DOCUMENTATION OF ANESTHESIA CARE
(Approved by House of Delegates on October 12, 1988,
and last amended October 15, 2003)

Documentation is a factor in the provision of quality care and is the responsibility of an anesthesiologist. While anesthesia care is a continuum, it is usually viewed as consisting of preanesthesia, intraoperative/procedural anesthesia and postanesthesia components. Anesthesia care should be documented to reflect these components and to facilitate review.

The record should include documentation of:

I. Preanesthesia Evaluation*
   A. Patient interview to assess:
      • Medical history
      • Anesthetic history
      • Medication history
   B. Appropriate physical examination.
   C. Review of objective diagnostic data (e.g., laboratory, ECG, X-ray).
   D. Assignment of ASA physical status.
   E. Formulation of the anesthetic plan and discussion of the risks and benefits of the plan with the patient or the patient’s legal representative.

II. Intraoperative/procedural anesthesia (time-based record of events)
   A. Immediate review prior to initiation of anesthetic procedures:
      • Patient re-evaluation
      • Check of equipment, drugs and gas supply
   B. Monitoring of the patient** (e.g., recording of vital signs).
   C. Amounts of drugs and agents used, and times of administration.
   D. The type and amounts of intravenous fluids used, including blood and blood products, and times of administration.
   E. The technique(s) used.
   F. Unusual events during the administration of anesthesia.
   G. The status of the patient at the conclusion of anesthesia.

III. Postanesthesia
   A. Patient evaluation on admission and discharge from the postanesthesia care unit.
   B. A time-based record of vital signs and level of consciousness.
   C. A time-based record of drugs administered, their dosage and route of administration.
   D. Type and amounts of intravenous fluids administered, including blood and blood products.
   E. Any unusual events including postanesthesia or postprocedural complications.
   F. Postanesthesia visits.

* See Basic Standards for Preanesthesia Care
** See Standards for Basic Anesthetic Monitoring