COMPLIANCE WITH HOSPITAL GUIDELINES FOR POST-ANAESTHESIA MONITORING AND DOCUMENTATION STANDARDS IN PATIENTS UNDERGOING NORA PROCEDURES

Osama Faiz • Saad ur Rehman • Muhammad Imran • Areeba Mushtaq • Fayyaz Ahmed

Shaukat Khanum Memorial Cancer Hospital and Research Centre, Lahore, Pakistan

BACKGROUND

- Patients undergoing non-operating room anaesthesia (NORA) require structured post-anaesthesia recovery monitoring and documentation to ensure patient safety.
- RCoA recommends that recovery care in non-theatre environments should meet standards equivalent to those in operating theatres

OBJECTIVE & TARGET

- Objective: Assess compliance with hospital guidelines and RCoA recommendations for post-anaesthesia monitoring and documentation in NORA.
- Target: 100% compliance with applicable hospital guidelines.

HOSPITAL GUIDELINES

- All the patients receiving anaesthesia or sedation should be monitored, cared for and discharged using same criteria as PACU.
- Monitor physiological status, mental status and pain after the procedure.
- Record vital signs every 15 minutes during the first hour, every 30 minutes during the second hour, then hourly until discharge.
- Apply Modified Aldrete Score and PADSS where indicated and document it accordingly.

CONCLUSION

- Only 26.7% of patients had complete monitoring documentation across all seven domains.
- Arrival assessment was better documented (96.6%) than 15-minute monitoring (33.3%).
- Temperature and Modified Aldrete documentation require improvement.

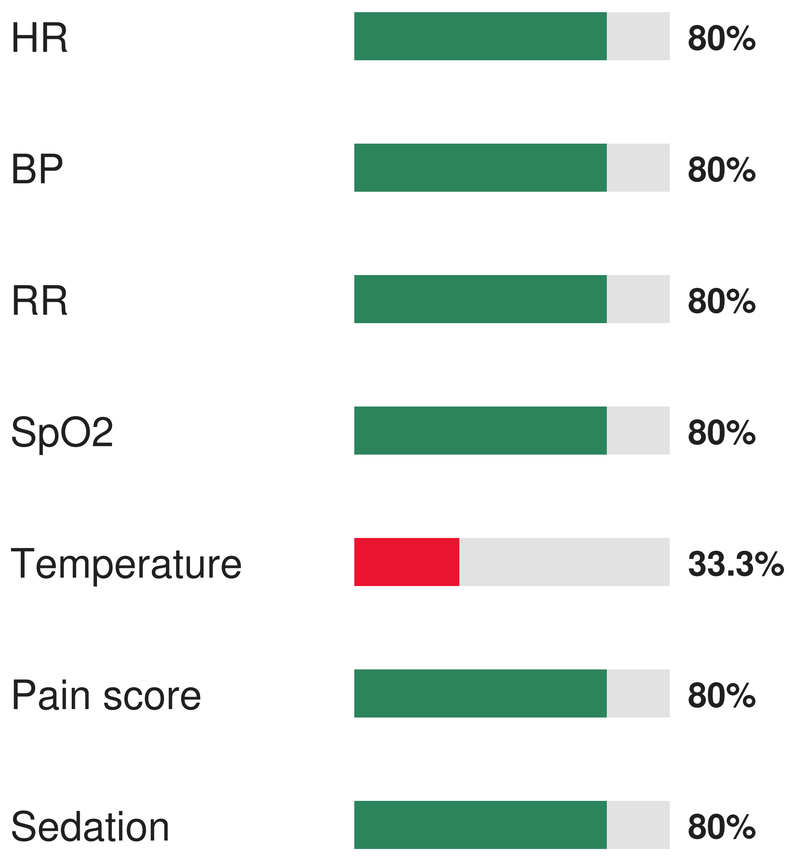
METHODS

- Study design: Clinical audit

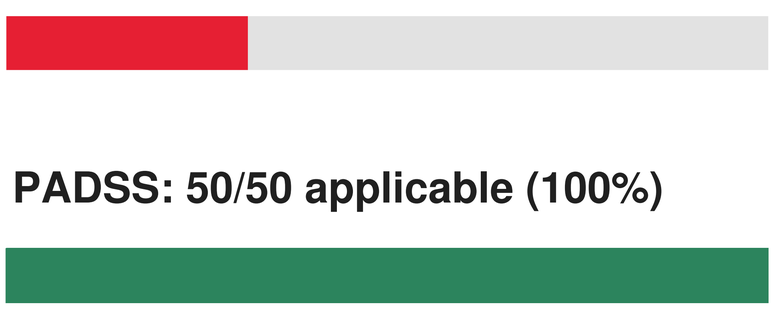
Setting: NORA procedures, SKMCH&RC, Lahore

- Period: 29 July – 18 August 2026
- Sample: 60 patients
- Data collection: Retrospective review of patient records using a structured data collection proforma.
- Outcome: To check compliance with monitoring and recovery documentation standards.

