



## Anesthesia Facility Assessment Tool (AFAT) v2 - A Comprehensive Inventory Tool \_ March 2026

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The Anesthesia Facility Assessment Tool (AFAT) v2 is a questionnaire intended to be completed by a qualified anesthesia provider or facility representative with first-hand knowledge of the services and resources available at the health facility. Completion is voluntary, and the survey does not collect any patient-identifiable information. Responses should be based on direct observation or reliable facility data and should adhere to local data collection protocols and ethical guidelines.

The tool is organized into multiple modules, each assessing a specific component of anesthesia and perioperative capacity, such as infrastructure, workforce, medications, oxygen supply, equipment, perioperative service delivery, and quality improvement. Facilities may choose to complete all modules for a comprehensive assessment or only those sections most relevant to their needs.

Data may be entered directly into the [electronic REDCap version of the tool](#), managed in partnership by the World Federation of Societies of Anaesthesiologists (WFSA) and the UCSF Center for Health Equity in Surgery & Anesthesia (CHESA). Participants will receive copies of their submissions in both PDF and raw formats for facility use.

Completion time will vary depending on the number of modules selected, ranging from approximately 20 minutes to 2 hours. If you are **unsure** of the answer to any question or choose not to answer, please **leave it blank**. You may stop the survey at any time. Completed surveys may be retained by the facility for internal review, quality improvement, planning, and advocacy purposes.

Thank you for contributing to efforts to improve anesthesia capacity and patient safety.

## GENERAL QUESTIONS

Date of data collection:	(dd/mm/yy):
Contact information of staff completing this assessment:	(Name, phone and email):
Country:	(location of healthcare facility being surveyed):
Healthcare facility name:	
Healthcare facility address, including city/town:	
Which of the following hospital levels best describes this healthcare facility?	<input type="checkbox"/> Health Centre/Clinic <input type="checkbox"/> District Hospital/First <input type="checkbox"/> Referral Hospital Provincial or Secondary/Regional Referral Hospital <input type="checkbox"/> Tertiary or National Referral Hospital
Which of the following terms best describes this healthcare facility? (Select all that apply)	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> NGO/Mission/Charity facility <input type="checkbox"/> University hospital
At the time of completing this survey, what is the facility's catchment population (That is the number of people who would identify this facility as the hospital that serves them).	#
How long (in hours) does it take to get to the nearest higher-level facility (using a vehicle as the mode of transport)?	#
Total number of patients that you refer for surgical intervention to a higher level facility per year	#
What percentage of your patients can reach this hospital within 2 hours of travel?	<input type="checkbox"/> All <input type="checkbox"/> >50% <input type="checkbox"/> <50% <input type="checkbox"/> Never
Which of the following age ranges does this hospital serve with surgical/anesthesia services:	<input type="checkbox"/> Neonate ( $\leq$ 30 days) <input type="checkbox"/> 1 to 12 months <input type="checkbox"/> 13 months - 2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-11 years <input type="checkbox"/> 12-18 years <input type="checkbox"/> Adult <input type="checkbox"/> All of the above
Can this facility transfer patients to higher level care via an ambulance that includes at least oxygen and pulse oximetry?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Does this facility accept transfers of patients from other health facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Provide any additional comments or explanations for your responses in this section?	
Select all the modules you would like to evaluate	<input type="checkbox"/> Infrastructure <input type="checkbox"/> Laboratory <input type="checkbox"/> Information management <input type="checkbox"/> Workforce <input type="checkbox"/> Medications <input type="checkbox"/> Oxygen Supply <input type="checkbox"/> Equipment <input type="checkbox"/> Perioperative service delivery <input type="checkbox"/> Case Volume and Quality Improvement

