

# PINEAPPLE

---

Record ID

---

Age

- < 6m  
 6m-12m  
 1-2 years  
 2-4 years  
 4-5 years  
 5-7 years  
 7-10 years  
 11-15 years  
 15+

---

ASA

- 1    2    3    4

---

Planned post op destination

- Daycase  
 Inpatient overnight  
 HDU  
 PICU  
 NICU

---

Surgical Speciality

- Cardiac    Dental    ENT  
 General    Gynaecology  
 Maxillofacial    Neurosurgery  
 Obstetrics    Ophthalmology  
 Orthopaedics    Plastics/Burns  
 Radiology    Thoracic  
 Urology    Vascular  
 Vascular access    Rheumatology  
 Gastroenterology    Respiratory  
 Other

---

Please Specify

---

---

Co-morbidities

- Asthma  
 Cardiac  
 Pulmonary Hypertension  
 Syndromic  
 Neuromuscular  
 Developmental Delay  
 Autistic Spectrum  
 ADHD  
 Anxiety  
 Obesity  
 Ex-prem  
 Diabetes  
 Other

---

Please Specify

---

---

Did this child have pre-assessment?

- Yes    No

---

Date of pre-assessment

- Known  
 Unknown

---

Interval between pre-assessment and surgery

< 2 weeks  
 2-4 weeks  
 4-6 weeks  
 6-8 weeks  
 >8 weeks

---

What format was the pre-assessment

Health Questionnaire  
 Telephone Consultation  
 Virtual Consultation  
 Face to Face Consultation  
 Unknown

---

What was the role of the anaesthetist in the process?

No anaesthetist involvement required  
 Anaesthetist notes review  
 MDT discussion involving anaesthetics  
 Telephone call with family  
 Unknown  
 Other

---

Please Specify

\_\_\_\_\_

---

Was management altered as a result of pre-assessment?

No change to management  
 Clinical (bed allocation, referral)  
 Further investigations requested  
 Administrative (notes request etc)  
 Unknown  
 Other

---

Please Specify

\_\_\_\_\_

---

Was anxiety identified as a potential problem during pre-assessment?

Yes  
 No  
 Not sure

---

How was the addressed?

Play specialist  
 Psychologist  
 Little Journey or similar app  
 Hospital Visit  
 Other

---

Please Specify

\_\_\_\_\_

---

In your opinion, did pre-assessment make a difference to this individual patient?

Yes  
 No  
 Unsure

---

Would Pre-assessment have been useful

Yes    No

---

Comments if written (please check other side of CRF sheet)

\_\_\_\_\_

---

---

Was anxiety an issue preoperatively?

- No
- Delay in list
- Change in list order
- Return to ward for pre-med
- Cancellation
- Other

---

Please specify

\_\_\_\_\_

---

Outcome

- Proceed as planned
- Organisational delay
- Unplanned admission
- Cancellation

---

Cancellation Reason

\_\_\_\_\_

---

Free text on overside (please use this space for any free text that may be included in addition to the above answers)

\_\_\_\_\_