

**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: _____

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.

Anaesthetic 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 ₂) 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 ..				
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.				
17. Patient monitoring following blocks is ..				
18. Narcotic prescribing is ..				
19. 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:

.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 ..				
3. Initial vital signs are monitored and documented.				
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:

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:

.5 Recommendation and Comments about this Assessment

Category 1
Satisfactory

Category 2
Reassessment

Category 3
Interview

General Comments about this Assessment