## INFRASTRUCTURE

How many inpatient beds does this facility have?	<input type="checkbox"/> <50 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-299 <input type="checkbox"/> 300-499 <input type="checkbox"/> 500-999 <input type="checkbox"/> >999			
Does this facility have a dedicated ward for surgical patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to the question above, how many beds are dedicated to surgical patients?	#			
Does this facility have a pediatric surgical ward?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to the question above, how many patient beds are in the pediatric surgical ward/section?	#			
Does this facility have an adult surgical ward?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
- If yes to the question above, how many patient beds are in the adult surgical ward?	#			
Does this facility have an ICU or HDU?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to the question above, how many ICU or HDU beds does this facility have that can provide mechanical ventilation?	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20-50 <input type="checkbox"/> >50			
- How many pediatric ventilated patients can be cared for at one time in ICU/HDU	#			
- How many adult ventilated patients can be cared for at one time in ICU/HDU	#			
Does this facility have a PACU or recovery area?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
- If yes to the question above, how many patient beds are in the PACU or recovery area	#			
How many operating theatres/rooms does this health facility have?	#			
How many Functioning* operating theatres are available 24/7 (if answer to the question above is >0) (*Functioning is defined as in working condition and can be used for patient care)	#			
Does this facility provide Internet for healthcare providers at this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<b>Always</b>	<b>More than half the time</b>	<b>&lt; half the time</b>	<b>Never</b>
If yes to the question above, how often are healthcare providers working at this facility able to access the Internet provided by this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is oxygen available in the operating theatre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is oxygen available in areas outside the operating theatre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is running water available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have reliable piped water servicing all wards, which meet WHO Guidelines for Water Quality (i.e. is drinkable without need for treatment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
How often is electricity available (either from a central grid, backup generator or power bank)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is the main power supply for the facility interrupted in an average week?	<input type="checkbox"/> >5 times <input type="checkbox"/> 2-5 times		<input type="checkbox"/> ≤1 <input type="checkbox"/> Never	
How often is an operational backup power supply (e.g. generator, solar, battery bank) available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are voltage stabilizers available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are surge suppressors/protectors available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is air conditioning available in operating theatre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is an operating table with a tilting function available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is adequate operating theatre lighting available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide any additional comments or explanations for your responses in this section?				

## LABORATORY & BLOOD PRODUCTS

	Always	More than half the time	Less than half the time	Never
How often is the lab able to run a Blood Count (with at least haemoglobin, haematocrit, WBC, and platelets)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is the lab able to run a chemistry panel (with at least creatinine, Na, and K)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is the lab able to run a HCO <sub>3</sub> on the patient's blood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is this facility able to perform an arterial blood gas analysis (with at least pH, PaO <sub>2</sub> and PaCO <sub>2</sub> )?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is the lab able to run coagulation studies (PT, PTT, BT, INR)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is the lab able to do a urinalysis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is the lab able to perform a screen for an post needle stick exposure infectious panel (i.e., HIV, hepatitis B, and hepatitis C)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is the lab able to perform a urine pregnancy test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is a point-of-care glucose measurement able to be performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is a point-of-care haemoglobin measurement able to be performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you receive critical lab results in a clinically appropriate time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are blood transfusions performed at this facility? (If "No" you may proceed to the next section "Information Management")	<input type="checkbox"/> Yes <input type="checkbox"/> No			
How often can this facility test blood products for blood type (i.e. ABO/Rh type and perform a crossmatch)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is <b>whole blood</b> available to patients at this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are units of <b>packed red blood cells</b> available to patients at this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is <b>plasma</b> available to patients at this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are <b>platelets</b> available to patients at this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approximately how long does it take to obtain red blood cells (whole blood or packed red blood cells) in an emergency?	<input type="checkbox"/> <20 mins <input type="checkbox"/> 20 mins-1hr <input type="checkbox"/> 1-5 hrs <input type="checkbox"/> 5-10 hrs <input type="checkbox"/> 10-24 hrs <input type="checkbox"/> >24 hrs			
What is the primary source of blood used by this facility? (Select one)	<input type="checkbox"/> Voluntary unpaid donors at this facility; <input type="checkbox"/> Paid donors at this facility, <input type="checkbox"/> Patient family donors at this facility; <input type="checkbox"/> An off-site blood bank/storage facility; <input type="checkbox"/> Other (specify)			
Provide any additional comments or explanations for your responses in this section?				

