



## Chart Audit & Interview Summary Worksheet Anesthetists

(Adapted from the College of Physicians & Surgeons of Ontario)

### A. Pre-Anesthetic Assessment and Care

Please consider the evidence **found in the records** and **through your interview** with the physician.

	<i>Appropriate(ly)</i>	<i>Appropriate(ly) with Suggestions</i>	<i>Concerns</i>	<i>N/A</i>
1. The legibility of the record to the assessor is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The pre-operative assessment is: (If pre-operative assessments are routinely performed by another physician, mark N/A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The anesthetic history (personal and family) is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The history of allergies is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. An indication of patient medications (including natural products) is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The assessment of pre-operative vital signs is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The assessment of airway is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. A review of state of dentition is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The auscultation of chest is documented on the pre-operative assessment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The review of investigations (e.g. labs, ECG, etc.) is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ASA physical status or description is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Pre-medication if given is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. NPO status is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Potential anesthetic problem(s) is (are) identified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The anesthetic management plan or recommendation is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>