendation is...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. The anesthetic problem(s)/risk(s) are identified and documented...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. The risks/benefits and options are discussed with the patient and are documented...                                    | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Emergency problems are dealt with quickly and...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |

| SECTION RECOMMENDATION:             | APPROPRIATE              | APPROPRIATE WITH SUGGESTIONS | CONCERNS                 |
|-------------------------------------|--------------------------|------------------------------|--------------------------|
| PRE-OPERATIVE ANESTHETIC ASSESSMENT | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |

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No concerns/suggestions

**DETAILS/COMMENTS:**

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ANESTHESIOLOGY**



**CLINICAL PRACTICE**

**ANESTHETIC OPERATIVE/PROCEDURAL CARE**

**INSTRUCTIONS**

Please consider the evidence found in the records and, through your interview with the physician, the appropriateness of the physician's anesthetic management during surgical procedures. The questions below do **not** imply that each test/monitor is required for each patient. Therefore, the appropriateness of the specific test/monitor must only be evaluated in those records which have indicated that the specific tests/monitors were performed/used.

| ANESTHETIC OPERATIVE/PROCEDURAL CARE  | APPROPRIATE(LY)          | APPROPRIATE(LY) WITH SUGGESTIONS | CONCERNS                 | N/A                      |
|---|--------------------------|----------------------------------|--------------------------|--------------------------|
| 1. The legibility of the record as judged by the assessor is...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> |                          |
| 2. The pre-induction equipment check is...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The induction technique is...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The airway management description is...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Management of a difficult airway is...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Mechanical ventilation techniques are...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Monitoring techniques:   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) Invasive monitoring is...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) End tidal (CO <sub>2</sub> ) capnography (when endotracheal tubes or laryngeal masks are inserted) monitoring is... | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Temperature monitoring is...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) When inhalation anesthetic agents are used, appropriate agent-specific anesthetic gas monitors are available.       | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Urine output monitoring is...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Monitoring the depth of anesthesia is...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Patient position is...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Eye care is...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Intravenous (site and size) is...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The fluid plan is...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The type and amount of fluids given are...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Blood loss documentation is...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Anesthetic problems and actions are...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Neuraxial blocks, with description of regional technique, are performed...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |

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**ANESTHETIC OPERATIVE/PROCEDURAL CARE**

| ANESTHETIC OPERATIVE/PROCEDURAL CARE   | APPROPRIATE(LY)          | APPROPRIATE(LY) WITH SUGGESTIONS | CONCERNS                 | N/A                      |
|--|--------------------------|----------------------------------|--------------------------|--------------------------|
| 16. Peripheral nerve blocks are performed...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Patient monitoring following blocks is...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Narcotic prescribing is...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Drugs (non-narcotics) administered, including dose, duration, route, time, etc. are... | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Emergent and/or operative events are described and treated...                          | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>SECTION RECOMMENDATION:</b>       | APPROPRIATE              | APPROPRIATE WITH SUGGESTIONS | CONCERNS                 |
|--------------------------------------|--------------------------|------------------------------|--------------------------|
| ANESTHETIC OPERATIVE/PROCEDURAL CARE | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |

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No concerns/suggestions

**DETAILS/COMMENTS:**

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**CLINICAL PRACTICE**

**POST-OPERATIVE CARE IN THE POST-ANESTHETIC CARE UNIT (PACU)**

**INSTRUCTIONS**

Please consider the evidence found in the records and, through your interview with the physician, the appropriateness of the physician's post-operative patient management. Follow-up of patients with conditions that may require long-term monitoring should also be considered where applicable.

| POST-OPERATIVE CARE IN THE POST-ANESTHETIC CARE UNIT  | APPROPRIATE(LY)          | APPROPRIATE(LY) WITH SUGGESTIONS | CONCERNS                 | N/A                      |
|---|--------------------------|----------------------------------|--------------------------|--------------------------|
| 1. The patient's condition (e.g., stable, unstable) prior to transfer of care to PACU nurses is...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. PACU orders are...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Initial vital signs are monitored and documented...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Acute pain management (including PCA, continuous epidural infusions) orders are...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Pain assessment and scoring are...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Post-operative laboratory investigations are...  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Response to concerns raised by nursing staff is...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Unexpected post-operative events (e.g., postoperative airway compromise, hemodynamic compromise, hypertension, etc.) are documented... | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The reason for delayed discharge is...   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>SECTION RECOMMENDATION:</b>                       | APPROPRIATE              | APPROPRIATE WITH SUGGESTIONS | CONCERNS                 |
|--|--------------------------|------------------------------|--------------------------|
| POST-OPERATIVE CARE IN THE POST-ANESTHETIC CARE UNIT | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |

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**CLINICAL PRACTICE**

**POST-OPERATIVE CARE IN THE POST-ANESTHETIC CARE UNIT (PACU)**

**INSTRUCTIONS**

Please consider the evidence found in the records and, through your interview with the physician, the appropriateness of the physician's post-operative patient management. Follow-up of patients with conditions that may require long-term monitoring should also be considered where applicable.

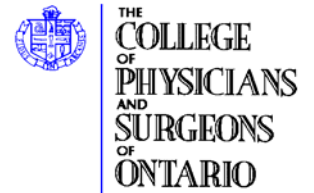
No concerns/suggestions

**DETAILS/COMMENTS:**





**PRACTICE ASSESSMENT REPORT  
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**FACILITY COMMENTS**

**INSTRUCTIONS**

Please list any comments that you have regarding the facility.

No concerns/suggestions

**DETAILS/COMMENTS:**

**PRACTICE ASSESSMENT REPORT  
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**GENERAL COMMENTS**

**INSTRUCTIONS**

Please list any additional or general comments that you have regarding this assessment.

No concerns/suggestions

**DETAILS/COMMENTS:**