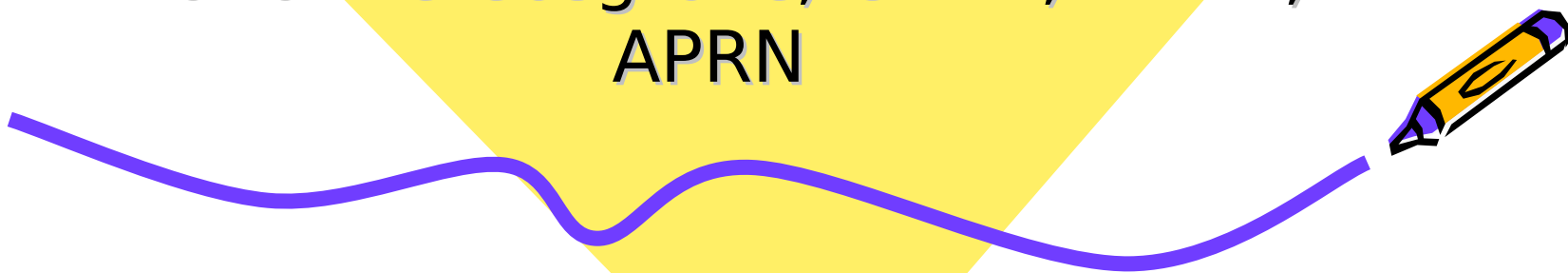


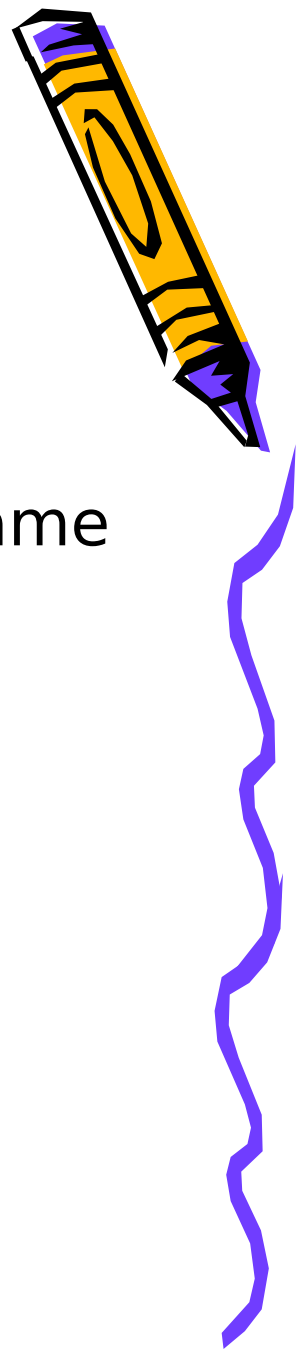


The Anesthesia Chart

Marianne Cosgrove, CRNA, DNAP,
APRN



The Anesthesia Chart

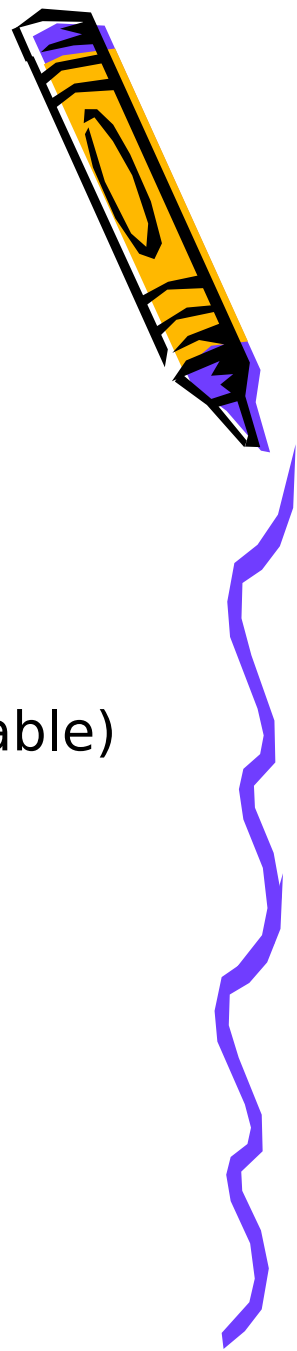


- Varies from institution to institution
 - May have different records within the same institution
- Must all have the same basic core of info that is to be documented
 - Includes:
 - Preanesthetic evaluation/informed consent
 - Intraoperative anesthetic care/data
 - Immediate postanesthesia VS/care



Basic Data

- Patient ID
- Provider information
- Equipment checks
- SOC Monitors
- VS (baseline and intraoperative)
- Line placements
- Medications (rationale and response where applicable)
- Techniques
- I/O (fluids, EBL, U/O)
- Pt. positioning and interventions
- Start/stop times
- Procedures performed



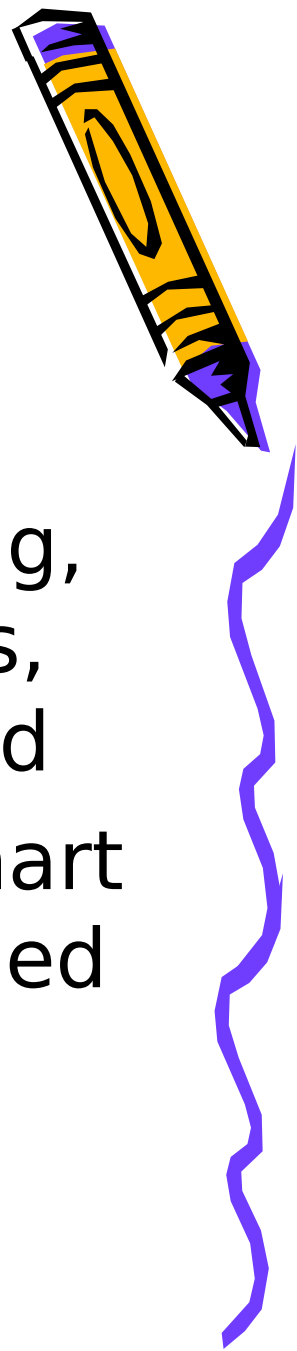
The Anesthesia Chart



- Records information in a sequential manner
 - Usually in a grid format
 - Allows for frequent chronological charting
 - Events must correlate to each other on a vertical axis
 - Will have 2 parts
 - Original for the pt's chart
 - Copy for anesthesia group's records
 - Utilized for QA, M & M, chart reviews



The Anesthesia Chart

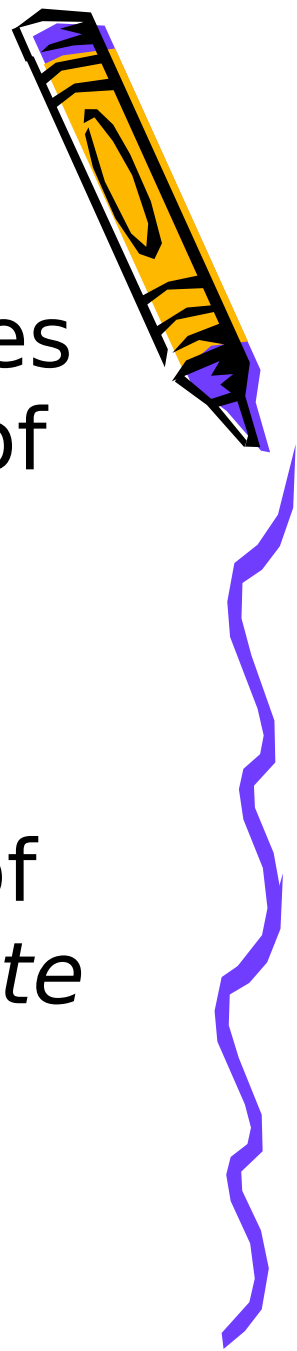


- There may be overlap re: pt identification, time out, positioning, certain types of equipment, locals, antibiotics, etc. with the OR record
- During a malpractice case, the chart will be evidence—may be expanded to *poster size* for the jury to see



The Anesthesia Chart

- 90% of medical malpractice cases are won based on the contents of the anesthesia chart
- Coffee break, lunches, other provider turnovers and handoffs are the most dangerous points of any case secondary to *inadequate communication*



