

Questionnaire Anaesthesia for CS in provincial, district and mission hospitals in Zimbabwe

1. **Name of hospital**
2. **Province**
3. **Phone number of hospital**
4. **Date of data collection (today)** *Example: December 15, 2012*
5. **Type of Health care facility**
Mark only one oval.
 - ☐ Provincial Hospital
 - ☐ Government Rural Hospital
 - ☐ District hospital
 - ☐ NGO
 - ☐ Private
 - ☐ Mission Hospital
6. **If you answered "Mission Hospital" above, is it funded by**
Mark only one oval.
 - ☐ Donor (e.g. church, external funding agency)
 - ☐ Government
 - ☐ Both
 - ☐ Not applicable
7. **Function/title (position of person being interviewed)**
Mark only one oval.
 - ☐ Specialist anaesthetist
 - ☐ Obstetrician/Gynecologist
 - ☐ Medical officer providing anaesthesia (non-specialist)
 - ☐ Diplomat anaesthetic nurse (12 months training Harare)
 - ☐ Certificate anaesthetic nurse (6 months training Bulawayo)
 - ☐ Uncertified anaesthetic nurse ("on the job trained")
 - ☐ Other (please specify below)
8.

Section A: Hospital data

Insert numbers in all questions below:

9. **Number of beds in the hospital**

The answer should reflect the average situation the last 3 months.

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10. **Number of total functioning operating theatres (major & minor)**

The answer should reflect the average situation the last 3 months.

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11. **Size of population served by this health care facility in 2014 (Jan.-Dec.)**

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12. **Reported number of caesarean sections in 2014 (Jan.-Dec.)**

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13. **Total number of deliveries (included multiple births and still-births) in the labour ward in 2014 (Jan.-Dec.)**

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14. **Total number of live births in the hospital in 2014 (Jan.-Dec.)**

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15. **Number of maternal deaths in the instituion 2014 (Jan.-Dec.)**

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16. **The hospital's reported Maternal Mortality Ratio (per 100 000 deliveries) in 2014**

Definiton: the ratio of the number of maternal deaths during a given time period per 100,000 live births during the same time-period.

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Section B: Infrastructure

Questions about the hospital's resources.

The answers should reflect the average situation the last 3 months.

Mark only one oval per row.

	Not available/ No	Some times	Most of the time	All the time	I don't know
17. Do you have tap water (municipal)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Do you have water from well/borehole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Do you have a water back up solution (e.g. water tank)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Do you have power supply from mains?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Do you have a functioning power generator?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Functioning bloodstorage unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Equipment to measure hemoglobin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Oxygen supply in theatre via CYLINDERS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Oxygen supply in theatre via PIPELINES (centrally)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Oxygen supply in theatre via OXYGENCONCENTRATOR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Do you have an area designated for recovery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Do you use this area designated for recovery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Do the patient ever go straight from the theatre to the ward?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Do you keep medical records?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Do you keep anaesthetic records?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Do you use the WHO "Safe Surgery Checklist" prior to start of EACH surgery (see attachment)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Do you have the document "recommended standards of anaesthetic care in zimbabwe" issued by ZAA available?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Functioning pulse oximeter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Functioning anaesthetic machine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. How many functioning pulse oximeters do you have available in the THEATRE(S)?

The answer should reflect the average situation the last 3 months.

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37. How many functioning pulse oximeters do you have available OUTSIDE the theatre(s) (in the rest of the hospital)?

The answer should reflect the average situation the last 3 months.

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38. **How many functioning anaesthetic machines do you have available?**

The answer should reflect the average situation the last 3 months.

.....

39. **What kind of anaesthetic machine do you have available (at the moment)?**

Check all that apply.

☐

Drawover

☐

Plenum

☐

Other (please answer which one below):

40.

Section C: Human Resources

Who (and how many of them) is providing the ANAESTHESIA for CAESAREAN SECTIONS in your institution?

The answers should reflect the average situation the last 3 months.

NB: differentiate between part-time and full-time. Insert number:

Mark only one oval per row.

	Number
Specialist anaesthetist	
41. Full-time	<input type="radio"/>
42. Part-time	<input type="radio"/>
Obstetricians/Gynecologists	
43. Full-time	<input type="radio"/>
44. Part-time	<input type="radio"/>
Medical officer	
45. Full-time	<input type="radio"/>
46. Part-time	<input type="radio"/>
Diplomate anaesthetic nurse (12 months training Harare)	
47. Full-time	<input type="radio"/>
48. Part-time	<input type="radio"/>
Certified anaesthetic nurse (6 months training Bulawayo)	
49. Full-time	<input type="radio"/>
50. Part-time	<input type="radio"/>
Uncertified anaesthetic nurse ("on the job trained")	
51. Full-time	<input type="radio"/>
52. Part-time	<input type="radio"/>

53. **Approximately how many days of SUPERVISED PRACTICE (during training) in anaesthesia did YOU have?**

Insert number of DAYS:

54. **Approximately how many days of formal THEORY (during training) in anaesthesia did YOU have?**

Insert number of DAYS:

55. **How confident do you feel in managing the routine obstetric anaesthetic procedures in your institution?**

Mark only one oval.

