



Snapshot Obstetric National Anaesthetic Research Project – SONAR 1

Case Record Form 1 – Intraoperative data from caesarean delivery

To be completed by the anaesthetist clinically present for the case are requested to complete CRF 1 for all patients other de novo General Anaesthesia. Please complete as much of the demographic, obstetric, and anaesthetic information at possible. If there are gaps, please ask the patient where possible.

Part 1 Patient demographics

1.1 Today's date

1.2 Hospital ID:

1.3.1 Booking Weight kg

1.3.2 Height cm

1.3.3 BMI kg/m2

1.4 1st /preferred language:

☐ English☐ Any language other than English (Please state)

1.5 ASA Grade (noting ASA 2 due to pregnancy)

☐ 2☐ 3☐ 4

1.6 Past Medical/Obstetric History (please tick all that apply)

1.6.1 Cardiovascular

☐ Idiopathic Hypertension☐ Pulmonary Hypertension☐ Congestive heart failure☐ Ischaemic heart disease☐ Congenital heart disease and/or☐ valvular disease☐ Cardiac arrhythmia

1.6.2 Obstetric

☐ Previous caesarean delivery /myomectomy☐ Pre-eclampsia with severe features or eclampsia☐ PET/ Gestational hypertension☐ Multiple gestation☐ Intrauterine foetal demise☐ Placenta praevia/accreta/abruption☐ Diabetes mellitus on insulin

1.6.3 Respiratory

☐ Asthma

1.6.4 Other

☐ Autoimmune disease/Lupus☐ HIV/AIDS☐ Sickle cell disease☐ Bleeding disorder/coagulopathy/anticoagulation☐ Epilepsy/Cerebrovascular disease/neuromuscular disorder☐ Chronic renal disease☐ Substance use disorder☐ Alcohol abuse

1.7 Does the patient have a known documented previous history of

☐ Anxiety☐ Depression☐ PTSD

1.8 Does the patient have a history of chronic pain?

☐ Yes☐ No

Part 2 Obstetric Details

2.1 Gestational age / 40 Weeks

2.2.1 Gravida

2.2.2 Parity

2.3 Labour category at caesarean delivery

☐ Spontaneous☐ Induced☐ Not in labour

2.4 Category of caesarean at delivery

☐ Category 1☐ Category 2☐ Category 3☐ Category 4

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Part 3 – Labour analgesia (Complete if applicable, otherwise leave blank. This excludes non-pharmacological methods)

3.1.1 Systemic opioids

- ☐ Pethidine
☐ Morphine
☐ Diamorphine
☐ Other _____ (please specify)

3.1.2 Patient controlled analgesia

- ☐ Remifentanyl
☐ Other _____ (please specify)

3.2.1 Neuraxial analgesia performed

- ☐ Yes
☐ No

3.2.2 Date of insertion

(dd/mm/yyyy)

3.2.3 Time of insertion

(hh:mm)

3.3.1 State type of labour neuraxial analgesia

- ☐ Epidural
☐ Combined Spinal Epidural
☐ Dural Puncture Epidural
☐ Intrathecal catheter

3.3.2 If Combined Spinal Epidural or intrathecal catheter

State drug _____
Dose _____

3.4 Labour neuraxial analgesia:

Please state the grade of inserting clinician:

- ☐ CT1-3
☐ ST4-5
☐ ST6-7
☐ SAS/Specialty doctor
☐ Anaesthesia Associate
☐ Consultant

3.5 Drug used for labour epidural analgesia

- ☐ Low Dose Mix (0.1% Levo + 2mcg/ml Fentanyl)
Other _____ (please specify)

3.6 Dosing regime

- ☐ PCEA (ml bolus and lockout time)
☐ PIEB (mls, interval time)
☐ CL (ml/hr)
☐ Other _____ (please specify)

For combined PCEA+PIEB please complete both above

Part 4 – Intraoperative details

4.1.1 Date + time NEURAXIAL insertion or epidural top up (dd/mm/yyyy) (hh:mm) _____

4.1.2 Time of Baby DELIVERY (hh:mm) _____

4.1.3 Time of 'SIGN OUT' e.g. end of surgery (hh:mm) _____

4.2 Indication for Caesarean (circle all that apply)

- ☐ Previous caesarean
☐ PET
☐ Abnormal placentation
☐ Abnormal presentation
☐ Pelvic/Other MSK indication
☐ Maternal request
☐ Failure to progress
☐ Abnormal CTG
☐ Neonatal medical indication
☐ Maternal medical indication
☐ Other (please state) _____

