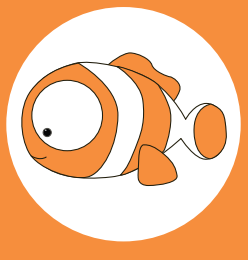
NEMOE

Neuromuscular Monitoring in the East of England



Suggested work flow for completion of audit proforma

1. Identify potential case

   - This can be achieved by reviewing lists to identify which patients are likely to receive a neuromuscular blocking agent.
   - Alternatively, anaesthetic charts of patients in recovery can be checked for neuromuscular blocking drug documentation.

2. Confirm eligibility

3. Gather demographic data from anaesthetic record/patient's notes

4. Document relevant drug doses

5. Determine if neuromuscular monitoring was used by discussion with anaesthetists involved in the case

Qualitative or quantitative monitoring used

Discuss with anaesthetist responsible for case

For QUALITATIVE monitoring:

- Location(s) used for monitoring
- Train of 4 counts before and after reversal (or at end of anaesthesia if no reversal given)

For QUANTITATIVE monitoring:

- Type of quantitative monitoring used
- Train of 4 ratios before and after reversal (or at end of anaesthesia if no reversal given)

For both types of monitoring:

- Determine points utilised during surgery
- Cross reference discussion with anaesthetist and notes to determine documentation adequacy

No neuromuscular monitoring used

Discuss with anaesthetist responsible for case

1. If any clinical tests of neuromuscular recovery were performed
2. If there was any reason monitoring not used e.g monitoring not available, sufficient time passed since neuromuscular blocker given

Documentation Definitions:

- Fully documented - All instances of neuromuscular monitoring and results of stimulation documented.
- Partially documented - Some of the instances of neuromuscular monitoring and/or stimulation results documented.
- Not documented - No evidence of neuromuscular monitoring documentation.

EASTRN

East of England AnaestheticS Trainee Research Network