## INFORMATION MANAGEMENT

What is the method of record keeping in this hospital?	<input type="checkbox"/> Electronic <input type="checkbox"/> Paper <input type="checkbox"/> Both <input type="checkbox"/> None			
	<b>Always</b>	<b>More than half the time</b>	<b>Less than half the time</b>	<b>Never</b>
How often are records accessible across multiple visits for the same patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are the details of each anaesthetic (including: preoperative assessment, anaesthetic plan, intraoperative and postoperative management) documented in an anaesthesia record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are surgical cases that are done in the operating theatres recorded in a theatre book or logbook or electronic register?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are data prospectively collected for patient outcomes (i.e., adverse events) postoperatively, such as surgical site infection, stroke, deep vein thrombosis (DVT), death etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is this facility required to report surgical morbidity & mortality information to the Ministry of Health or an equivalent agency?	<input type="checkbox"/> As needed <input type="checkbox"/> Daily/Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Never			
Provide any additional comments or explanations for your responses in this section?				

## WORKFORCE

How often are the following services available to patients in the hospital. (To be considered always available, a service must be available in a timely manner to evaluate and treat a patient)	Always	More than half the time	Less than half the time	Never
General surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopaedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrics and Gynecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurosurgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otolaryngology (ENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Internal medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are the following providers available (onsite or within 30 minutes) for urgent clinical care at this health facility? *Nationally Certified	Always	More than half the time	Less than half the time	Never
Physician (specialist) anaesthesiologist*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician Anaesthesia trainees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-physician Anaesthesia trainees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-specialist physician anaesthesia provider*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse anesthesia provider*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-physician, non-nurse anesthesia provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other anaesthesia providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician surgeons*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Doctors who perform surgery (non-obstetric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## WORKFORCE (Continued)

How often are the following providers available (onsite or within 30 minutes) for urgent clinical care at this health facility? *Nationally Certified	Always	More than half the time	Less than half the time	Never			
Non-physicians who perform surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Obstetrician/Gynaecology provider (Specialist Physician)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
General doctors who perform C-sections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Theatre (scrub) nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>How many of the cadres listed below does your hospital have?</b>							
<b>Anaesthesia services</b>							
Physician (specialist) anaesthesiologists*	#						
Non-specialist physician anesthesia provider*	#						
Nurse anesthesia provider*	#						
Non-physician, non-nurse anesthesia provider	#						
Other anaesthesia providers	#						
<b>Surgical services</b>							
Physician surgeons*	#						
General Doctors who perform surgery (non-obstetric)	#						
Non-physicians who perform surgery	#						
<b>Obstetrics/gynaecology services</b>							
Obstetrician/gynaecologists (physicians)*	#						
General doctors who perform C-sections	#						
Non-physicians who perform C-sections	#						
Midwives*	#						
<b>Other services</b>							
Biomedical engineers or technicians (BME/BMET)	#						
Theatre (scrub) nurses	#						
Critical care physicians (with ICU Training certification)*	#						
Pediatricians*	#						
Internal Medicine Physicians*	#						
General doctors who don't do surgery	#						
Pharmacists (hospital or theatre)*	#						
<b>Staffing Ratios</b>	<b>no nurses</b>	<b>1:1-2</b>	<b>1:3-4</b>	<b>1:4-5</b>	<b>1:5-10</b>	<b>&lt;1:10</b>	<b>NA</b>
On average, what is the approximate nursing provider to patient ratio in the <b>ICU/HDU?</b> (1:1 = 1 nurse per 1 patient)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On average, what is the approximate nursing provider to patient ratio in the <b>surgical ward?</b> (1:1 = 1 nurse per 1 patient)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On average, what is the approximate nursing provider to patient ratio in the <b>PACU/recovery area?</b> (1:1 = 1 nurse per 1 patient)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide any additional comments on your responses in this section?							