4.3 Grade of most senior anaesthetist present during caesarean:

- ☐ CT1-3
☐ ST4-7
☐ SAS/Specialty doctor
☐ Consultant

4.4 What was the primary mode of anaesthesia for caesarean?

- ☐ Epidural top up
☐ Spinal
☐ CSE
☐ DPE
☐ Intrathecal catheter
☐ Other (please state) _____

4.5 Did you need to convert to a different type of anaesthetic before surgical incision? (i.e. failure of primary anaesthetic)

- ☐ Yes
☐ No

If yes, please select below

- ☐ Unplanned epidural/CSE catheter top up
☐ Repeat spinal
☐ Conversion to GA

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Part 5 – Medication details. This refers to the medication used for the primary mode of anaesthesia for the caesarean. Please give total doses for the procedure. If you gave an intrathecal dose, then an epidural top-up was PLANNED (e.g. opioids at the end), please provide all drug/dose details.

INTRATHECAL drugs/doses:

5.1.1 Local anaesthetic drug/dose/ %conc

- ☐ Heavy Bupivacaine 0.5% (ml)
- ☐ Plain bupivacaine (ml) 0.5% (ml)
- ☐ Levobupivacaine (ml) 0.5% (ml)
- ☐ Prilocaine (ml) 0.5% (ml)

Other (please state) _____

5.1.2 Opioid drug/dose

- ☐ Morphine (mcg)
- ☐ Fentanyl (mcg)
- ☐ Diamorphine (mcg)

Other (please state) _____

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EPIDURAL drugs/doses:

5.2.1 Local anaesthetic drug/doses

- ☐ Bupivacaine () (%) (ml)
- ☐ Levobupivacaine () (%) (ml)
- ☐ Ropivacaine () (%) (ml)
- ☐ Lidocaine () (%) (ml)
- ☐ Other (please state) _____

Opioid drug/doses

- ☐ Fentanyl (mcg)
- ☐ Morphine (mg)
- ☐ Diamorphine (mg)
- ☐ Other (please state) _____

Part 6 – Testing the block

How was the block assessed?

- ☐ Not formally assessed
- ☐ Other (please state) _____

Document the upper dermatomal level. Please tick the table to indicate which modality was used to check the block. You may have used more than one.

	Left				Right			
Dermatome	Cold	Light touch	Pinprick	Other	Cold	Light touch	Pinprick	Other
T3								
T4								
T5								
T6								
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T12								

Commented [JO14]: Left and right.

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Motor Block LEFT
(Please Tick)

- ☐ Unable to move feet or knees
- ☐ Able to move feet only
- ☐ Just able to move knees

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- ☐ Full flexion of knees and feet
☐ Unable to move feet or knees
☐ Able to move feet only
☐ Just able to move knees
☐ Full flexion of knees and feet

Motor Block RIGHT
(Please Tick)

Did the patient have intraoperative pain?

- ☐ Yes
☐ No
☐ If yes, complete Section 7

Part 7- Intraoperative record and pain

7.1 Please describe any UNPLANNED analgesia, if you had planned to give analgesia via the epidural at the end, for example, this should be documented in Part 5.

Time patient reports intraoperative pain (hh:mm)	Stage of procedure. E.g. KTS, delivery gutters, closing	Analgesia / Anxiolytic administered?	If yes, what analgesia/ anxiolytic medications administered in response to this report of pain (please document drugs/ doses)	Resolution of pain	Reassurance given	GA offered	
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7.2 Indication for supplemental analgesia (tick all that apply):

- ☐ Inadequate block from start
☐ Initially adequate block but pain during procedure
☐ Inadequate duration of block - e.g. duration of surgery
☐ Failure of communication between patient and anaesthetist, including pre-operative communication
☐ Other (please specify) _____

7.3.1 Was the primary mode of anaesthesia converted to GA?

- ☐ Yes
☐ No

7.3.2 If yes, at what time was induction (hh:mm) _____

7.3.3 If yes, what was the indication for conversion to GA (tick all that apply)

- ☐ Pain
☐ Surgical requirement – e.g. massive haemorrhage, extended length of procedure
☐ Anaesthetic complication (e.g. total spinal)
☐ Other please state _____

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? Gestational diabetes

Current or previous paevia etc

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English (UK)

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English (UK)

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English (UK)

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English (UK)

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