

## Abstract

Documentation of regional anaesthesia (RA) has lagged behind that of general anaesthesia for several years.[4] Too often nerve blocks are recorded by some illegible scribbles in the corner of the anaesthetic chart. Although there is no standard unified anaesthetic record in the UK, both the AAGBI and RCOA have set out what they regard as the minimum data set for an anaesthetic record.

We set out to identify the quality of documentation in our department. Based on our findings we have introduced a simple RA sticker that contains all the essential elements of good record keeping.

## Method

University Ayr Hospital has a peripheral nerve block sticker already in use. We based our standard of documentation on the elements of this sticker. The anaesthetic charts or **thirty** peripheral nerve blocks were reviewed and compared against our standard.

Documentation Standards	Yes	No	N/A
Name / Type of Block	30	0	0
Side of Block	18	12	0
Patient Status (awake, sedated, GA, post spinal)	16	14	0
Needle used	22	8	0
US (ultrasound) documented	23	6	1
US – ‘In Plane’ or ‘Out Plane’	13	15	2
Negative Aspiration	10	20	0
Easy to inject	5	25	0
Pain / Paraesthesia on injection	9	18	3
Drugs used in block	28	2	0
Stop Before you Block	4	26	0

Nerve block: .....  **Right**  **Left**

**STOP BEFORE YOU BLOCK**  Asepsis: .....

Awake / Sedated / GA / Post spinal

Needle: ..... Catheter inserted:

Ultrasound: OOP / IP      Nerve Stimulator: ..... mA

Neg aspiration:       Easy to inject:

Pain/paraesthesia to injection: Y / N / NA

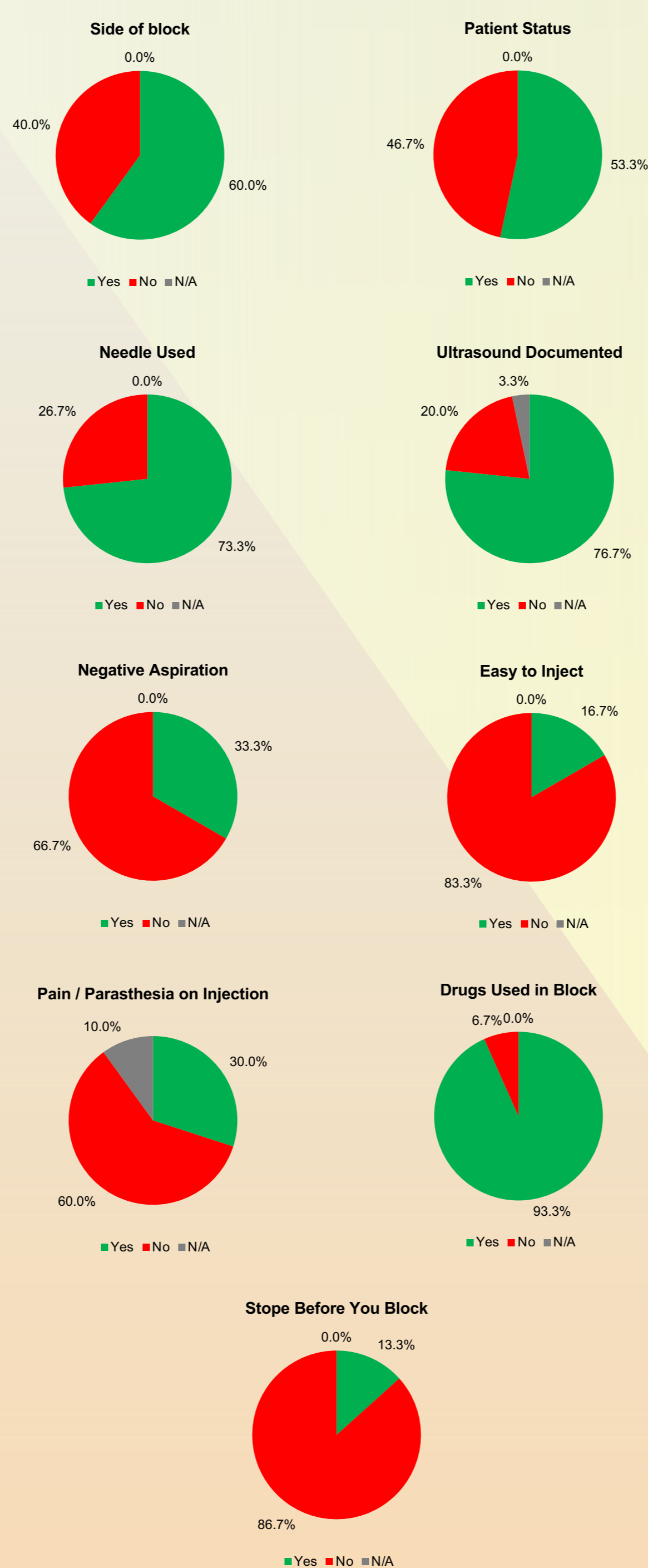
Drugs used in block: .....

Comments/events:

Example Sticker

## Results

The results highlight significant room for improvement in documentation. Only 60% of records stated what side the block was performed and only 13% recorded a ‘Stop Before You Block’ pause. It was unclear in nearly 50% of cases whether the patient was awake or under GA. Over a quarter of records made no comment on the needle type being used. Procedural comments such as negative aspiration, pain/paraesthesia or ease of injection were missed in most charts. In two cases it was unclear what drug had been injected for the block.



## Discussion



The GMC guidance on ‘Good Medical Practice’ includes the importance of maintaining accurate and legible records.[1] An accurate health record “is one which enables the patient to receive effective continuing care, enables the healthcare team to communicate effectively, allows another doctor to assume care of the patient at any time, facilitates the collection of data for research, education and audit and can be used in legal proceedings.”[3]

RA currently accounts for 40% of litigation claims in anaesthesia. [5] The pragmatic guidance from all defence unions has always been to maintain accurate and legible records. By introducing a new regional anaesthesia sticker to Crosshouse Hospital, we hope to standardise our care and improve compliance of best practice. The sticker will also facilitate data collection for future audits as well as safeguard colleagues against common medicolegal challenges.

## References

1. GMC - Good Medical Practice. [Accessed 23<sup>rd</sup> April 2019] [www.gmc-uk.org/guidance](http://www.gmc-uk.org/guidance)
2. AAGBI Guideline: ‘Information Management : Guidance for Anaesthetists’
3. GMC - Confidentiality Guidance [Accessed 23<sup>rd</sup> April 2019] [www.gmc-uk.org/guidance/current/library/confidentiality](http://www.gmc-uk.org/guidance/current/library/confidentiality)
4. NYSORA – Monitoring, Documentation and Consent for Regional Anaesthesia [Accessed 23<sup>rd</sup> April 2019] <https://www.nysora.com/foundations-of-regional-anesthesia/patient-management/monitoring-documentation-consent-regional-anesthesia-procedures/>
5. Sury MRJ, Palmer JHMG, Cook TM, Pandit JJ. The state of UK anaesthesia: a survey of National Health Service activity in 2013. Br J Anaesth 2014; 113: 575–84
6. A Pearson, T Cook: Litigation and complaints associated with day-case anaesthesia. BJA Education, 17 (9): 289–294 (2017)