

Neuromuscular monitoring in the East of England (NEMOE)

Audit data collection proforma

Inclusion criteria to audit:

- Age equal to or greater than 18.
- Received neuromuscular blocking agent during their anaesthetic.

Please complete both pages of this proforma. When completed return it to your project site lead.

DEMOGRAPHICS:

MRN/NHS number:		Age (years):			
ASA grade:		Weight (kg):		Approximate anaesthetic duration (minutes):	
Operation:		Specialty:			
Urgency:	Immediate <input type="checkbox"/>	Urgent <input type="checkbox"/>	Expedited <input type="checkbox"/>	Elective <input type="checkbox"/>	
Primary mode of anaesthesia:	TIVA <input type="checkbox"/>	Inhalational <input type="checkbox"/>			
Grade of anaesthetist responsible for decisions around neuromuscular blockade, monitoring and reversal:					

NEUROMUSCULAR BLOCKING AGENTS:

Please include the name and total dose of neuromuscular blocking agent administered

Drug:	Total Dose (mg):

NEUROMUSCULAR BLOCKADE REVERSAL:

Please include the total dose given. Tick here if NO neuromuscular blockade reversal was given:

Drug:	Total Dose (mg):
Sugammadex	
Neostigmine	

CASES WHERE NO NEUROMUSCULAR MONITORING WAS USED:

Please tick here if NO neuromuscular monitoring was used in this case:

Which clinical tests were used to assess adequacy of neuromuscular blockade reversal? (tick all that apply)

Head lift <input type="checkbox"/>	Hand grip <input type="checkbox"/>	Sustained bite <input type="checkbox"/>	Tidal volume <input type="checkbox"/>	None <input type="checkbox"/>	Other: <input type="text"/>
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If neuromuscular monitoring was not used, was there any reason given why not?

Please turn over for further questions

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QUALITATIVE Neuromuscular Monitoring

1. Was QUALITATIVE neuromuscular monitoring used in this case? YES NO

If no, please ignore the rest of this box.

2. At which points during the case was QUALITATIVE neuromuscular monitoring used? Tick all that apply

Before neuromuscular blockade	Intra-operatively	Pre-reversal	Post-reversal	End of case where no reversal used
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Was the use and outcomes of the QUALITATIVE neuromuscular monitoring documented?

Fully documented	<input type="checkbox"/>	Partially documented	<input type="checkbox"/>	Not documented	<input type="checkbox"/>
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4. Which location(s) were used for QUALITATIVE neuromuscular monitoring? Tick all that apply

Ulnar nerve (Adductor pollicis muscle)	Facial nerve (Orbicularis oculi /corrugator supercilii muscles)	Other:
<input type="checkbox"/>	<input type="checkbox"/>	

5. Was neuromuscular reversal given? (TOF=Train of four)

YES	
TOF count PRIOR to reversal (number) =	
Not performed: <input type="checkbox"/>	Not documented: <input type="checkbox"/>
TOF count AFTER reversal (number) =	
Not performed: <input type="checkbox"/>	Not documented: <input type="checkbox"/>

NO	
TOF count at END of anaesthesia (number) =	
Not performed: <input type="checkbox"/>	Not documented: <input type="checkbox"/>

QUANTITATIVE Neuromuscular Monitoring

1. Was QUANTITATIVE neuromuscular monitoring used in this case? YES NO

If no, please ignore the rest of this box.

2. What type of QUANTITATIVE monitoring was used? Tick all that apply (see protocol for summary if unsure)

Acceleromyography (AMG)	<input type="checkbox"/>	Electromyography (EMG)	<input type="checkbox"/>	Kinemyography (KMG)	<input type="checkbox"/>
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3. At which points during the case was QUANTITATIVE neuromuscular monitoring used? Tick all that apply

Before neuromuscular blockade	Intra-operatively	Pre-reversal	Post-reversal	End of case where no reversal used
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Was the use and outcomes of the QUANTITATIVE neuromuscular monitoring documented?

Fully documented	<input type="checkbox"/>	Partially documented	<input type="checkbox"/>	Not documented	<input type="checkbox"/>
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5. Was neuromuscular reversal given? (TOF=Train of four)

YES	
TOF ratio PRIOR to reversal (%) =	
Not performed: <input type="checkbox"/>	Not documented: <input type="checkbox"/>
TOF ratio AFTER reversal (%) =	
Not performed: <input type="checkbox"/>	Not documented: <input type="checkbox"/>

NO	
TOF ratio at END of anaesthesia (%) =	
Not performed: <input type="checkbox"/>	Not documented: <input type="checkbox"/>