

**PATRN**Paediatric Anaesthesia  
Trainees Research  
Network

# Unplanned Admission Proforma



Name of centre		
Hospital Number		
Date of admission		
Date of procedure		
Date of discharge		
Age (Years)		
Age if < 1 year (Months)		
Gender	Male / Female	
ASA grade	1 / 2 / 3 / 4 / 5	
Procedure		
Specialty		
Booking Category	Elective or Urgent/Emergency/Non-elective	
Time of induction of anaesthetic / anaesthetic start time		
Time arriving in recovery		
Grade of most senior anaesthetist on case	Consultant / Fellow / Registrar / SHO CT1or2 / Staff grade / Other (specify)	
Grade of most senior surgeon on case	Consultant / Fellow / Registrar / SHO CT1or2 / Staff grade / Other (specify)	
Pre-operative assessment clinic?	Phone	Y / N
	In person	Y / N
	Nurse	Y / N
	Anaesthetist	Y / N

**PLEASE TURN OVER**

**REASON FOR UNPLANNED ADMISSION**

<b>Surgical</b>	Bleeding	
	Unexpected surgical complexity / more extensive than expected	
	Surgical complication	
	IV antibiotics required post op	
	Follow up surgery planned	
	Not passed urine	
	Other, please specify	

<b>Anaesthetic</b>	PONV	
	Pain	
	Airway / breathing problem, please specify:	
	Apnoeas	
	Aspiration	
	Post operative hypoxia	
	Prolonged emergence / drowsiness	
	Adverse drug reaction	
	Unable to mobilise due to nerve block/caudal	
Other, please specify		

<b>Medical</b>	Pre-existing medical condition causing complication, please specify	
	New medical condition causing complication, please specify	
	Other, please specify	

<b>Social</b>	Late out of theatre / over run i.e. insufficient time to recover	
	Parent or any member of team requests admission	
	Social unsuitability e.g. long distance to home, transport issues, please specify:	

**The patient was admitted to:**

Ward / HDU / ICU / transferred or retrieved to another hospital

Please email any queries to [patrn.network@gmail.com](mailto:patrn.network@gmail.com)