15 MINUTES MONITORING COMPLIANCE



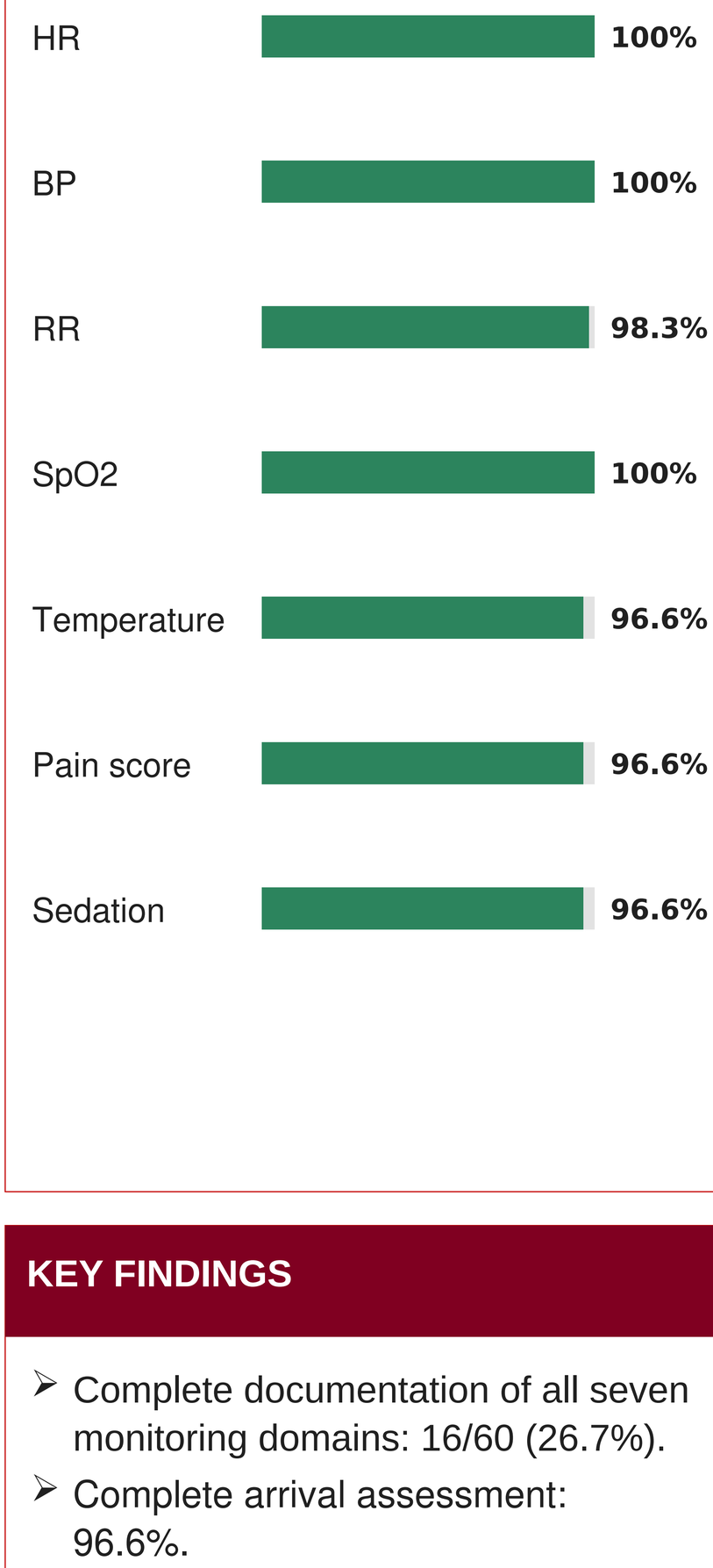
DISCHARGE SCORING



RECOMMENDATIONS

- Conduct regular staff training on NORA recovery monitoring and documentation standards.
- Ensure vital signs are recorded at 15-minute intervals during the first hour of recovery.
- Conduct a re-audit after implementing corrective measures to assess improvement.

MONITORING AT ARRIVAL



KEY FINDINGS

- Complete documentation of all seven monitoring domains: 16/60 (26.7%).
- Complete arrival assessment: 96.6%.
- Complete first-hour 15-minute monitoring: 20/60 (33.3%).
- Temperature monitoring: 19/60 (31.7%).
- Modified Aldrete: 19/60 (31.7%).
- PADSS: 50/50 applicable (100%).

REFERENCES

1. Shaukat Khanum Memorial Cancer Hospital & Research Centre (SKMCH&RC). *Policy on Anaesthesia and Sedation*. Document No.: POL/C/CEN/ANES-001/v.7; Sections 5.7–5.10.

2. Royal College of Anaesthetists. GPAS 2026: Guidelines for the Provision of Anaesthesia Services in the Non-theatre Environment. Chapter 7, Section 1.5. Available from: https://www.rcoa.ac.uk/chapter-7