Obstetric *anaesthesia* newsletter

University Hospitals Coventry and Warwickshire NHS Trust

Contents

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Completing anaesthesia records

The Clinical Negligence Scheme for Trusts (CNST) people continue to tighten up the requirements for clinical standards. We are now required to run a full documentation audit every year against 113 standards.

Write in black ink, clearly and in block letters unless you have good handwriting. When you sign your name, add it in capitals and put your grade and GMC number down.

Make sure the patient name, date of birth and unique ID number is on every sheet of paper you write on.

All anaesthetic charts should have the name of the responsible consultant anaesthetist. Use the consultant on the day session or the name of the on call general consultant. You do not have to discuss every case specifically, but if you do, note it down.

The following are reminders about specific standards you will be audited against, with percentage compliance from the last audit. Some of them are not ones that we have habitually recorded. We need to change our practice now.

- Anaesthetic type (100%)
- Preoperative assessment checks (100%)
- Name of anaesthetist (86%)
- Grade of anaesthetist (86%)
- Name of obstetric consultant (36%) – *even if not present*
- Name of surgeon (50%)
- Drugs and doses given during anaesthesia (100%)
- Blood loss (93%)
- IV fluid therapy (93%)
- Urine output (21%) – *include the volume in the drainage bag for routine cases*
- Postanaesthetic instructions (43%) – *use 'standard care' if appropriate, but sign and date the record*
- 'Time in' (79%)
- 'Time out' (71%)
- Signature of attending anaesthetist (86%)

Clinical events roundup

Prescribing

Please remember to use clear block letters and generic drug names when prescribing. Do not vary the drug round times except for single starting doses if needed.

There have been some instances recently of prescriptions varying widely from the OAH guidelines,

where there is no compelling reason to do so. This causes confusion and they only have to be rewritten.

Intravenous access

The Labour Ward is one of the clinical areas where we share care including such things as intravenous access, insulin infusions and so forth. For the most part this works well, but one occasionally hears 'that's not my job'. Please try to avoid the problems caused by assuming that multidisciplinary care is not your job.

Transporting ventilated patients from the West Wing to critical care

There is an occasional need to transport ventilated patients from the West Wing to the critical care units. These transfers are no different than those between any two hospitals and must be treated as inter-hospital transfers.

A recent incident has pointed up the importance of clear and crisp communication between all parties. I recommend the following method to obtain transport.

Resuscitate, stabilise and prepare the patient.

Telephone switchboard and request to be connected to ambulance control. If there is any question about priority state that this is an urgent case. Ambulance control is situated in Warwick.

Do not use the internal ambulance or the portering services for patient transport. (You may need to use the emergency internal transport service for people or supplies to support the patient transfer.)

When speaking to ambulance control, state firmly that this is an immediate priority, blue light transfer from the West Wing to the main Walsgrave Hospital. You need an ambulance capable of taking a ventilated patient but you do not necessarily need a paramedic crew – you will be taking an anaesthetist and an ODP with you.

Ask for the time of arrival. If this is quoted as anything over thirty

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minutes (and you have already stabilised the patient) repeat the statement about priority and then consider calling your supervising consultant.

Arrest calls in radiotherapy

Radiotherapy day patients moved into the West Wing at the end of March. Although arrest calls will be rare, the obstetric anaesthetist will receive them. If you are able to attend phone '2222' to let switchboard know whether you can attend and go to the main hospital street by the lifts and stairs just outside labour ward and antenatal clinic. Go down the stairs to the next floor down. A member of the Radiotherapy staff will be there to guide you to the area.

List timing

Getting the operating lists started for elective patients is proving to be a challenge, with no single cause. You can help by:

- Ensuring that the patients are seen the night before, or if not (sometimes there's a very good reason) then at 08:30 on the day of surgery.
- Making ready to start by 09:00 if at all possible.
- Pressing for the next patient to be brought down at least while the previous case is on the table.

Patients whose surgery is delayed should not need intravenous drips as they are allowed to drink free plain water. Make sure that the wards are allowing this.