# Peer Assessment Committee College of Physicians and Surgeons of New Brunswick

# PEER ASSESSMENT REPORT ANAESTHESIOLOGY

Please write legibly and forward completed form to the Peer Assessment Committee office as quickly as possible.

(PLEASE USE BLACK INK)

PAC# \_\_\_\_\_

**Date of Assessment:** 

**Assessor Name:** 

**Assessor Signature:** 

### .1 Clinical Practice - Pre-Operative Anaesthetic Assessment

Please assess, based on the records, and through your interview with the physician, whether the preoperative consultations and assessments are appropriate.

Pro	e-Operative Anaesthetic Assessment	Appropriate	Appropriate with Suggestions	Concerns	N/A
	The legibility of the pre-operative anaesthetic consultation as judged by the assessor is				
	The medical history acquired is				
	The smoking history acquired is				
	The anaesthetic history (personal and family) acquired is				
	The allergy history (i.e. medication, food, latex) acquired is				
6.	Obstetric/fetal exam acquired is				
7.	The physical exam (including auscultation of the chest, etc. where appropriate) is				
8.	The pre-operative vital signs assessment is				
9.	The airway assessment is				
10.	The state of dentition review is				
11.	ASA physical status or description is				
12.	Documentation of patient medications (including complimentary/alternative/natural) is				
13.	Premedication, if given, is				
14.	NPO status is				
15.	Investigations ( i.e. labs, ECG, etc) selected and reviewed are				
16.	The anaesthetic management plan or recommendation is .				
	The anaesthetic problem(s)/risk(s) are identified and discussed.				
	The risks/benefits and options are discussed with the patient and are				
19.	Emergency problems are dealt with quickly.				
	Section Recommendation	Appropriate	Appropriate	Concerns	N/A
		Арргоргасе	with Suggestions	Concerns	IN/A
Pre-	Operative Anaesthetic Assessment				

### No concerns/suggestions:

#### **Comments:**

### .2 Clinical Practice - Anaesthetic Operative/Procedural Care

Please assess, based on the records, and through your interview with the physician, whether the physician's anaesthetic management during surgical procedures is appropriate. It is important to note that the questions below do not imply that every test/monitor is required for every patient. The appropriateness, therefore, of the specific test/monitor should only be evaluated for those patients for whom the test/monitor was used.

Ana	aesthetic operative/Procedural Care	Appropriate	Appropriate with Suggestions	Concerns	N/A
1.	The legibility of the pre-operative anaesthetic consultation as judged by the assessor is				
2.	The pre-induction equipment check is				
3.	The induction technique is				
4.	The airway management description is				
5.	Management of a difficult airway is				
6.	Mechanical ventilation techniques are				
7.	Monitoring Techniques:				
a.	Invasive monitoring is				
b.	End tidal (CO <sub>2</sub> ) capnography(when endotracheal tubes or laryngeal masks are inserted) is				
C.	Temperature monitoring is				
d.	When inhalation anaesthetic agents are				
	used, appropriate agent-specific gas				
	monitors are available				
e.	Urine output monitoring is				
f.	Monitoring the depth of anaesthesia is				
8.	Patient position is				
9.	Eye care is				
10.	Intravenous (site and size) is	P			
11.	The fluid plan is				
12.	The type and amount of fluids given are				
13.	Blood loss documentation is				
14.	Anaesthetic problems and actions are				
15.	Neuraxial blocks, with description of				
	regional technique are				
16.	Peripheral nerve blocks are performed.				
	Patient monitoring following blocks is				
	Narcotic prescribing is				
	Drugs (non-narcotics) administered, including dose, duration, rote, time, etc are				
20.	 Emergent and/or operative events are described and treated.				

Section Recommendation	Appropriate	Appropriate with Suggestions	Concerns	N/A
Anaesthetic Operative/Procedural Care				
No concerns/suggestions:				
Comments:				

### No concerns/suggestions:

**Comments**:

## .3 Clinical Practice – Post-Operative Care in the Post-Anaesthetic Care Unit (PACU)

Please assess, based on the records, and through your interview with the physician, whether the physician's post-operative patient management is appropriate. Follow-up of patients with conditions that may require long-term monitoring should also be considered where applicable.

Post-Operative Care in the Post-Anaesthetic Care Unit (PACU)	Appropriate	Appropriate with Suggestions	Concerns	N/A
1. The patient's condition (stable/unstable) prior to transfer of care to PACU nurses is				
2. PACU orders are				
<ol> <li>Initial vital signs are monitored and documented.</li> </ol>				
4. Acute pain management (including PCA, continuous epidural infusions) are				
5. Pain assessment and scoring are				
6. Post-operative laboratory investigations are .				
7. Response to concerns raised by nursing staff is				
8. Unexpected post-operative events ( i.e. post-operative airway compromise, hemodynamic compromise, hypertension, etc) are documented.				
9. The reason for delayed discharge is				
Section Recommendation	Appropriate	Appropriate with Suggestions	Concerns	N/A
Post-Operative Care in the Post-Anaesthetic Care Unit ( PACU)				

### No concerns/suggestions:

**Comments:** 

Forms used with permission of the College of Physicians and Surgeons of Ontario

**Comments (continued):** 

## .4 Patient Record Summary

On the following page, please record the patient charts reviewed. Each note should include a patient identifier, such as initials or chart number and date of birth, **(please – no full names)**; the date of visit, the presenting problem and your comments. Include each chart, whether or not there are concerns or suggestions. If care is appropriate or exemplary, please ensure this is indicated in the "comments" section.

Between 15 and 25 charts should be reviewed. If this is not possible, please comment below:

Patient Identifier	Date of Visit	Complaint/Problem	Comments or Suggestions

### .5 Recommendation and Comments about this Assessment



Category 2 Reassessment



#### **General Comments about this Assessment**