## MEDICATIONS

How often are the following medications available when needed for anaesthesia, surgical, or analgesia care at this facility?

Note: This is not intended to be a complete list of all possible medications but rather those most commonly used in anesthesia.

	Always	More than half the time	Less than half the time	Never
Paracetamol (acetaminophen) IV or PO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NSAIDs IV or PO (e.g Ibuprofen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gabapentin PO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meperidine (pethidine) IV/IM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morphine IV/IM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morphine PO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morphine Intrathecal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol PO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone PO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Codeine PO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone PO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naloxone IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lidocaine IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lidocaine Sub-Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bupivacaine intrathecal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bupivacaine Sub-Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intralipid IV (for local anaesthetic toxicity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diazepam IV/IM (or similar drugs like Lorazepam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midazolam IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine or esketamine IV/IM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propofol IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thiopental IV (or Methohexital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Etomidate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## MEDICATIONS (Continued)

How often are the following medications available when needed for anaesthesia, surgical, or analgesia care at this facility?

Note: This is not intended to be a complete list of all possible medications but rather those most commonly used in anaesthesia.

	Always	More than half the time	Less than half the time	Never
Nitrous Oxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isoflurane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halothane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sevoflurane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dantrolene IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Succinylcholine (Suxamethonium) IV/IM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rocuronium IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vecuronium IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cisatracurium IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pancuronium IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atracurium IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neostigmine IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugammadex IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atropine IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glycopyrrolate IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ephedrine IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenylephrine IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Norepinephrine (Noradrenaline) IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epinephrine (Adrenaline) IV/IM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metaraminol IV/IM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dopamine IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dobutamine IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milrinone IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amiodarone IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnesium IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitroglycerin/Glyceryl trinitrate IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydralazine IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furosemide IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## MEDICATIONS (Continued)

How often are the following medications available when needed for anaesthesia, surgical, or analgesia care at this facility?

Note: This is not intended to be a complete list of all possible medications but rather those most commonly used in anaesthesia.

	Always	More than half the time	Less than half the time	Never
Oxytocin IV/IM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Misoprostol PO or intravaginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ergometrine IV/IM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mannitol IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tranexamic acid (TXA) IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin IV or SC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dextrose 50% / 10% IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isotonic crystalloid IV fluids (Ringers Lactate or Normal Saline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potassium chloride IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sodium Bicarbonate IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calcium gluconate or calcium chloride IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salbutamol (or albuterol) Inhaled/Nebulized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aminophylline IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heparin or low molecular weight heparin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous Antibiotics (Cephalosporin or Aminoglycoside)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2 blockers or PPIs (e.g Omeprazole)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrocortisone IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dexamethasone IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do patients procure medications that are administered in the hospital or theatre (select all that apply):

- Procured by the patient in the hospital
- Procured by the patient/family outside the hospital
- Provided directly by the hospital
- Other (Specify)

Provide any additional comments or explanations for your responses in this section?

## OXYGEN SUPPLY

How often are the following equipment available and in functioning\* condition when needed for anaesthesia or surgical care in the operating theatres?  
 (\*Functioning is defined as in working condition and can be used for patient care)

