

CORRESPONDENCE

ANESTHESIA RECORDS

To the Editor.—The article in your recent issue (ANESTHESIOLOGY 18: 794, 1957) on the liability of our specialty to actions for negligence prompts me to send you the enclosed copy of an "Anaesthesia Sheet" which has now been used for about 8,000 cases.

I believe that its use would satisfy a Court of Law that due care had been taken in preoperative assessment, during the operation, and in the postoperative period.

Anaesthesia Sheet				
SURNAMES (Block Letters)	FIRST NAMES	AGE	NUMBER	WARD
Mr. Mrs. Miss DAVEY	KATE	49	12345	15
HISTORY Previous illnesses or operations (including complications), with dates PERFORATED D.U. 1955				
EXERCISE TOLERANCE ✓		DYSPNOEA: at rest in moderate exertion on heavy exertion		
COUGH: acute chronic periodic		WHEEZING 0		
SPUTUM: quantity type		Smoking 0 per day Alcohol 0 per day		
SCANTY MUCOID				
EXAMINATION		ABNORMALITIES		
COLOUR ✓		e.g. of neck FALSE		
CHEST: Movement ✓		neck ✓		
Air Entry ✓		stomach ✓		
Adventitious sounds 0		none ✓		
		WEIGHT 9 almost approx.		
HEART				
Apex Beat ✓		Pulse ✓ 82		
Sounds ✓		B.P. 140/90 Hb 90%		
X-RAY APPEARANCES				
CHEST ✓		HEART ✓		
P.C.G. —				
OTHER PATHOLOGY OR INVESTIGATIONS				

More important from the patients' point of view, the routine use of such a form ensures a careful examination and that the salient features of the individual case are briefly and clearly set out. During a long operating session, it is reassuring to be able to read the form quickly before starting the induction and thus be reminded of any special features of the case.

Given that the patient is to be examined preoperatively, the use of the form adds very little to the time taken, since it is so designed that a large part of it can be filled in with a "tick" or a "nought" in the appropriate place.

The premedication is written up at the time of examination, and the time of administration entered by the ward nurse and initialled by her, a useful check on occasion.

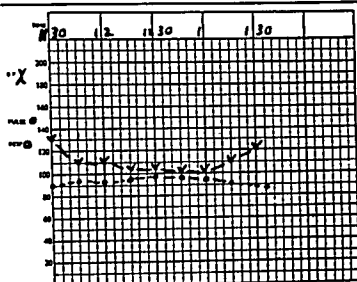
DATE 20-10-57

PRE-OPERATIVE DIAGNOSIS
D.U.

OPERATION PERFORMED
PARTIAL GASTRECTOMY

PREMEDICATION
 PETHIDINE 75 MG. }
 PHENERGAN 25 MG. }
 ATROPIN GR. 1/50 }
 10:25 AM 10:30 AM 10:35 AM

Effect: PLACID



Anaesthesia began: 11:20 AM
ended: 1:30 PM

Agents and technique
 THIOP. 0.4 GM
 SCOLINE 40 MG
 PETHIDINE 100 MG
 GALLAMINE 160 MG
 H₂O, O₂.
 ORAL TUBE (NO 9)

ATROPIN GR. 1/50
 PROSTIGMIN 2.5 MG
 IV DEXTROSE
 SALINE DRIP

REMARKS I.P.P. THROUGHOUT
 SMALL QUANTITY OF MUCUS ON ENDOBRONCHIAL
 SUCTION AT END OF OPERATION

ORDERS TO WARD VIGOROUS PHYSIO-THERAPY PLEASE

Anaesthetist's signature *Godwin*

POST-OPERATIVE COMPLICATIONS

22-10-57 COUGH; APYREXIAL. LOOSE RÂLES ALL AREAS. NO
 DULLNESS.
 23-10-57 CHEST CLEARER
 25-10-57. CHEST NEARLY CLEAR. CONDITION GOOD.

There is a fairly liberal space for the details of the administration, and under "Remarks" any special difficulties or complications can be entered; in the event of subsequent operation these can be watched for and perhaps avoided.

The section "Orders to Ward" may be used for orders as to intravenous therapy, sedative, posture, physiotherapy, etc.

The adoption of this "Anaesthesia Sheet" has in my opinion improved the standard of service, is a medico-legal safeguard, and I would not now be without it.

E. GODWIN, F.F.A.R.C.S.
 Surrey, England

To the Editor.—Enclosed is a copy of the anaesthesia record that we have recently devised for the Bethesda Hospital, Hornell, a hospital of 60 beds. We believe that it contains the essential information for the recording of the clinical course of the patient in the operating room.

As our chart holders clip the charts at the top, we have added a "Post-Anaesthesia Recovery Record" on the back which will be available for use as the anaesthesia record is lifted up. It contains a blood pressure and pulse graph, which is similar to the one on the anaesthesia chart. The bottom consists of space for nurses notes. As we do not as yet have a recovery room, we plan to end the recovery record nurses notes with "discharged to floor care," with a continuation of the patients course on the regular