Day Surgery Unit Data Collection Requirements

PATIENT DETAILS (patient label)

Surname .....

First Name .....

DoB .....

Hospital No .....

Consultant .....

Operation Date .....

Theatre No .....

Ward .....

IF LIST STARTED LATE PLEASE CIRCLE REASON

1 Anaesthetists delayed
2 Radiographer delay
3 Ward delay
4 Emergency Case added
5 Patient not prepared
6 Equipment unavailable
7 Surgeon delayed - non clinical
8 Surgeaon delayed - clinical
9 Theatre delayed
10 Transportation delay
11 List order changed
12 Patient waiting for bed

IN-THEATRE DETAILS (times)

Anae Start Time .....

Out of Theatre Time .....

Tourniquet - time on .....

Tourniquet - time off .....

OpType Elective ☐ Emergency ☐

Outcome Performed ☐ Cancelled ☐

Abandoned ☐

tick if procedure done in anaesthetic room ☐

IF PATIENT CANCELLED PLEASE CIRCLE REASON

Clinical Cancellations

1 Pre exist medical condition
2 Unfit (hosp cxd)
3 Pre-op guidance not followed
4 Op not necessary (hosp cxd)

Patient Cancellations

5 Appt inconveniant
6 Unfit (pt cancelled)
7 Op not required (pt cxd)
8 DNA

Non Clinical Cancellations

9 No ICU/HDU bed
10 No ward bed
11 Emergency added
12 List overrun/overbooked
13 Surgeon unavailable
14 Anaesthetist unavailable
15 Theatre staff unavailable
16 Equi[pment unavailable
17 Admiinistrative error

ANAESTHETIC DETAILS (please circle)

Anaesthetic Type:

General
Epidural
Spinal
Local
Major nerve block
Combined Spinal epidural
GA/Sedat.ion + Epidural
GA/Sedation + Spinal
GA/Sedation + Major nerve block
Spinal + Major nerve block

ASA Score:

1 = Fit
2 = Relevant Systemic Disease
3 = Restrictive Systemic Disease
4 = Life-threatening Systemic Disease
5 = Moribund

STAFF DETAILS - SURNAME BLOCK CAPITALS ONLY - PLEASE DO NOT SIGN

Anaesthetist 1 ..... Surgeon 1 ..... Scrub Person .....

Anaesthetist 2 ..... Surgeon 2 ..... Circ. Person .....

Anea. Practioner ..... Surgeon 3 .....

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