

Recovery Unit Data Collection Form

Please complete a form for every patient not transferred from Day Surgery

Hospital Number (Please do not include patient's name)																							
Date of Birth and Sex	DoB: ____/____/____ Male Female																						
Consultant ANAESTHETIST surname or code (Please do not include the Surgeon – Refer to Rota only if illegible on patient notes)																							
Procedure (Need not include laterality and reason for surgery)																							
Date and Time of Admission to Recovery	Date: ____/____/2011 Time: ____:____																						
Temperature at Admission to Recovery (First set of readings immediately upon arrival. Please continue to measure if UTA)	Temp: _____.____ °C																						
Pain on waking (Worst pain within entire 40 minutes of waking from GA, or entire stay if RB or LA)	<table style="width: 100%; text-align: center;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> <tr> <td colspan="5">[No Pain]</td> <td colspan="6">[Severe Pain]</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10	[No Pain]					[Severe Pain]					
0	1	2	3	4	5	6	7	8	9	10													
[No Pain]					[Severe Pain]																		
Nausea, Retching, Vomiting during stay (Entire stay in recovery until discharged)	Nil <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting Retching <input type="checkbox"/>																						
Time when Patient ready for Discharge (When score >= 9, even if no bed assigned)	Time: ____:____																						
Time bed was assigned (by site manager) (Only if no bed assigned when patient is ready for discharge. Bed need not be ready)	Time: ____:____ (only if applicable)																						
Time of first call to ward (Or time ward called recovery, whichever is sooner)	Time: ____:____																						
Time ward nurse arrived (Only if patient not going home or taken to ward by recovery nurse)	Time: ____:____ (only if applicable)																						
Time patient discharged to ward (Time patient is picked up by ward staff)	Time: ____:____																						
Discharge Ward (Please check if HDU bed or not)																							

Comments (if applicable) <ul style="list-style-type: none"> - Reason for delays (bed, nurse, porter) - Overnight stays - Taken to ward by recovery staff - Change in ward - General comments 	
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Post-anaesthesia patient experience survey

To Patient:

We would like to know how well you feel after your operation and the anaesthesia provided to you in order to improve the quality of our service.

Please read the following statements on the left of the table and tick the box corresponding to the appropriate response for each question, thinking specifically about the anaesthetic care you have received.

To Nurse:

Please complete this form on behalf of the patient, if the patient is unable, forgets or declines to fill it in, when the patient becomes **ready for discharge / meets the discharge score criteria**.

It is important that this form is completed in full. If you are unsure about a question, please use your best judgement to answer it. If the patient experienced pain after 40 minutes of waking or generally had pain, this is the place to make a note of it.

Categorisation:

Please tick the appropriate box below for categorisation purposes only.

Patient completed (direct patient input, even if completed by nurse)

Nurse completed (no direct patient input)

We are very grateful for your help – Thank You.

Have you:	Not at all	Some of the time	Most of the time
Had a general feeling of well-being ¹			
Had support from others			
Been able to understand instructions and not felt confused ²			
Felt able to look after your personal and hygiene needs unaided			
Felt able to comfortably toilet yourself ³			

Been able to breathe easily			
Been free from nausea, dry retching or vomiting			
Been free from any severe pain, or constant moderate pain			

¹ How do you feel psychologically? Are you emotionally comfortable?

² Do you feel light-headed, disoriented or unable to think clearly? Are you aware you are in recovery? [Question unrelated to dementia]

³ If you have not needed to use the toilet/bottle, would you have sufficient muscle control to do so and without discomfort?