Portable (bedside) oxygen concentrator	<input type="checkbox"/> Always <input type="checkbox"/> More than half the time <input type="checkbox"/> Less than half the time <input type="checkbox"/> Never			
- How many portable oxygen concentrators with ~5 LPM capacity does your facility have?	#			
- How many portable oxygen concentrators with ~10 LPM capacity does your facility have?	#			
- How many portable oxygen concentrators are capable of delivering pressures of 3.5bar/50psi?	#			
Oxygen cylinders	<input type="checkbox"/> Always <input type="checkbox"/> More than half the time <input type="checkbox"/> Less than half the time <input type="checkbox"/> Never			
- How many large oxygen cylinders >6000L gaseous (>40L liquid) capacity are available?	#			
<b>How often are the following equipment available and in functioning* condition when needed for anaesthesia or surgical care in the operating theatres? (*Functioning is defined as in working condition and can be used for patient care)</b>	<b>Always</b>	<b>More than half the time</b>	<b>Less than half the time</b>	<b>Never</b>
- Oxygen cylinder regulators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen flowmeter 0-5 LPM (i.e.Thorpe tube)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen flowmeter 0-15 LPM (i.e.Thorpe tube)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen flowmeter >40 LPM (i.e.Thorpe tube)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen blender/mixer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable oxygen concentration analyzer (i.e., tool for measuring concentration of O2 supply)	<input type="checkbox"/> Always <input type="checkbox"/> More than half the time <input type="checkbox"/> Less than half the time <input type="checkbox"/> Never			
How often is your oxygen supply tested to confirm its fraction of oxygen content?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your facility have a functional central medical gas piping system to deliver oxygen from a central source (e.g. PSA plant, LOX plant or cylinder manifold) to the patient bedside?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

## OXYGEN SUPPLY (Continued)

<p>Which of these oxygen sources are available at your facility? (Select all that apply) *PSA= Pressure Swing Adsorption; VSA=Vacuum Swing Adsorption</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Oxygen cylinders</li> <li><input type="checkbox"/> Oxygen generating plant on site (PSA* or VSA*), supplied to hospital via cylinders</li> <li><input type="checkbox"/> Oxygen generating plant on site (PSA* or VSA*), supplied to hospital via pipes</li> <li><input type="checkbox"/> Portable bedside oxygen concentrators</li> <li><input type="checkbox"/> Liquid oxygen (vacuum insulated evaporator), supplied to hospital via pipes</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> None</li> </ul>
<p>- a. other (Specify)</p>	<p>_____</p>
<p>- b. (If PSA/VSA) How often is back-up power generator functional for the oxygen generating plant needs?</p>	<p><input type="checkbox"/> Always <input type="checkbox"/> More than half the time <input type="checkbox"/> Less than half the time <input type="checkbox"/> Never</p>
<p>What is the primary source of oxygen used to deliver oxygen in the operating theatres? (Select one) *PSA= Pressure Swing Adsorption; VSA=Vacuum Swing Adsorption</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Oxygen cylinders</li> <li><input type="checkbox"/> Oxygen generating plant on site (PSA* or VSA*), supplied to hospital via cylinders</li> <li><input type="checkbox"/> Oxygen generating plant on site (PSA* or VSA*), supplied to hospital via pipes</li> <li><input type="checkbox"/> Portable bedside oxygen concentrators</li> <li><input type="checkbox"/> Liquid oxygen (vacuum insulated evaporator), supplied to hospital via pipes</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> None</li> </ul>
<p>- a. other (Specify)</p>	<p>_____</p>
<p>- b. (If PSA/VSA) How often is back-up power generator functional for the oxygen generating plant needs?</p>	<p><input type="checkbox"/> Always <input type="checkbox"/> More than half the time <input type="checkbox"/> Less than half the time <input type="checkbox"/> Never</p>
<p>What is the maximum amount of oxygen in liters per day that your facility can supply (<a href="#">Calculator</a>)?</p>	<p>#</p>
<p>Provide any additional comments or explanations for your responses in this section?</p>	<p></p>

