

# Recovery after “Propofol only” Anaesthesia.

## Data collection sheet.

**Patient Identifier:** \_\_\_\_\_

Fill in value for demographics.

Tick box if comorbidity is present or leave blank if not present.

Sex	
Age	
Weight (kg)	
Height (cm)	
Alcohol (standard drinks per week)	
IHD	
Hypertension	
Sleep apnea	
Diabetes	
Previous stroke/TIA	
Dementia	

**Procedure** – to be completed in procedure room

Procedure start time	
Procedure finish time	
<b>Last propofol dose time</b>	
Total propofol dose	

## Discharge Assessment

Nausea/Vomiting (Y/N)	
Pain/discomfort (Y/N)	
Tolerating food/fluid (Y/N)	
Aldrete score	
Assessed ready for discharge (Y/N)	
Time of this assessment	