AN OBSTETRIC ANAESTHETIC RECORD CARD

BY

R. J. HAMER HODGES
Obstetric Unit, St. Mary's Hospital, Portsmouth

ANAESTHETIC records, it has been stated, may not only constitute an immediate distraction to an anaesthetist, but are of little use thereafter, for retrospective examination may fail to reveal some vital detail. These objections are not valid when the records to be kept are simplified, systematically completed and filed, and methodically planned for the purpose of some preconceived investigation.

The purpose of this communication is to describe a record card for obstetric anaesthesia which has been specifically designed to facilitate the recording of observations with the minimum of inconvenience and distraction, and which may, without reduplication, form part of the whole clinical record of mother and child. In designing this card I have drawn liberally on the experience and practice of others, and the card now used incorporates many useful factors that I have had the opportunity to see in use in other centres.*

Figure 1 shows the working face of the card. These particulars are reduplicated on a thin sheet loosely attached along the lower edge, which is separated from the card itself by a carbon during use. Subsequently the thin sheet is detached and by means of a pre-gummed strip along the upper edge is incorporated in the patient's clinical notes, both maternal and neonatal, by dividing along the vertical perforation. The size of the card (8 x 11 inches) corresponds to the size of the clinical notes in use.

On the patient's discharge the back of the card (see figure 2) is filled in and punched. At this time the clinical details are re-checked and the maternal and infant summaries added.

DISCUSSION

This type of record offers advantages to all departments concerned with the care of mother and child. By this means a record of an important part of the clinical treatment, anaesthesia, is incorporated in the clinical file. The departments are provided with a simple and quick reference to the maternal and neonatal pre- and postoperative details in all cases involving operative obstetric procedures. These details, together with a history of the first few moments of life, the immediate postdelivery state, and the resuscitative measures employed, provide invaluable data for the anaesthetists, the obstetricians and the paediatricians.

After using this type of record for two years I have found that the practice not only disciplines the anaesthetist to make useful and accurate observation, but forms useful data for teaching and retrospective examination. In the event of either neonatal or maternal complications, each individual record forms the basis for examination and discussion.

In practice the records are easy to keep and with a stop-watch attached to the anaesthetic machine accurate time recordings can easily be made. We have found that the cards can readily be completed even by the single-handed anaesthetist.

SUMMARY

An anaesthetic record card is described which is simple to complete and allows clinical records of anaesthesia to be incorporated into the hospital notes without reduplication.

The advantages to all departments concerned in maternal and neonatal care are outlined.

ACKNOWLEDGMENT

The cards were prepared for me by the Copeland-Chatterson Company, of Stroud, Gloucestershire, to whom I am grateful for advice and assistance.

*Particularly in Professor R. A. Hingson's Department, Western Reserve University, Cleveland, Ohio.
**Figure 1.**

**Date:** 1.1.57  
**Name:** Jones, E.C.  
**Premed:** Atropine  
**Anaesthetic Duration:** 35 MN  
**Anaesthetic Technique:** Thiopental (Thiop.-Sux-N2O)  

**Operative Procedure:** C.S. for Foetal Distress in 1st Stage.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose or Duration before Delivery</th>
<th>Total Dose or Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thiop.</td>
<td>250 mg.</td>
<td>750</td>
</tr>
<tr>
<td>Sux</td>
<td>50+25+25 mg.</td>
<td>350</td>
</tr>
<tr>
<td>N2O</td>
<td>60% - 10 min.</td>
<td></td>
</tr>
</tbody>
</table>

**Maternal Premed.:** Atropine  
**Maternal Previous Drugs:** Pethidine 100 mg (6 hrs pre-op)  
**Anaesthetic Induced:** O at 03 (7.10 AM)  
**Anaesthetic Technique:** Thiopental (Thiop.-Sux-N2O)  
**Anaesthetic Course:** Uneventful  
**Delivered:** 5 m 15s  
**Breathed:** 5 m 15s  
**Cried:** 5 m 30s  
**Resuscitation:** O2 Mask Endotracheal Box  
**Aspiration:** I.P.P.I. Lobeline  
**Nalorphine:**  
**Cardiac Massage, Other Drug:**  
**Final Condition:** WT. 8 lb.  
**Post-operative State:** Good
PORTSMOUTH GROUP HOSPITALS

OBSTETRIC - ANAESTHETIC RECORD

Hospital No: 5/99 891
Date: 1.1.57

Name: Jones, E.C.
Husband: O.E.O.
Age: 27

Hospital/Ward: B.4.
W.T.: 11 8.

BP: 115/75
T.P.R. 98 90 20
Hb: 89%
Alb.: +ve

Procedure: C.S. for Foetal Distress in First Stage.

Surgeon: [Blank]
Anaesthetist: [Blank]

SUMMARY

Mother
Admitted in 1st Stage spontanous foetal distress.
C.S. - no incidents.

Neonate
Lusty male child (8.6) delivered by C.S.
No neonatal complications.

Left Hospital a.m. 10th day.

FIGURE 2.