

Compliance with Proper Documentation of Pre-anaesthesia Assessment

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1 BACKGROUND

Pre-anaesthesia assessment (PAA) enables identification of comorbidities, optimisation of risk factors, appropriate investigations and an individualised anaesthetic plan. The RCoA recommends systematic preoperative assessment with clear documentation; inadequate documentation risks missed information, communication gaps, unnecessary investigations and preventable perioperative risk.

A multidisciplinary pre-assessment reduce:

- Mortality 6.1%-1.2%.
- Unplanned ICU admission: 1.3%-0.4%
- Improve post-operative respiratory complications:29%-76.1%

2 AIM & TARGET

Aim: To evaluate compliance with documentation of PAA in adult surgical patients and identify areas for improvement.

Target: >80% compliance with RCoA and local hospital guidelines for preoperative assessment.

3 METHODOLOGY

Design	Retrospective audit, 20 March – 10 April 2026
Sample	50 randomly sampled anaesthesia records; audit tool based on RCoA guidelines and local protocol
Inclusion	Adults (≥18 y), elective or emergency surgery, with a documented PAA form
Exclusion	Day-case procedures with no formal PAA form; obstetric patients
Elements assessed	Patient ID, history & comorbidities, airway, systemic exam, investigations, ASA grade, anaesthetic plan, risks & consent, allergies, date/name/signature

Audit → Analyse → Improve → Better Care

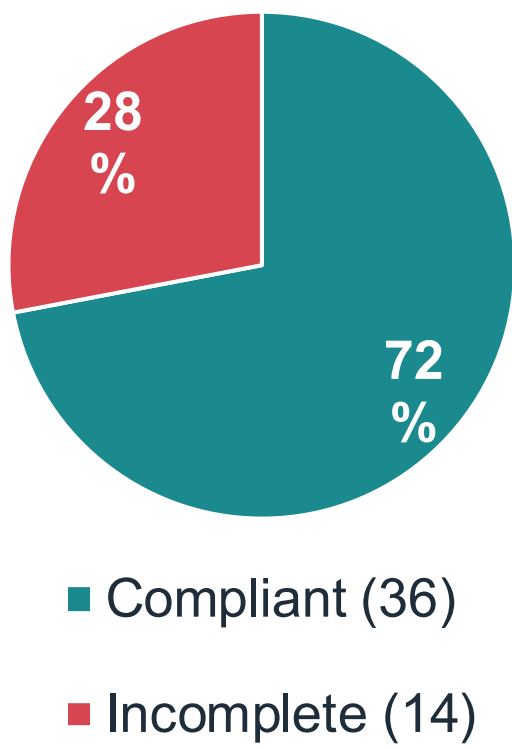
Key finding: Only 72% of records had complete documentation of all key elements. Biggest gaps: risk/consent (42%), airway assessment (38%), anaesthetic plan (36%).

7 REFERENCES

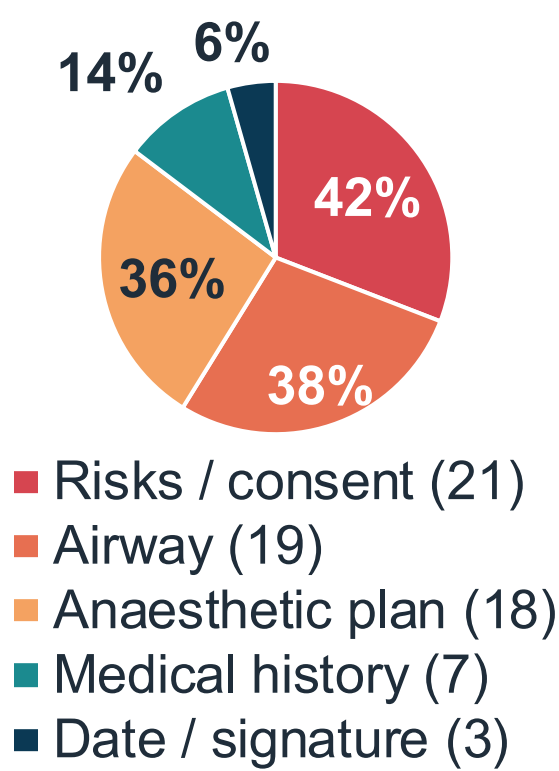
1. <https://www.rcoa.ac.uk/safety-standards-quality/guidance-resources/guidelines-provision-anaesthetic-services>
2. <https://rcoa.ac.uk/training-careers/training-anaesthesia/guide-novice-trainees/preoperative-assessment>.
3. 3. Kamal T, Conway RM, Littlejohn I, Ricketts D. The role of a multidisciplinary pre-assessment clinic in reducing mortality after complex orthopaedic surgery. Ann R Coll Surg Engl. 2011 Mar;93(2):149-51. doi: 10.1308/003588411X561026. PMID: 22041145; PMCID: PMC3293311