<b>EQUIPMENT</b>				
<b>How often are the following equipment available and in functioning* condition when needed for anaesthesia or surgical care in the operating theatres? (*Functioning is defined as in working condition and can be used for patient care)</b>	<b>Always</b>	<b>More than half the time</b>	<b>Less than half the time</b>	<b>Never</b>
<b><u>Adult Airway</u></b>				
Adult In-line suction equipment (for intubated patients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Suction Catheter (Size 12 - 18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Laryngoscope (blade sizes 3-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult video laryngoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult fiberoptic bronchoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Endotracheal tubes (sizes: 6.0-8.0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Laryngeal mask airways (sizes: 3, 4, 5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral airways adult size (sizes: 02-04)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Pediatric Airway</u></b>				
Peds In-line suction equipment (for intubated patients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ped Suction Catheters (Size 6 - 10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric Laryngoscope (blade sizes 00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric video laryngoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric fiberoptic bronchoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric Endotracheal tubes (sizes: 2.0-5.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric Laryngeal mask airways (sizes: 1, 1.5, 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral airways paed (sizes: 000-01)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Monitoring</u></b>				
Pulse oximeter (Adult) with audible alarms and capable of continuous monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulse oximeter (paediatric) with audible alarms and capable of continuous monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult pulse oximeter probes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric pulse oximeter probes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal pulse oximeter probes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intra-arterial blood pressure monitoring equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic, non-invasive blood pressure monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ped Blood Pressure Cuffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Blood Pressure Cuffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual, non-invasive blood pressure machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuromuscular transmission monitor (for assessing neuromuscular block)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stethoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## EQUIPMENT (Continued)

How often are the following equipment available and in functioning* condition when needed for anaesthesia or surgical care in the operating theatres? (*Functioning is defined as in working condition and can be used for patient care)	Always	More than half the time	Less than half the time	Never
Continuous waveform capnography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spot check capnography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrocardiograph monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrocardiograph electrodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometer for continual temperature monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Oxygen delivery</u></b>				
Adult Low flow nasal cannula/prongs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Low flow nasal cannula/prongs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venturi masks (i.e. air entrainment masks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult face masks without reservoir bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric face masks without reservoir bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult face masks with reservoir bags (i.e., non rebreather mask)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric face masks with reservoir bags (i.e., non rebreather mask)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult High flow nasal cannula (delivery device and patient circuit, capable of >20 liters per minute)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric High flow nasal cannula (delivery device and patient circuit, capable of >20 liters per minute)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult anaesthesia breathing circuits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric anaesthesia breathing circuits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult non-invasive mechanical ventilators (CPAP or BiPAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric CPAP or Bubble CPAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult face masks for mask ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric face masks for mask ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult self-inflating breathing bag/mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric self-inflating breathing bag/mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>IV Equipment</u></b>				
IV pressure infuser bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Cannulas (16g, 18g, 20g) Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Cannulas (22g and 24g) Pediatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central venous catheters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## EQUIPMENT (Continued)

How often are the following equipment available and in functioning* condition when needed for anaesthesia or surgical care in the operating theatres? (*Functioning is defined as in working condition and can be used for patient care)	Always	More than half the time	Less than half the time	Never
Adult intraosseous catheters/cannulas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric intraosseous catheters/cannulas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult intravenous or intraosseous infusion tubing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric intravenous or intraosseous infusion tubing including a burette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infusion pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syringe pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perfusor/Extension Lines/tubing (e.g for infusion/syringe pumps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syringes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile or distilled water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Regional Anesthesia Equipment</b>				
Spinal needles (22G - 25G)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral nerve stimulator (for regional anaesthesia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nerve Block Needles (for regional anaesthesia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epidural placement kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>				
Manual or electric suction pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipeline central suction/vacuum system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yankauer suckers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplies for emergency cricothyroidotomy/tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasopharyngeal airways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator for medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate volatile anaesthetic vaporizers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magill forceps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasogastric tubes (10-16F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catheter for bladder catheterization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric warming blanket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant incubator (or overhead heater for neonates)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterilizing skin preparation solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crash cart (i.e. designated cart with equipment to manage cardiac arrest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Viral filters for invasive & non-invasive ventilators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humidity conservation filter (Heat and Moisture exchange filter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## EQUIPMENT (Continued)