PLANNED PROCEDURE _____

ALLERGIES _____

MEDICAL/SURGICAL HISTORY _____

ANESTHETIC HISTORY _____

AIRWAY: CLASS _____ TEETH _____ ROM _____

MEDICATIONS: _____

TOBACCO: _____ ETOH: _____ URINE PREGNANCY: ☐ NEGATIVE ☐ N/A

ANESTHETIC PLAN: _____ ASA 1 2 3 4 5 E

POST-OPERATIVE PAIN MANAGEMENT DISCUSSED & ACCEPTED ☐ PCA ☐ EPIDURAL ☐ OTHER

☐ RISKS, COMPLICATIONS AND ALTERNATIVES DISCUSSED & ACCEPTED ☐ NPO _____

☐ ~~BLOOD TRANSFUSION RISKS AND COMPLICATIONS DISCUSSED AND ACCEPTED~~

☐ NO SIGNIFICANT CLINICAL CHANGES FROM THE ACCOMPANYING HISTORY AND PHYSICAL

DATE _____ TIME _____ SIGNATURE _____

LABS: Hb 10.5 Hct 30.5 K 3.8 BUN 10 Cr 0.8 Glu 100 PT 12.5 PTT 28 INR 1.1

EKG _____ CXR _____

OTHER _____

POST-OPERATIVE EVALUATION: ☐ NO EVIDENCE OF POST ANESTHESIA COMPLICATIONS

COMMENTS: _____

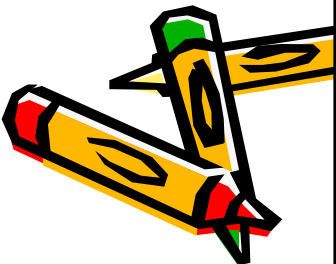
DATE _____ TIME _____ SIGNATURE _____, M.D.

 Make sure
that an
attending
has signed
before
going to the
 OR





Start time is always on the quarter hour just before time of stamp



THE HOSPITAL OF ST. RAPHAEL
New Haven, Connecticut
ANESTHESIOLOGY RECORD

ALLERGIES: _____
ANESTHESIA MACHINE # _____ CHECKED: _____ DATE: _____
PS 1 2 3 4 5 E ☐ MALE ☐ FEMALE AGE _____ WEIGHT _____
MASK / AIRWAY / LMA _____ IN _____
INTUBATION / ORAL / NASAL _____
ETT SIZE: _____ EYES: _____ TEETH: _____
DISTANCE _____ cm TAPE LUB _____
INTUBATION: _____ INTRAVENOUS _____
☐ EASY _____
☐ DIFFICULT _____
BREATH SOUNDS: _____ ARTERIAL: _____
CVP/PA: _____ TEE: _____

POST OP DIAGNOSIS _____
OPERATION PERF _____
SURGEONS _____
CRNA _____

TIME  _____

AGENTS

MONITOR

FLUID

TIME  _____

BP _____ **260**
V _____ **240**
A _____ **220**
PULSE _____ **200**
ANEST _____ **180**
STARTS _____ **160**
X _____ **140**
RESP _____ **120**
O _____ **100**
SURG _____ **80**
STARTS _____ **60**
O _____ **40**
SURG _____ **20**
END _____ **0**
PC _____
STETH _____
ESOPH _____
STETH _____
PNS _____

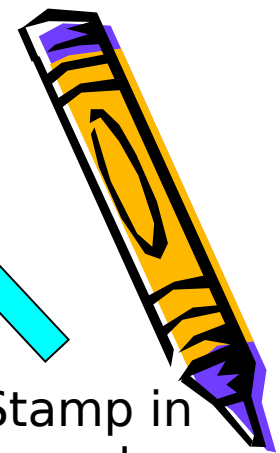
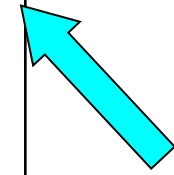
TIME OF REMARKS

POSITION ☐ SUPINE ☐ LUD ☐ PRONE ☐ LAT Right Left ☐ 
ARMS: ☐ TUCKED ☐ Right less than 90° ☐ Left less than 90° ☐ PRESS. POINTS PADDED ☐ AXILLARY ROLL

INDUCTION _____ REGIONAL ☐ SPINAL ☐ EPID ☐ INTERSCALENE
MAINTENANCE _____ ☐ BIER ☐ INFRACLAV ☐
EMERGENCE _____ POSITION _____ SITE _____ NEEDLE _____
CATH _____ PREP _____
MEDICATION _____

TRANSFERRED TO: _____
TIME OUT OF O/R: _____
BP _____ P _____ O₂SAT _____
SIGN _____

FORM #10030 (REV. 6/99; 2/00; 10/04; 7/05; 8/05; 4/06, 11/06)



Stamp in and correlate start times on chart

Small lines = 5 mins
Medium lines = 15 mins
Dark lines = 1 hour

OUT _____

New Haven, Connecticut
ANESTHESIOLOGY RECORDANESTHESIA
MACHINE #

CHECKED: _____

DATE: _____

PS 1 2 3 4 5 E

☐ MALE☐ FEMALE

AGE

WEIGHT

MASK / AIRWAY / LMA
INTUBATION / ORAL / NASAL

IN

5/31

0733

ETT SIZE: _____

EYES: _____

TEETH: _____

DISTANCE _____ cm

TAPE

LUB

INTUBATION:

☐ EASY

INTRAVENOUS

☐ DIFFICULT

ARTERIAL: _____

BREATH SOUNDS: _____

CVP/PA: _____

TEE: _____

POST OP DIAGNOSIS

OPERATION PERF

SURGEONS

CRNA

TIME 0730 0800 0900 1000 1100

O₂N₂OA
G
E
N
T
SM
O
N
I
T
O
RF
L
U
I
D
SECG
TEMP
ETCO₂
SAO₂
FIO₂
PA/CVP
C.O.
BIS
URINE
OUTPUT
BLOOD LOSS

TIME 0730 0800 0900 1000 1100

BP

V

A

PULSE

ANEST

STARTS

X

RESP

SURG

STARTS

SURG

END

PC

STETH

☐

ESOPH

STETH

☐

PNS

☐

TIME OF

REMARKS

POSITION ☐ SUPINE ☐ LUD ☐ PRONE ☐ LAT

Right

Left

☐☐ARMS: ☐ TUCKED ☐ Right less than 90° ☐ Left less than 90°☐ PRESS. POINTS PADDED☐ AXILLARY ROLL

INDUCTION

MAINTENANCE

EMERGENCE

TRANSFERRED TO: _____

TIME OUT OF O/R: _____

BP _____ P _____ O₂SAT _____

SIGN _____

REGIONAL

☐ SPINAL☐ EPID☐ INTERSCALENE☐ BIER☐ INFRACLAV☐

POSITION

SITE

NEEDLE

CATH

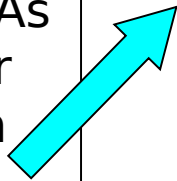
PREP

MEDICATION

Military
time is
preferred

OUT

CRNAs
and MDAs
sign or
cosign
here



SRNAs
sign where
CRNAs
do



THE HOSPITAL OF ST. RAPHAEL
New Haven, Connecticut

ALLERGIES: _____

ANESTHESIOLOGY RECORD

ANESTHESIA MACHINE # _____ CHECKED: _____ DATE: _____

PS 1 2 3 4 5 E ☐ MALE ☐ FEMALE AGE _____ WEIGHT _____

MASK / AIRWAY / LMA _____ IN _____

INTUBATION / ORAL / NASAL _____

ETT SIZE: _____ cm EYES: _____ TEETH: _____

DISTANCE: _____ cm TAPE LUB _____

INTUBATION: ☐ EASY ☐ DIFFICULT INT. VENOUS _____

BREATH SOUNDS: _____ ARTERIAL: _____

CRNA _____ ANESTHESIOLOGIST _____

POST OP DIAGNOSIS _____

OPERATION PERF _____

SURGEONS _____

CRNA _____ ANESTHESIOLOGIST _____

TIME _____

O2 _____

N2O _____

TOTALS _____

ANTIBIOTICS: _____

TIME GIVEN: _____

IMMEDIATE PREINDUCTION ASSESSMENT

BP _____ P _____ SaO₂ _____

Airway ☐ _____

TIME OUT: _____

REMARKS: _____

ECG _____

TEMP _____

ETCO₂ _____

SAO₂ _____

FIQ₂ _____

PA/CVP _____

C.O. _____

BIS _____

URINE OUTPUT _____

BLOOD LOSS _____

TIME _____

BP _____

260 _____

240 _____

220 _____

200 _____

180 _____

160 _____

140 _____

120 _____

100 _____

80 _____

60 _____

40 _____

20 _____

0 _____

TIME OF REMARKS

POSITION ☐ SUPINE ☐ LUD ☐ PRONE ☐ LAT Right Left ☐ ROLL

ARMS: ☐ TUCKED ☐ Right less than 90° ☐ Left less than 90° ☐ PRESS. POINTS PADDED ☐ AXILLARY ROLL

