

Labour Analgesia CQR Data Collection

Identifiers

URN	
Surname	
Date of Birth	
Postcode	
ATSI/Maori Status	Y/N
¹ Diagnosed Mental Health	Y/N
ASA	Score of 2-5
² Parity	Nulliparous/Multiparous
³ BMI	Kg/m ²

Timing

Time requested	24 hour clock
Time attended	24 hour clock
Patient comfortable by	24 hour clock
Seniority of anaes	Consultant/trainee
⁴ Cervical dilatation	<3 3-7 >7
⁵ Onset of labour	Spontaneous Induced

Technique

Technique	Epidural CSE Spinal Remifentanil PCA Opioid PCA (if a PCA is selected, skip regional details)
Needle	18 G Touhy 16 G Touhy Other
Ultrasound used	Y/N
Maintenance drug	Lignocaine Ropivacaine Levobupivacaine Bupivacaine
Maintenance conc	1% 2% 0.25% 0.125% 0.2% 0.1%
Additives	Fent/Clonidine/Other

Maintenance	Infusion PCEA PIB Clinician bolus
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Insertion difficulties (>1 possible)	None ⁶ >2 attempts ⁷ Paraesthesia Intravascular catheter ⁸ Inadvertant Dural Puncture Intrathecal catheter Other
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Analgesia	Adequate Inadequate
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Rectify analgesia (>1 possible)	None Bolus Opioid to catheter Clonidine to catheter Catheter withdrawn Catheter re-sited Abandon technique Other
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Critical incidents (>1 possible)	None ⁹ High block ¹⁰ Total spinal ¹¹ Hypotension Intravascular injection Convulsion Respiratory arrest Cardiac arrest Other
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Follow-up

Pain Service	Y/N/ ¹² Other
Type of Follow-up	Post delivery Discharged prior to RV Unable to contact
Satisfaction	¹³ Analgesia 1-5
Post-natal problems (>1 possible)	¹⁴ Headache ¹⁵ Diagnosed PDPH ¹⁶ Paraesthesia ¹⁷ Back pain ¹⁸ Prolonged motor block
Mode of delivery	¹⁹ Vaginal delivery ²⁰ Instrumental delivery Caesarean section

Data Dictionary

1. Diagnosed Mental Health Patient has been documented to have a mental health condition (diagnosed and or treated) or previously experienced post-natal depression
2. Parity determined by previous deliveries (live or demised) of fetus \geq 24 weeks of age. A “primip” is nulliparous.
3. BMI Body mass index: for full term mothers, calculated on weight measured at \geq 34 weeks. For premature deliveries, the BMI based on the most recent weight.
4. Cervical dilatation Documented as close as possible before or after epidural insertion
5. Onset of labour an induced labour includes – prostaglandins, artificial rupture of membranes, use of oxytocin prior to contractions
6. >2 attempts an attempt is considered a new needle insertion through the skin (not redirections through the same insertion)
7. Paraesthesia on insertion of a needle
8. Inadvertent Dural Puncture Obvious CSF flow through the needle or catheter, or on the basis of response to drugs administered to catheter
9. High block documented block \geq T2 **with compromise** (hand weakness, bradycardia, and respiratory difficulty)
10. Total spinal High block requiring airway intervention
11. Hypotension symptomatic or requiring treatment
12. Other followed up by other individual if there is no pain service

13. Analgesia Satisfaction 1-5

I was satisfied with the pain relief provided

(1)	(2)	(3)	(4)	(5)
Strongly Agree	Agree	Neither Agree Or Disagree	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Headache any headache requiring evaluation for dural puncture headache

15. Diagnosed PDPH

16. Paraesthesia any paraesthesia requiring review

17. Back pain any back pain requiring review

18. Prolonged motor block motor weakness with no improvement in function at 12 hours

19. Vaginal delivery no instruments required

20. Instrumental delivery forceps or suction to facilitate vaginal delivery

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