How often are the following equipment/items available and in functioning* condition when needed for anaesthesia or surgical care in the operating theatres? (*Functioning is defined as in working condition and can be used for patient care)	Always	More than half the time	Less than half the time	Never
Water Traps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrocautery (Diathermy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autoclave/Sterilizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand sanitizer or soap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is disposable airway equipment used, then cleaned and reused (e.g. endotracheal tubes, LMAs, breathing circuits, suction catheters, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do anaesthesia providers at this facility use their own (personally owned) equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you have biomedical services available onsite to repair non-functioning equipment (suction machines, vitals monitors, autoclaves) at this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical/medical mask - patient (type I)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical/medical mask - healthcare worker (type II)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N95 or KN95 or KF94 or FFP2 or higher grade respirator masks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye protection for staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face shields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable gowns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reusable fluid resistant gowns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable sterile gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable examination gloves (non-sterile)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>For the following pieces of equipment, please indicate the total number that are present at this facility, functional and are designated for anaesthesia/surgical care in the operating theatres (i.e. the total # for all operating theatres). *Do not include equipment personally owned by providers. (*Functioning is defined as in working condition and can be used for patient care)</b>				
Pulse oximeters (stand alone or part of a multi parameter monitor)	#			
Capnography or capnometry	#			
Anaesthesia machines (capable of delivering inhalational anaesthesia)	#			
Mechanical ventilators present outside of the operating theatres in this facility	#			
<b>Radiology – How often do you have access to <u>functioning</u> radiology equipment at this facility?</b>	<b>Always</b>	<b>More than half the time</b>	<b>Less than half the time</b>	<b>Never</b>
Portable X-ray machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT scanner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI scanner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide any additional comments or explanations for your responses in this section?				

## PERIOPERATIVE SERVICE DELIVERY

Is epidural anaesthesia/analgesia performed at this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is spinal anaesthesia performed at this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is general anaesthesia performed at this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are peripheral nerve blocks performed at this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<b>Always</b>	<b>More than half the time</b>	<b>Less than half the time</b>	<b>Never</b>
How often are patients evaluated by an anaesthesia professional (physician or nonphysician with nationally recognized anesthesia training) prior to administration of anaesthesia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is the WHO Surgical Safety Checklist (or locally-modified version) used in the operating room prior to a surgical case?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When indicated, how often are prophylactic antibiotics given prior to skin incision in the operating theatre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is a circuit "disconnect alarm" available and functional during mechanical ventilation while providing anaesthesia care during the procedure (i.e. not including preop or PACU)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is an inspired oxygen sensor (i.e. for O2 supply failure alarm) available and functional during mechanical ventilation while providing anaesthesia care during the procedure (i.e. not including preop or PACU)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is continuous pulse oximetry used to monitor patients' oxygenation (SpO2) for the entire duration of anaesthesia care (i.e. not including preop or PACU)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is capnography (end tidal carbon dioxide) used continuously to monitor patients for the entire duration of anaesthesia care (i.e. not including preop or PACU)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is the patient's heart rate assessed either by palpation, auscultation, or display (on a monitor) for the entire duration of anaesthesia care (i.e. not including preop or PACU)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is blood pressure measured at least every 5 minutes while providing anaesthesia care during the procedure (i.e. <u>not</u> including preop or PACU care)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is the patient's heart rhythm (i.e., ECG) assessed while providing anaesthesia care during the procedure (i.e. not including preop or PACU)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For cases requiring general or neuraxial anaesthesia, how often is a designated anaesthesia provider (other than the surgeon) continuously present with the patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are audible monitor signals and alarms available AND on at all times during anaesthesia care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PERIOPERATIVE SERVICE DELIVERY (Continued)