INDUCTION _____

MAINTENANCE _____

EMERGENCE _____

TRANSFERRED TO: _____

TIME OUT OF O/R: _____

BP _____ P _____ O₂SAT _____

SIGN _____

REGIONAL ☐ SPINAL ☐ EPID ☐ INTERSCALENE

☐ BIER ☐ INFRACLAV ☐ _____

POSITION _____ SITE _____ NEEDLE _____

CATH _____ PREP _____

MEDICATION _____

OUT _____

FORM #10030 (REV. 6/99; 2/00; 10/04; 7/05; 8/05; 4/06, 11/06)

Wait to fill
in post-op
diagnosis
and
procedure
until the
end of the
case

Both of these attributes are very important according to JCAHO and Medicare Part B



THE HOSPITAL OF ST. RAPHAEL
New Haven, Connecticut

ALLERGIES: _____

ANESTHESIOLOGY RECORD

ANESTHESIA MACHINE # _____ CHECKED: _____ DATE: _____

PS 1 2 3 4 5 E ☐ MALE ☐ FEMALE AGE _____ WEIGHT _____

MASK / AIRWAY / LMA _____ IN _____
INTUBATION / ORAL / NASAL _____

ETT SIZE: _____ EYES: _____ TEETH: _____
DISTANCE _____ cm TAPE LUB _____

INTUBATION: ☐ EASY ☐ DIFFICULT INTRAVENOUS _____
BREATH SOUNDS: _____ ARTERIAL: _____

CRNA _____ ANESTHESIOLOGIST _____ CVP/PA: _____

POST OP DIAGNOSIS _____

OPERATION PERF _____

SURGEONS _____

A G E N T S	TIME												
	O2												
	N2O												
M O N I T O R	ECG												
	TEMP												
	ETCO2												
	SAO2												
	FI02												
	PA/CVP												
	C.O.												
	BIS												
F L U I D S	URINE OUTPUT												
	BLOOD LOSS												
	TIME												
B P V A P U L S E X R E S P O S U R G S T A R T S O S U R G E N D O P C S T E T H E S O P H S T E T H P N S	BP	260											
	V	240											
	A	220											
	PULSE	200											
	ANEST STARTS	180											
	X	160											
	RESP	140											
	O	120											
	SURG STARTS	100											
	END	80											
PC	60												
STETH	40												
ESOPH	20												
STETH	0												
PNS													

TIME OF REMARKS _____

POSITION ☐ SUPINE ☐ LUD ☐ PRONE ☐ LAT Right Left ☐ ROLL ☐ AXILLARY ROLL

ARMS: ☐ TUCKED ☐ Right less than 90° ☐ Left less than 90° ☐ PRESS. POINTS PADDED ☐ AXILLARY ROLL

INDUCTION _____ REGIONAL ☐ SPINAL ☐ EPID ☐ INTERSCALENE

MAINTENANCE _____ ☐ BIER ☐ INFRACLAV ☐ _____

EMERGENCE _____ POSITION _____ SITE _____ NEEDLE _____

TRANSFERRED TO: _____ CATH _____ PREP _____

TIME OUT OF O/R: _____ MEDICATION _____

BP _____ P _____ O₂SAT _____

SIGN _____

FORM #10030 (REV. 6/99; 2/00; 10/04; 7/05; 8/05; 4/06, 11/06)

New charts say "patient identification" here

Done with the anesthesia team, surgeon and circulator in attendance pre-incision

Should be documented as given *pre-incision* unless surgeon requests otherwise (listed as a Medicare P4P measure)



ANESTHESIA MACHINE #		CHECKED:		DATE:	
PS 100 YSE		☐ MALE	☐ FEMALE	AGE	WEIGHT
MASK / AIRWAY / LMA		IN			
INTUBATION / ORAL / NASAL		EYES:		TEETH:	
ETT SIZE: _____		TAP		LUB	
DISTANCE _____ cm		INT		VENOUS	
INTUBATION:		ARTERIAL:			
☐ EASY					
☐ DIFFICULT					
BREATH SOUNDS:					

ANESTHESIOLOGIST

CVP/PA:	
---------	--

TEE:

[illegible]

IMMEDIATE PREINDUCTION ASSESSMENT

BP P SaO_2 Airway ☐ _____

TIME OUT:

REMARKS:

BP	260
X	240
A	220
PULSE	200
*	180
ANEST	160
STARTS	140
X	120
RESP	100
O	80
SURG	60
STARTS	40
O	20
SURG	0
END	
⊗	
PC	
STETH	
□	
ESOPH	
STETH	
□	
PNS	
□	

TIME OF REMARKS

POSITION

POSITION ☐ SUPINE ☐ LUD ☐ PRONE ☐ LAT Right Left ☐  ☐ 

ARMS: ☐ TUCKED ☐ Right less than 90° ☐ Left less than 90° ☐ PRESS. POINTS PADDED ☐ AXILLARY ROLL

INDUCTION

MAINTENANCE_____

EMERGENCY _____

TRANSFERRED TO: _____

TIME OUT OF O/R: _____

BP _____ P _____ O₂SAT _____

SIGN _____

REGIONAL ☐ SPINAL ☐ EPID ☐ INTERSCALENE ☐

☐ RIER ☐ INERACIAY ☐

POSITION	SITE	NEEDLE
----------	------	--------

GATH	PREP
------	------

MEDICATION

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OUT

Note type of airway, blade size (if used), attributes of laryngoscopy, breath sounds

May add

“+ ETCO₂”

Note any difficulties in “remarks” section

New Haven, Connecticut
ANESTHESIOLOGY RECORD

ANESTHESIA

MACHINE #

CHECKED: _____

DATE: _____

PS 1 2 3 4 5 E

☐ MALE☐ FEMALE

AGE

WEIGHT

MASK / AIRWAY / LMA
INTUBATION / ORAL / NASAL

IN

ETT SIZE: _____

EYES:

TEETH:

DISTANCE _____ cm

TAPE

LUB

INTUBATION:

☐ EASY

INTRAVENOUS

☐ DIFFICULT

ARTERIAL:

BREATH SOUNDS:

CVP/PA:

TEE:

POST OP DIAGNOSIS

OPERATION PERF

SURGEONS

CRNA

TIME

O2

N2O

A

G

E

N

T

S

M

O

N

I

T

O

R

F

L

U

I

D

S

TIME

BP

260

240

220

200

180

160

140

120

100

80

60

40

20

0

PC

STETH

☐

ESOPH

STETH

☐

PNS

☐

TIME OF

REMARKS

POSITION

☐ SUPINE☐ LUD☐ PRONE☐ LAT

Right

Left

☐ ☐ 

ARMS:

☐ TUCKED☐ Right less than 90°☐ Left less than 90°☐ PRESS. POINTS PADDED☐ AXILLARY ROLL

INDUCTION

MAINTENANCE

EMERGENCE

TRANSFERRED TO:

TIME OUT OF O/R:

BP

P

O₂SAT

SIGN

REGIONAL

☐ SPINAL☐ EPID☐ INTERSCALENE☐ BIER☐ INFRACLAV☐

POSITION

SITE

NEEDLE

CATH

PREP

MEDICATION

ANTIBIOTICS:

TIME GIVEN:

IMMEDIATE
PREINDUCTION
ASSESSMENTBP _____ P _____ SaO₂ _____Airway ☐

TIME OUT:

REMARKS:

Note
anestheti
c agents
here i.e.
IV

induction
meds,
narcotics,
benzos,
gases,
muscle
relaxants

May add
pressors
like neo
and
ephedrine

When charting meds, use qualifier ssuch as mg, mcg, NOT cc or ml



THE HOSPITAL OF ST. RAPHAEL
New Haven, Connecticut

ALLERGIES: _____

ANESTHESIOLOGY RECORD

ANESTHESIA MACHINE # _____ CHECKED: _____ DATE: _____

PS 1 2 3 4 5 E ☐ MALE ☐ FEMALE AGE _____ WEIGHT _____

MASK / AIRWAY / LMA _____ IN _____

INTUBATION / ORAL / NASAL _____

ETT SIZE: _____ EYES: _____ TEETH: _____

DISTANCE _____ cm TAPE LUB _____

INTUBATION: _____ INTRAVENOUS _____

☐ EASY ☐ DIFFICULT ARTERIAL: _____

BREATH SOUNDS: _____

CVP/PA: _____ TEE: _____

POST OP DIAGNOSIS _____

OPERATION PERF _____

SURGEONS _____

CRNA _____ ANESTHESIOLOGIST _____

TIME	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
SEV	16																							
N2O																								
AIR																								
sevoflurane																								
midazolam																								
propofol																								
glyco/Sch																								
rocuronium																								
ephedrine																								
ECG																								
TEMP																								
ETCO2																								
SAO2																								
FIQ2																								
PA/CVP																								
C.O.																								
BIS																								
URINE OUTPUT																								
BLOOD LOSS																								
TIME																								
BP	260																							
VA	240																							
PULSE	220																							
ANEST STARTS	200																							
X RESP	180																							
SURG STARTS	160																							
SURG END	140																							
PC	120																							
STETH	100																							
ESOPH	80																							
STETH	60																							
PNS	40																							
	20																							
	0																							

TIME OF REMARKS _____

POSITION ☐ SUPINE ☐ LUD ☐ PRONE ☐ LAT Right Left ☐ AXILARY ROLL

ARMS: ☐ TUCKED ☐ Right less than 90° ☐ Left less than 90° ☐ PRESS. POINTS PADDED ☐ AXILARY ROLL

INDUCTION _____ REGIONAL ☐ SPINAL ☐ EPID ☐ INTERSCALENE

MAINTENANCE _____ ☐ BIER ☐ INFRACLAV ☐ _____

EMERGENCE _____ POSITION _____ SITE _____ NEEDLE _____

TRANSFERRED TO: _____ CATH _____ PREP _____

TIME OUT OF O/R: _____ MEDICATION _____

BP _____ P _____ O₂SAT _____

SIGN _____

OUT _____

FORM #10030 (REV. 6/99; 2/00; 10/04; 7/05; 8/05; 4/06, 11/06)



Note anesthetic agents here i.e. IV induction meds, narcotics, benzos, gases, muscle relaxants

May add pressors like neo and ephedrine

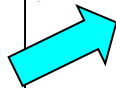


THE HOSPITAL OF ST. RAPHAEL
New Haven, Connecticut
ANESTHESIOLOGY RECORD
ALLERGIES: _____
ANESTHESIA MACHINE # _____ CHECKED: _____ DATE: _____
PS 1 2 3 4 5 E ☐ MALE ☐ FEMALE AGE _____ WEIGHT _____
MASK / AIRWAY / LMA INTUBATION / ORAL / NASAL IN _____
ETT SIZE: _____ EYES: _____ TEETH: _____
DISTANCE _____ cm TAPE LUB _____
INTUBATION: ☐ EASY ☐ DIFFICULT INTRAVENOUS _____
BREATH SOUNDS: _____ ARTERIAL: _____
CRNA _____ ANESTHESIOLOGIST _____ CVP/PA: _____ TEE: _____

A G E N T S	TIME											TOTALS
	O2											
	N2O											
M O N I T O R	ECG											
	TEMP											
	ETCO2											
	SaO2											
F L U I D	FiO2											
	PA/CVP											
	CO											
	BIS											
U R I N E	URINE OUTPUT											
	BLOOD LOSS											
	LR 1000	↑#1	↑#2	↑#3	↑#4	↑#5	↑#6	↑#7	↑#8	↑#9	↑#10	
	Hexend 500											
P R B C	PRBC											
T I M E	BP											
	MAP											
	PULSE											
	ANEST STARTS											
P C	RESP											
	SURG STARTS											
	SURG END											
	PC											
S T E T H	STETH											
	ESOPH											
	STETH											
	PNS											

ANTIBIOTICS: _____
TIME GIVEN: _____
IMMEDIATE PREINDUCTION ASSESSMENT
BP _____ P _____ SaO₂ _____
Airway ☐ _____
TIME OUT: _____
REMARKS: _____

Fluids-
list type
and
volume,
i.e. LR
1000, 0.9
ns 250,
PRBC,
hespan or
albumin
here



label totals
in ml!

U/O done
q 1/2^o;
amount
emptied
over total
amount

Blood loss (EBL)
entered when
applicable and
totaled at end



TIME OF REMARKS
POSITION ☐ SUPINE ☐ LUD ☐ PRONE ☐ LAT Right Left ☐ ROLL
ARMS: ☐ TUCKED ☐ Right less than 90° ☐ Left less than 90° ☐ PRESS. POINTS PADDED ☐ AXILLARY ROLL
INDUCTION _____ REGIONAL ☐ SPINAL ☐ EPID ☐ INTERSCALENE
MAINTENANCE _____ ☐ BIER ☐ INFRACLAV ☐ _____
EMERGENCE _____ POSITION _____ SITE _____ NEEDLE _____
CATH _____ PREP _____
TRANSFERRED TO: _____ MEDICATION _____
TIME OUT OF O/R: _____
BP _____ P _____ O₂SAT _____
SIGN _____

VS are charted
q5 min
throughout the
case

Write in
"Resp" here

SV=
spontaneous
ventilation

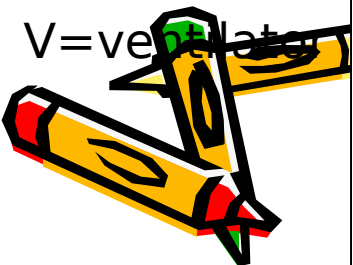
A=assisted

C=controlled

V=ventilator

THE HOSPITAL OF ST. RAPHAEL										ALLERGIES: _____									
New Haven, Connecticut										ANESTHESIOLOGY RECORD									
ANESTHESIA MACHINE # _____										CHECKED: _____ DATE: _____									
PS 1 2 3 4 5 E ☐ MALE ☐ FEMALE										AGE _____ WEIGHT _____									
MASK / AIRWAY / LMA _____										IN _____									
INTUBATION / ORAL / NASAL _____										EYES: _____ TEETH: _____									
ETT SIZE: _____										TAPES: _____ LUB _____									
DISTANCE: _____ cm										INTRAVENOUS _____									
INTUBATION: ☐ EASY ☐ DIFFICULT										ARTERIAL: _____									
BREATH SOUNDS: _____										CVP/PA: _____ TEE: _____									
POST OP DIAGNOSIS _____										ANTIBIOTICS: _____									
OPERATION PERF _____										TIME GIVEN: _____									
SURGEONS _____										IMMEDIATE PREINDUCTION ASSESSMENT									
CRNA _____ ANESTHESIOLOGIST _____										BP _____ P _____ SaO ₂ _____									
TIME _____										Airway ☐ _____									
O ₂ _____										TIME OUT: _____									
N ₂ O _____										REMARKS: _____									
TOTALS _____																			
AGENTS _____																			
ECG _____																			
TEMP _____																			
ETCO ₂ _____																			
SAO ₂ _____																			
FIO ₂ _____																			
PA/CVP _____																			
C.O. _____																			
BIS _____																			
URINE OUTPUT _____																			
BLOOD LOSS _____																			
TIME _____																			
BP _____																			
V _____																			
PULSE _____																			
ANEST STARTS _____																			
X RESP _____																			
SURG STARTS _____																			
O SURG END _____																			
PC STETH _____																			
ESOPH STETH _____																			
PNS _____																			
Resp _____																			
SV A C Vent																			
TIME OF REMARKS _____																			
POSITION ☐ SUPINE ☐ LUD ☐ PRONE ☐ LAT Right Left																			
ARMS: ☐ TUCKED ☐ Right less than 90 ☐ Left less than 90 ☐ PRESS. POINTS PADDED ☐ AXILLARY ROLL																			
INDUCTION _____										REGIONAL ☐ SPINAL ☐ EPID ☐ INTERSCALENE									
MAINTENANCE _____										☐ BIER ☐ INFRACLAV ☐ _____									
EMERGENCE _____										POSITION _____ SITE _____ NEEDLE _____									
TRANSFERRED TO: _____										CATH _____ PREP _____									
TIME OUT OF O/R: _____										MEDICATION _____									
BP _____ P _____ O ₂ SAT _____																			
SIGN _____																			

