

# POISE - Fasting Data Collection Sheet

## Peri-operative (fasting guideline) implementation study evaluation



### INSTRUCTIONS

- This form will be read by a machine
- Use an HB pencil or black pen
- Mark like this

Please complete the following information:

1. Was the operation cancelled? (Cancelled here means operation did not happen on the day it was planned) Yes  Do not complete the rest of this form.  
No  Go to question 2.

2. Mark the closest approximate days and times.

PATIENT ID NO.

   

SITE NO.

 

INVESTIGATOR/RESEARCHER NO.

         

WARD/DAY UNIT NO.

         

FOOD FAST COMMENCED (NO SOLIDS)	
Sun	Mon Tue Wed Thu Fri Sat
00:00 <input type="checkbox"/>	12:00 <input type="checkbox"/>
:15 <input type="checkbox"/>	:15 <input type="checkbox"/>
:30 <input type="checkbox"/>	:30 <input type="checkbox"/>
:45 <input type="checkbox"/>	:45 <input type="checkbox"/>
1:00 <input type="checkbox"/>	13:00 <input type="checkbox"/>
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:45 <input type="checkbox"/>	:45 <input type="checkbox"/>
3:00 <input type="checkbox"/>	15:00 <input type="checkbox"/>
:15 <input type="checkbox"/>	:15 <input type="checkbox"/>
:30 <input type="checkbox"/>	:30 <input type="checkbox"/>
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4:00 <input type="checkbox"/>	16:00 <input type="checkbox"/>
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6:00 <input type="checkbox"/>	18:00 <input type="checkbox"/>
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7:00 <input type="checkbox"/>	19:00 <input type="checkbox"/>
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COMPLETE FAST COMMENCED (NBM)	
Sun	Mon Tue Wed Thu Fri Sat
00:00 <input type="checkbox"/>	12:00 <input type="checkbox"/>
:15 <input type="checkbox"/>	:15 <input type="checkbox"/>
:30 <input type="checkbox"/>	:30 <input type="checkbox"/>
:45 <input type="checkbox"/>	:45 <input type="checkbox"/>
1:00 <input type="checkbox"/>	13:00 <input type="checkbox"/>
:15 <input type="checkbox"/>	:15 <input type="checkbox"/>
:30 <input type="checkbox"/>	:30 <input type="checkbox"/>
:45 <input type="checkbox"/>	:45 <input type="checkbox"/>
2:00 <input type="checkbox"/>	14:00 <input type="checkbox"/>
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:30 <input type="checkbox"/>	:30 <input type="checkbox"/>
:45 <input type="checkbox"/>	:45 <input type="checkbox"/>
3:00 <input type="checkbox"/>	15:00 <input type="checkbox"/>
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INDUCTION OF ANAESTHETIC	
Sun	Mon Tue Wed Thu Fri Sat
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11:00 <input type="checkbox"/>	23:00 <input type="checkbox"/>
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FIRST DRINK POST OPERATIVE (i.e. MORE THAN SIPS)	
Sun	Mon Tue Wed Thu Fri Sat
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:45 <input type="checkbox"/>	:45 <input type="checkbox"/>
1:00 <input type="checkbox"/>	13:00 <input type="checkbox"/>
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11:00 <input type="checkbox"/>	23:00 <input type="checkbox"/>
:15 <input type="checkbox"/>	:15 <input type="checkbox"/>
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:45 <input type="checkbox"/>	:45 <input type="checkbox"/>

continue overleaf

SP24/F071106

**Please mark the box that corresponds to the correct answer.**

3. Was the operation delayed from planned time?

Yes  Go to Q4

No  Go to Q7

4. If the operation was delayed for more than two hours, did the patient have a drink of clear fluids while they were waiting?

Yes  Go to Q5 and follow the instructions

No  Go to Q6

Don't know  Go to Q6

5. Please fill out a second data collection sheet with the revised start of complete fast (NBM) time and complete that form. You do not need to fill out the rest of this form. Please return both forms for this patient to the PoISE team researchers.

6. If the operation was delayed for more than two hours, was an intravenous infusion set up for hydration while the patient was waiting?

Yes

No

Don't know

7. What sort of case was this patient?

Elective Day Surgery

Elective Inpatient

8. Which type of surgical procedure was performed?

Orthopaedic

Gynaecological

General

9. Was the post operative drink delayed?

No  Go to Q11

Don't know  Go to Q11

Yes  Go to Q10

10. Why was the post operative drink delayed?

Patient refused

Patient was vomiting

On medical instruction

Reason not clear

11. Did the patient aspirate during the peri-operative period (please check anaesthetic notes)?

Yes

No

Information not available

**Please mark the time measurement period for which this data has been collected**

T1  T2  T3  T4  T5  T6  T7  T8

**If there is any missing data on this sheet please mark all that apply**

There is missing data from the patient's case notes

I have been unable to locate the patient's case notes to complete data collection

I was unable to have access to the patient after they were consented

I was not available to collect all of the data for this consented patient