How often is there capability for measurement of inspired/expired volatile gas concentration during anaesthesia care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is this facility able to provide mechanical ventilation for postoperative patients who require ventilator support outside the operating theatres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is a trained assistant (e.g. operating room nurse or technician) available to assist the anaesthesia provider in theatre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a "handover protocol" for transfer of care from one anaesthesia provider to another?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the facility have any management guidelines available for anaesthesia?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the facility have management guidelines available for pain relief?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the facility have guidelines for comprehensive emergency obstetric anaesthesia care?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
How often are age appropriate pain scores used to assess patients in the first 24-hours postoperation?	<input type="checkbox"/> Hourly <input type="checkbox"/> Once every 2-4 hrs <input type="checkbox"/> Once every 4-6 hrs <input type="checkbox"/> Once every 6-12 hrs <input type="checkbox"/> Once every 12+ hrs <input type="checkbox"/> Never			
<b>If this facility does not have a PACU/recovery area, skip the next 6 PACU questions.</b>	<b>Always</b>	<b>More than half the time</b>	<b>Less than half the time</b>	<b>Never</b>
When patients are present in the PACU/recovery room, how often are personnel trained to administer analgesic medications AND recognize airway and hemodynamic compromise physically present in the PACU/recovery room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is pulse oximetry available for continuously monitoring all patients for the entire duration of care in the PACU/recovery room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is Non Invasive Blood Pressure measurement available for all patients in the PACU/recovery room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is oxygen immediately available for all patients in the PACU/recovery room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is suction immediately available for all patients in the PACU/recovery room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is an appropriately sized self-inflating bag-mask immediately available in the PACU/recovery room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide any additional comments or explanations for your responses in this section?				

## SURGICAL AND ANESTHESIA CASE VOLUME

**Please use the theatre logbook and/or morbidity and mortality logbook/data when available to answer the following section. If you do not have access to the logbook, please estimate these responses. If these services are not performed at this facility please respond with '0'**

How many <u>surgical cases</u> were performed in operating theatres in the past 12 months	#
How many <u>anesthesia cases</u> were performed in the facility (i.e. theatres, non-theatre locations etc) in the past 12 months	#
Are surgical cases routinely performed outside of the operating theatres (e.g. on the surgical ward)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many emergency operations were performed in operating theatres in the past 12 months?	#
How many open long bone fracture repairs were performed at this facility in the past 12 months?	#
How many laparotomies (e.g. uterine rupture, ectopic pregnancy, acute abdomen, intestinal perforation, traumatic injuries) were performed at this facility in the past 12 months?	#
How many Caesarean sections were performed at this facility in the past 12 months?	#
How many surgical cases were performed on children <u>age 1-5 years old</u> at this facility in the past 12 months?	#
How many surgical cases were performed on children <u>age 1-12 months old</u> at this facility in the past 12 months?	#
How many surgical cases were performed on children <u>age &lt;1 month old</u> at this facility in the past 12 months?	#
What proportion of all operating room cases (including obstetrics and gynecology cases) are performed under general anesthesia?	<input type="checkbox"/> Always <input type="checkbox"/> More than half the time <input type="checkbox"/> Less than half the time <input type="checkbox"/> Never
Provide any additional comments or explanations for your responses in this section?	

## QUALITY IMPROVEMENT AND SAFETY IN THE UNIT

<b>Are the following conducted or available in the unit:</b>	
How often are meetings convened at least quarterly to use clinical data for quality improvement (e.g., morbidity and mortality conferences, preventable death panels)	<input type="checkbox"/> As needed <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Never
Protocol for Decontamination, Disinfection and Sterilization of Anesthesia Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical document template for providers (e.g., standardized clinical chart)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are surgical deaths including time of death, regularly tracked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many intraoperative deaths (i.e. deaths in theatre) occurred at this facility in the past 12 months?	#
How many post-operative, in-hospital deaths occurred in the past 12 months? (i.e., deaths before discharge in patients who have undergone a surgical procedure in the operating theatre)?	#
Provide any additional comments or explanations for your responses in this section?	

**ADDITIONAL COMMENTS**