★ codes
used
are
listed
on the L
side of
the VS
area



Remarks include normal and untoward events, meds administered other than anesthetic agents and ABX

THE HOSPITAL OF ST. RAPHAEL					ALLERGIES: _____	
New Haven, Connecticut						
ANESTHESIOLOGY RECORD						
ANESTHESIA MACHINE # DATE:		CHECKED: _____ DATE: _____				
PS 1 2 3 4 5 E		☐ MALE ☐ FEMALE		AGE _____ WEIGHT _____		
ETT SIZE: _____ DISTANCE _____ cm INTUBATION: ☐ EASY ☐ DIFFICULT BREATH SOUNDS: _____		MASK / AIRWAY / LMA INTUBATION / ORAL / NASAL IN _____ EYES: _____ TEETH: _____ TAPE _____ LUB _____ INTRAVENOUS _____ ARTERIAL: _____		CVP/PA: _____ TEE: _____		
POST OP DIAGNOSIS _____						
OPERATION PERF _____						
SURGEONS _____						
CRNA _____ ANESTHESIOLOGIST _____						
TIME O2 N2O		TOTALS				ANTIBIOTICS: _____ TIME GIVEN: _____ IMMEDIATE PREINDUCTION ASSESSMENT BP _____ P _____ SaO₂ _____ Airway ☐ _____ TIME OUT: _____ REMARKS: _____
AGENT S						
MONITOR						
ECG TEMP ETCO₂ SaO₂ FiO₂ PA/CVP C.O. BIS URINE OUTPUT BLOOD LOSS						
FLUID S						
TIME						
BP V A PULSE ANEST STARTS X RESP O SURG STARTS O SURG END O PC STETH ☐ ESOPH STETH ☐ PNS ☐						
TIME OF REMARKS						
POSITION ☐ SUPINE ☐ LUD ☐ PRONE ☐ LAT ☐ Right ☐ Left ☐ PRESS. POINTS PADDED ☐ AXILLARY ROLL						
ARMS: ☐ TUCKED ☐ Right less than 90° ☐ Left less than 90°						
INDUCTION _____ MAINTENANCE _____ EMERGENCE _____		REGIONAL ☐ SPINAL ☐ EPID ☐ INTERSCALENE ☐ BIER ☐ INFRACLAV ☐ _____ POSITION _____ SITE _____ NEEDLE _____ CATH _____ PREP _____ MEDICATION _____				
TRANSFERRED TO: _____ TIME OUT OF O/R: _____ BP _____ P _____ O₂SAT _____ SIGN _____		OUT				

Chart in detail
but be
succinct

May use
"number
system" or
simply chart
times



Symbol
for
incision
= ⊙

Symbol
for end
of case
= ⊐



THE HOSPITAL OF ST. RAPHAEL
New Haven, Connecticut

ALLERGIES: _____

ANESTHESIA MACHINE # _____ CHECKED: _____ DATE: _____

PS 1 2 3 4 5 E ☐ MALE ☐ FEMALE AGE _____ WEIGHT _____

MASK / AIRWAY / LMA INTUBATION / ORAL / NASAL IN _____

ETT SIZE: _____ DISTANCE: _____ cm EYES: _____ TEETH: _____

INTUBATION: ☐ EASY ☐ DIFFICULT TAPE LUB _____ INTRAVENOUS _____

BREATH SOUNDS: _____ ARTERIAL: _____

CRNA _____ ANESTHESIOLOGIST _____ CVP/PA: _____ TEE: _____

POST OP DIAGNOSIS _____

OPERATION PERF _____

SURGEONS _____

TIME _____

O2 _____

N2O _____

AGENTS _____

ECG _____

TEMP _____

ETCO2 _____

SAO2 _____

FIQ2 _____

PA/CVP _____

C.O. _____

BIS _____

URINE OUTPUT _____

BLOOD LOSS _____

TIME _____

BP _____

VA _____

PULSE _____

ANEST STARTS _____

X RESP _____

SURG STARTS _____

SURG END _____

PC _____

STETH _____

ESOPH _____

STETH _____

TIME OF REMARKS _____

POSITION ☐ SUPINE ☐ LUD ☐ PRONE ☐ LAT Right Left ☐ NEUTRAL

ARMS: ☐ TUCKED ☐ Right less than 90 ☐ Left less than 90 ☐ PRESS. POINTS PADDED ☐ AXILLARY ROLL

INDUCTION _____

REGIONAL ☐ SPINAL ☐ EPID ☐ INTERSCALENE

MAINTENANCE _____

☐ BIER ☐ INFRACLAV ☐ _____

EMERGENCE _____

POSITION _____ SITE _____ NEEDLE _____

CATH _____ PREP _____

TRANFERRED TO: _____

MEDICATION _____

TIME OUT OF O/R: _____

BP _____ P _____ O₂SAT _____

SIGN _____

FORM #10030 (REV. 6/99; 2/00; 10/04; 7/05; 8/05; 4/06, 11/06)

OUT _____

"Time of
remarks" is
utilized if
using the
number
system to
correlate
remark
times and to
mark
incision and
end of case



New Haven, Connecticut

ANESTHESIOLOGY RECORD

ANESTHESIA

MACHINE #

CHECKED: _____

DATE: _____

PS 1 2 3 4 5 E

☐ MALE☐ FEMALE

AGE

WEIGHT

MASK / AIRWAY / LMA
INTUBATION / ORAL / NASAL

IN

ETT SIZE: _____

EYES: _____

TEETH: _____

DISTANCE _____ cm

TAPE

LUB

INTUBATION:

☐ EASY

INTRAVENOUS

☐ DIFFICULT

ARTERIAL: _____

BREATH SOUNDS: _____

CVP/PA: _____

TEE: _____

POST OP DIAGNOSIS

OPERATION PERF

SURGEONS

CRNA

ANESTHESIOLOGIST

A G E N T S	TIME																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									</
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ANESTHESIA MACHINE # _____										CHECKED: _____										DATE: _____									
PS		1		2		3		4		5		E		☐ MALE		☐ FEMALE		AGE _____					WEIGHT _____						
MASK / AIRWAY / LMA INTUBATION / ORAL / NASAL															IN														
ETT SIZE: _____															EYES:					TEETH:									
DISTANCE _____ cm															TAPE					LUB									
INTUBATION:															INTRAVENOUS														
☐ EASY _____															ARTERIAL:														
☐ DIFFICULT _____																													
BREATH SOUNDS:																													

POST OP DIAGNOSIS

OPERATION PERF	
----------------	--

SURGEONS	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
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92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

CRNA

ANESTHESIOLOGIST

CVP/PA:	
---------	--

TEE:

[illegible]

ANTIBIOTICS:

TIME GIVEN:

IMMEDIATE PREINDUCTION ASSESSMENT

BP P SaO_2

Airway ☐ _____

TIME OUT:

REMARKS:

BP	260
x	240
A	220
PULSE	200
*	180
ANEST	160
STARTS	140
x	120
RESP	100
○	80
SURG	60
STARTS	40
○	20
SURG	0
END	
⊗	
PC	
STETH	
□	
ESOPH	
STETH	
□	
PNS	
□	

TIME OF

REMARKS

POSITION ☐ SUPINE ☐ LUD ☐ PRONE ☐ LAT Right Left ☐  ☐ 

ARMS: ☐ TUCKED ☐ Right less than 90° ☐ Left less than 90° ☐ PRESS. POINTS PADDED ☐ AXILARY ROLL