0 %	10 %	20 %	30 %	40 %	50 %	60 %	70 %	80 %	90 %	100 %
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. **Approximately which percentage of the obstetric cases did you refer to a higher level of health care institution during the last 3 months?**

Insert number in percentage:

57. **What were the reasons why you had to refer obstetric cases to a higher level of health care institution during the last 3 months?**

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.....

.....

.....

58. **Have YOU ever attended an “emergency obstetric care” course? (e.g. EMOC or EMONC)**

Mark only one oval.

- ☐ Yes
- ☐ No

Section D: Caesarean section

Please estimate in which proportion of caesarean sections you use the following kind of anaesthesia:

The answers should reflect the average situation the last 3 months.

Mark only one oval per row.

[illegible]

Do you use the following routinely during a caesarean section to avoid aorto-caval compression?

The answer should reflect the average situation the last 3 months.

Mark only one oval per row.

[illegible]

When using ketamine i.v. only for caesarean section, when would you administer diazepam or midazolam intravenously to the mother?

The answer should reflect the average situation the last 3 months.

Mark only one oval per row.

	Never	Sometimes	Most of the time	All the time	I don't know
69. Before delivering the baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. After delivering the baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Who attends to the baby after delivery by caesarean section?

The answer should reflect the average situation the last 3 months.

Mark only one oval per row.

	Never	Sometimes	Most of the time	All the time	I don't know
71. Midwife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Anaesthetic provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. Paediatrician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. Other nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What type of post-operative analgesia do you PRESCRIBE for the patient to receive in the ward after caesarean sections?

The answers should reflect the average situation the last 3 months.

Mark only one oval per row.

	Never	Sometimes	Most of the time	All the time	I don't know
76. Multimodal (paracetamol, NSAIDs and opioids/tramadol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. Single drugs, regular intervals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. Single drugs, on demand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does your institution have guidelines for postoperative pain relief available?

The answers should reflect the average situation the last 3 months.

Mark only one oval

	Never	Sometimes	Most of the time	All the time	I don't know
80.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section E: Emergency & Essential Anaesthesia Equipment and Supplies

Which of the following functioning equipment do you routinely USE during anaesthesia for a Caesarean section?

NB: "(But available)" means it is available in theatre. The answers should reflect the average situation the last 3 months.

Mark only one oval per row.

		NOT AVAILABLE	Never (But available)	Sometimes (But available)	Most of the time (But available)	All the time (But available)	I don't know
81.	Resuscitator bag, valve & mask (adult)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82.	Stethoscope	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83.	Suction pump (manual or electric) with catheter (ADULT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84.	Blood pressure measuring equipment AUTOMATIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85.	Blood pressure measuring equipment MANUAL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86.	Pulse oximeter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87.	ECG-monitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88.	Oropharyngeal airway (adult sizes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89.	Endotracheal tubes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90.	Laryngeal mask airway; AS AN EMERGENCY AIRWAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91.	Laryngeal mask airway; OPTIONAL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92.	Adult intravenous cannula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which of the following SPINAL NEEDLES do you routinely use during spinal anaesthesia for a Caesarean section?

NB: "(But available)" means it is available in theatre. The answers should reflect the average situation the last 3 months.

Mark only one oval per row.

		NOT AVAILABLE	Never (But available)	Sometimes (But available)	Most of the time (But available)	All the time (But available)	I don't know

112. Colloid (starch/gelatin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. Maintelyte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. Glucose 5 %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115. 1/2DD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section F: Drug availability

Please indicate by ticking the most appropriate box, the approximate AVAILABILITY of the following drugs in your hospital. NB: only availability, not use.

The answers should reflect the average situation the last 3 months.

Mark only one oval per row.

	Never	Sometimes	Most of the time	All the time	I don't know
117. Ketamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118. Thiopentone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119. Propofol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. Lignocaine 2 %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. Bupivacaine (macaine) 0.5% HEAVY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. Bupivacaine (macaine) 0.5% PLAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123. Suxamethonium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. A non-depolarising muscle relaxant (e.g. vecuronium, atracurium, alcuronium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125. Neostigmine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126. Halothane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127. Isoflurane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128. Sevoflurane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129. Pethidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130. Morphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131. Fentanyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132. Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133. Naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134. Atropine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135. Adrenaline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
136. Phenylephrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137. Ephedrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138. Magnesium sulphate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139. Diazepam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140. Midazolam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141. Misoprostol (cytotec)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142. Oxytocin (syntocinon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
143. Ergometrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
144. Oxytocin/Ergometrin combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(syntometrin)					
145. Paracetamol ORAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
146. Paracetamol INTRAVENOUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
147. Paracetamol SUPPOSITORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
148. NSAID's (e.g. diclofenac, ibuprofen) ORAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
149. NSAID's (e.g. diclofenac, ibuprofen) INTRAVENOUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150. NSAID's (e.g. diclofenac, ibuprofen) SUPPOSITORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
151. Tranexamic acid (cyclokapron)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
152. Nifedepine (adalat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
153. Labetolol (trandate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
154. (di)hydralazine (nepressol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
155. Broad spectrum antibiotics (cefalosporins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

End of questionnaire. Thank you for your time!

156. **Please add any comments about the questionnaire below:**

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