4 RESULTS

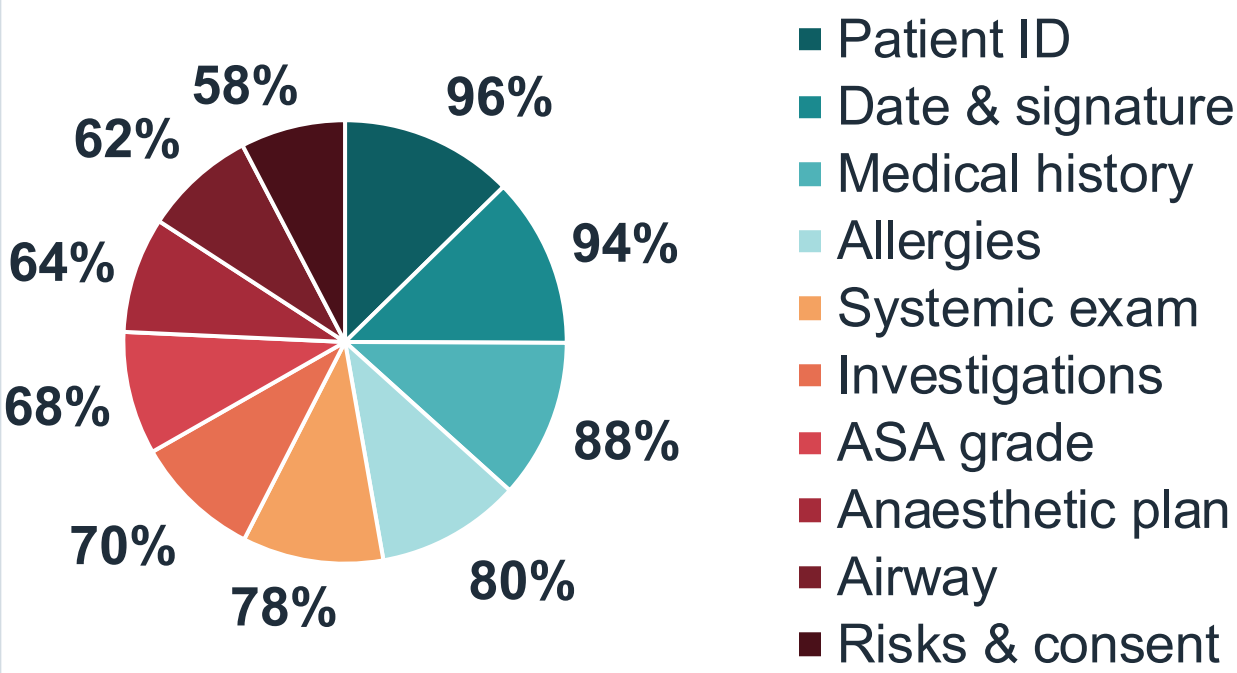
Overall compliance



Common deficiencies



Compliance by key element



5 CONCLUSION

Documentation of pre-anaesthesia assessment was suboptimal, with significant gaps in key elements. Improvement is needed for patient safety, standardised practice and medicolegal requirements.

Possible reasons: lack of awareness of documentation standards; time constraints or surgeon–anaesthetist communication gaps; urgent scheduling in elective lists.

6 RECOMMENDATIONS

1. Reinforce the use of a structured PAA proforma
2. Regular training and feedback for anaesthesia team
3. Periodic re-audit in 6 months to assess improvement
4. Incorporate checklist into daily anaesthetic practice
5. Ensure availability of RCoA guidelines in the department