INDUCTION _____ REGIONAL ☐ SPINAL ☐ EPID ☐ INTERSCALENE

MAINTENANCE..... ☐ RIER ☐ INERACLAY ☐

EMERGENCY

EMERGENCY _____ POSITION _____ SITE _____ NEEDLE _____

TRANSMITTED TO: _____ CATH _____ PREP _____

TIME OUT OF O/R: _____ MEDICATION _____

BP _____ P _____ O₂SAT _____

SIGN _____

FORM #10030 (REV. 6/99; 2/00; 10/04; 7/05; 8/05, 4/06, 11/06)

OUT

Attending
anesthesiologist must sign all
3 to fulfill
Medicare Part A
requirements;
may write in
N/A for
emergence if
case is a MAC

ANESTHESIA

MACHINE # _____ CHECKED: _____ DATE: _____

PS	1	2	3	4	5	E	☐ MALE	☐ FEMALE	AGE	WEIGHT
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MASK / AIRWAY / LMA		IN	
INTUBATION / ORAL / NASAL			

ETT SIZE: _____	EYES: _____	TEETH: _____
-----------------	-------------	--------------

DISTANCE _____ cm

DISTANCE _____ cm	TAPE	LUB
INTUBATION:		

INTUBATION:	INTRAVENOUS
☐ EASY	

☐ EAST _____
☐ DIFFICULT _____
ARTERIAL _____

☐ DIFFICULT _____ BREATH SOUNDS: _____	ARTERIAL: _____
--	-----------------

BREATH SOUNDS:	
----------------	--

POST OP DIAGNOSIS

[illegible]

SURGEONS	
1	1
2	2
3	3
4	4
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9	9
10	10
11	11
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97	97
98	98
99	99
100	100

CRNA

ANESTHESIOLOGIST

CVP/PA:	
---------	--

TEE:

[illegible]

ANTIBIOTICS:

TIME GIVEN:

**IMMEDIATE
PREINDUCTION
ASSESSMENT**

BF ₃	P	SaO ₂
-----------------	---	------------------

Airway ☐ _____

TIME OUT:

REMARKS:

BP	260
V	240
A	220
PULSE	200
•	180
ANEST	160
STARTS	140
x	120
RESP	100
○	80
SURG	60
STARTS	40
○	20
SURG	0
END	
○	
PC	
STETH	
□	
ESOPH	
STETH	
□	
PNS	
□	

TIME OF

TIME OF REMARKS

POSITION ☐ SUPINE ☐ LUD ☐ PRONE ☐ LAT Right Left ☐ ☐

ARMS: ☐ TUCKED ☐ Right less than 90° ☐ Left less than 90° ☐ PRESS. POINTS PADDED ☐ AXILLARY ROLL

INDUCTION _____ REGIONAL ☐ SPINAL ☐ EPID ☐ INTERSCALENE

MAINTENANCE	☐ RIER	☐ INERCLAY	☐
-------------	-------------------------------	-----------------------------------	--------------------------

EMERGENCY ☐ BIER ☐ INFRACLAV ☐ _____

TRANSFERRED TO: _____	CATH	PREP
-----------------------	------	------

TIME OUT OF Q/R: _____

TIME OUT OF CITY: _____	MEDICATION
BB B C CAT	

BP _____ P _____ O₂ SAT _____

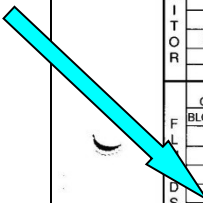
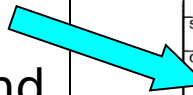
SIGN _____	_____	OUT _____
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FORM #10030 (REV. 6/99; 2/00; 10/04; 7/05; 8/05, 4/06, 11/06)

OUT

- ▶ Totals must *always* be filled in at the end of the case;
random spot checks done by QA committees

Start time
should
correspond
to the last
time
entered on
the
previous
sheet



Pg 2 of 2

THE HOSPITAL OF ST. RAPHAEL
New Haven, Connecticut
ANESTHESIOLOGY RECORD
ALLERGIES: _____
ANESTHESIA MACHINE # _____ CHECKED: _____ DATE: _____
PS 1 2 3 4 5 E ☐ MALE ☐ FEMALE AGE _____ WEIGHT _____
MASK / AIRWAY / LMA _____ IN _____
INTUBATION / ORAL / NASAL _____ LUB _____
ETT SIZE: _____ TEETH: _____
DISTANCE _____ cm TUBE _____
INTUBATION: ☐ EASY ☐ DIFFICULT INTRATECHNEOUS
BREATH SOUNDS: _____ ARTERIAL: _____
CVP/PA: _____ TEE: _____

See pg
one

	TIME 1130	1200	Δ etc...	TOTALS
AGENTS				
MONITOR				
ECG				
TEMP				
ETCO2				
SAO2				
FI02				
PA/CVP				
C.O.				
BIS				
URINE OUTPUT				
BLOOD LOSS				
VITALS				
BP				
HR				
PULSE				
ANEST STARTS				
X RESP				
○ SURG STARTS				
○ SURG END				
⊗				
PC				
STETH				
ESOPH				
STETH				
PNS				
0				

ANTIBIOTICS:

TIME GIVEN:

IMMEDIATE PREINDUCTION ASSESSMENT
BP _____ P _____ SaO₂ _____
Airway ☐ _____
TIME OUT:

REMARKS:

If the case
runs
longer
than 4
hours, you
will need
to start
another
record

Totals and
post-op
disposition
should be
entered on
pg 1

TIME OF REMARKS _____
POSITION ☐ SUPINE ☐ LUD ☐ PRONE ☐ LAT Right Left ☐ 60° ☐ 90°
ARMS: ☐ TUCKED ☐ Right less than 90° ☐ Left less than 90° ☐ PRESS. POINTS PADDED ☐ AXILLARY ROLL
INDUCTION _____
MAINTENANCE _____
EMERGENCE _____
REGIONAL ☐ SPINAL ☐ EPID ☐ INTERSCALENE
☐ BIER ☐ INFRACLAV ☐ _____
POSITION _____
SITE _____ NEEDLE _____
CATH _____
PREP _____
TRANSFERRED TO: _____
TIME OUT OF O/R: _____
BP _____ P _____ O₂SAT _____
SIGN _____

See pg
one



2) change of Pt ID for time out, and 3) new position area

FORM #10030 (REV. 6/99; 3/00; 10/04; 7/05; 8/05; 4/06; 11/06; 1/07)

Delineates
end of the
case; pt
disposition
(i.e. PACU,
unit, etc);
times and
VS



"The White Card"

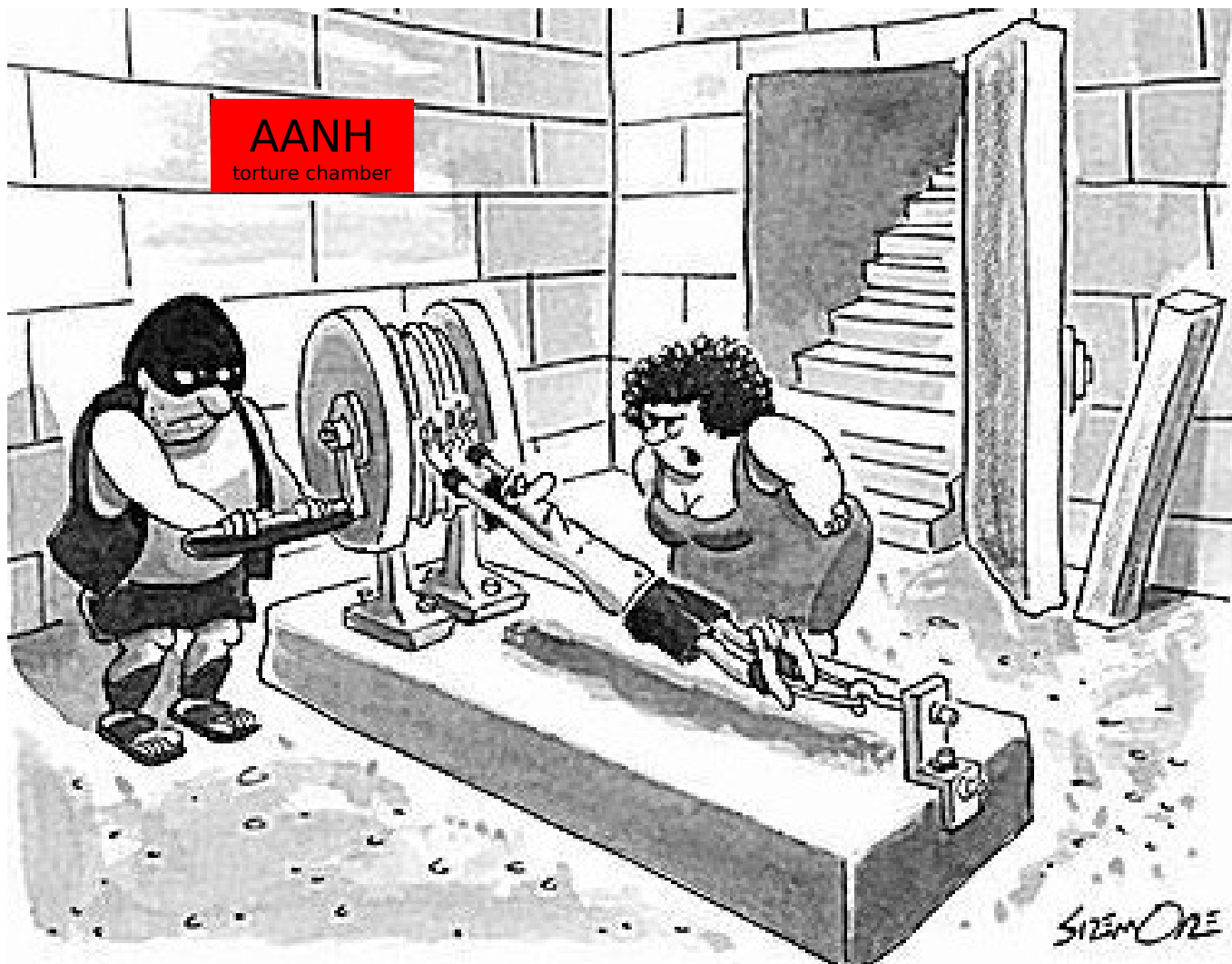


It'd better be
right!!!



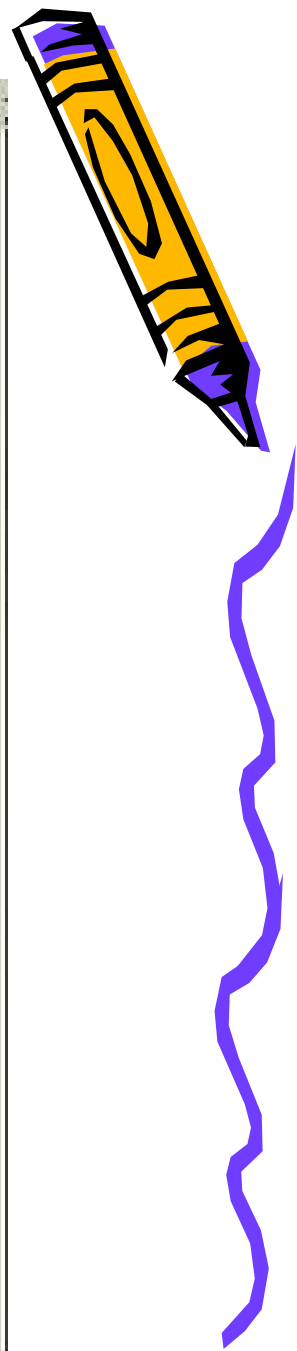
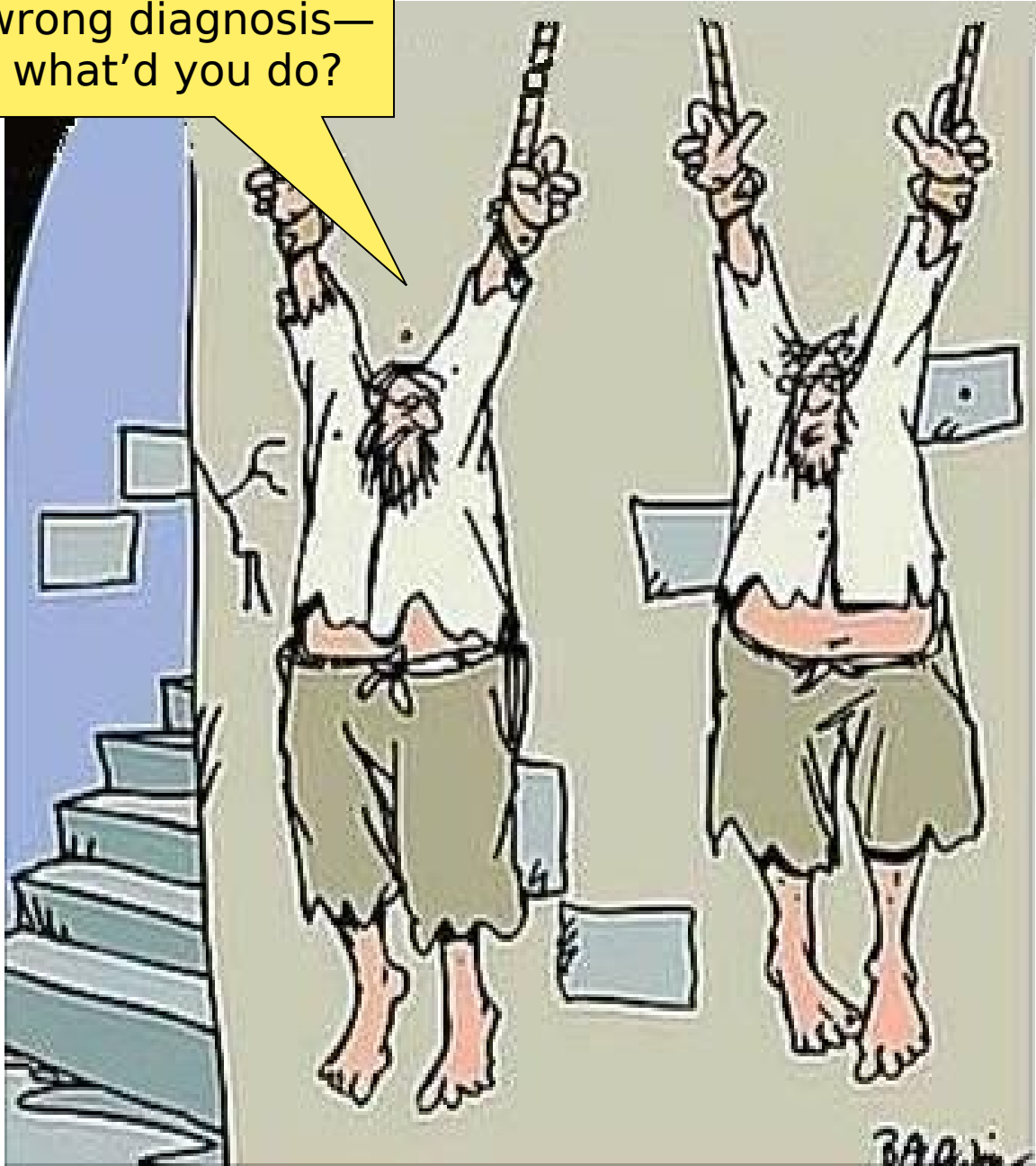
Anesthesia Associates of New Haven, P.C. Date of Service _____ Patient Age _____ ASA: 1 2 3 4 5 Emergency ☐ YES ☐ NO Circle One: Inpatient Outpatient	
Diagnosis _____ Procedure _____ Anesthesiologist _____ Surgeon _____ CRNA _____ SRNA _____	
Primary Anesthesia Type: (circle one only) 1. General Mask 4. IV Regional 7. TIVA 2. General LMA 5. Epidural 8. Peripheral Nerve Block 3. General Endo 6. Spinal 9. MAC/Conscious Sedation	
Ancillary Services: (check all that apply) ☐ Arterial Catheter ☐ TEE Probe ☐ Fascia Iliaca Block ☐ PA Catheter ☐ Hypothermic Arrest ☐ Interscalene Block ☐ Central Venous Access ☐ Thoracic Epidural ☐ Infraclavicular Block ☐ Spinal Drainage ☐ Lumbar Epidural ☐ Femoral Nerve Block	
Location: (circle one only) 1. OR 1 14. OR 14 27. OR 27 40. ECT 2. OR 2 15. OR 15 28. GI Rm 1 41. CT Scan 3. OR 3 16. OR 16 29. GI Rm 2 42. OPD/ESWL 4. OR 4 17. OR 17 30. GI Rm 3 43. Emergency Dept. 5. OR 5 18. OR 18 31. GI Rm 4 44. Cancer Center 6. OR 6 19. OR 19 32. EP Rm 1 45. PACU - Inpatient 7. OR 7 20. OR 20 33. EP Rm 2 46. PACU - STS 8. OR 8 21. OR 21 34. Rad. Spec. Rm 1 47. Hamden OR 1 9. OR 9 22. OR 22 35. Rad. Spec Rm 2 48. Hamden OR 2 10. OR 10 23. OR 23 36. OB Labor Rm 49. Hamden OR 3 11. OR 11 24. OR 24 37. OB OR C-Section 1 50. Hamden OR 4 12. OR 12 25. OR 25 38. OB OR C-Section 2 51. Hamden GI 13. OR 13 26. OR 26 39. MRI 52. Other _____	
Hospital Service: (circle one only) 1. General Surgery 6. Neurosurgery 11. Psychiatry 16. Gastroenterology 2. Plastic Surgery 7. Orthopedics 12. Obstetrics 17. Anesthesia/Pain 3. Vascular Surgery 8. Podiatry 13. Gynecology 18. Oral/Maxillofacial 4. Cardiac Surgery 9. Urology 14. Cardiology 19. Internal Medicine 5. Thoracic Surgery 10. ENT 15. Radiology 20. Ophthalmology	
Remarks _____ _____ _____	
Do not write below this line.	
START _____ STOP _____	Account # _____ CPT _____ ICD9 _____

This is sent
to the
billing
office;
**most
important
to have
everythin
g legible
and
correct!**

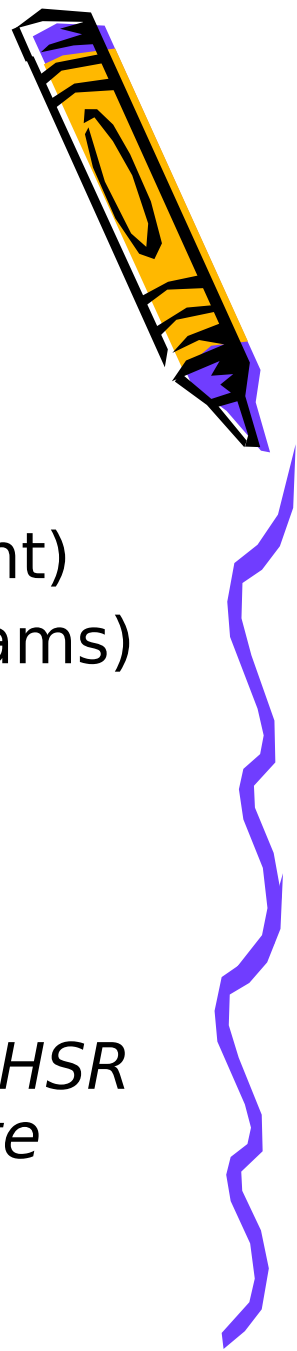


"Weren't you told to write legibly on the white cards?"

I wrote down the
wrong diagnosis—
what'd you do?



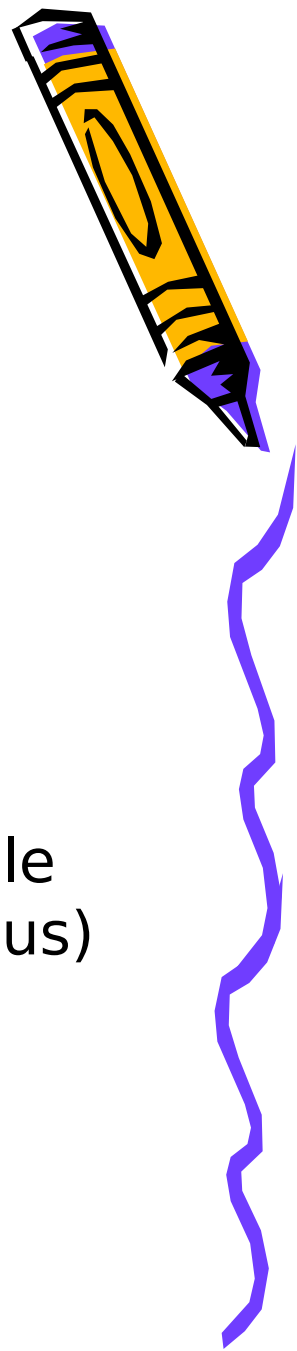
Do not use the following abbreviations:



- $<$ or $>$
 - 1.0 (do not use trailing zero)
- .5 (do not omit a zero before a decimal point)
- U or μg (write out “units” or mcg for micrograms)
 - MgSO_4 (write out magnesium sulfate)
 - Mso_4 or MS (write out morphine)
 - cc (use ml)
- *These and others are found at the bottom of HSR Progress notes and on the hospital web site*



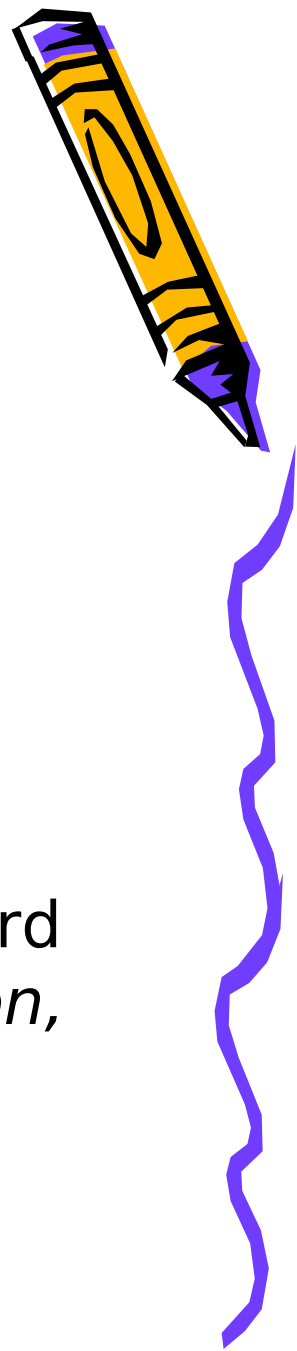
Major problems associated with charting



- Failure to document emergence
- Failure to date, time and sign entries
- Failure to document positioning
- Failure to tally drugs, fluids, output
- Use of unapproved abbreviations (use of pre-printed entries is best)
- Unexplained entries (should provide a rationale as to why a medication was given if not obvious)
- Illegibility
- Incompleteness (errors of omission)



Other problem areas associated with charting...



- Mechanical ventilation
- Antibiotic administration (particularly pre-incision timing)
- Provider changeovers
- 7 TEFRA requirements
- Unexplained gaps
- Inclusion of pt ID and "time outs"
- Erasures, gaps, and alterations to the record
(these raise inferences of errors, inattention, and falsification of data)



Remember:

- Write legibly; check spelling
- Black ink may be mandatory in some institutions
 - Blue ink now thought to be OK; easily delineates the original record from a copy
- Document events briefly but comprehensively
- Cross out errors with a single line and write “error” next to it; add your initials
- Do not go back and add to or alter the original chart
 - Additions may be made in the progress notes
- Add up totals (meds, fluids) at the end of the case and record them
- *Pay attention to detail*
- Always use labels
- Write N/A through areas that are not used
- DON'T FORGET TO STAMP OUT; write in the end time if you are off of the floor (in OB, the unit, Specials, MRI, etc)



EPIC is here!!

- Basic concepts remain the same however:
 - VS will be automatically charted
 - Capability to go into EPIC to change VS errors 2° artifact (i.e. Bovie, transducer near floor...)
 - Each change is documented by the computer!
- ? Setup for error in obtaining history
 - Template is present (basic note) which allows for 1-click history/physical!



Remember:

- Don't focus on the chart/EPIC
 - Focus on the pt!
 - VS are recorded on the monitors
 - Go back into trends/VS when time allows
- *Have patience*
 - Everyone has their own way of charting
 - Be flexible
 - Learn a bit from each person

