## ACCESS

Dear Local coordinator of the ACCESS Study,

thank you for your participation in the ACCESS project. On the following page, you will be able to introduce the patient data collected in the perioperative period of the Caesarean section.

We will need you to respond one survey per patient. All fields are mandatory.

So, let's start!

## case introduction

- 1 Which country do you practice in?
- 2 What is your country international dialing code?

3 study number of your medical centre



## 4 number of the reported case in your center







		<ul> <li>70</li> <li>71</li> <li>72</li> <li>73</li> <li>74</li> <li>75</li> <li>76</li> <li>77</li> <li>78</li> <li>79</li> <li>80</li> </ul>
	Patient details	
5	Age group patient undergoing the Caesarean section? (Year)	<ul> <li>○ 15-20</li> <li>○ 21-25</li> <li>○ 26-30</li> <li>○ 31-34</li> <li>○ 35-39</li> <li>○ 40-44</li> <li>○ &gt;44</li> </ul>
6	What is the height (cm) of the patient undergoing caesarean section?	
7	What is the weight (kg) of the patient at the time of caesarean section?	
8	What is the medical status of the patient (based on American society of anesthesiologists (ASA) classification status)?	<ul> <li>1-2 Healthy pregnant (usually classed as ASA 2) or pregnant with mild disease</li> <li>3 pregnant with moderate disease</li> <li>4 pregnant with severe or life-threatening disease</li> <li>5 pregnant, moribund likely to survive</li> <li>Other:</li> </ul>
9	What is the level of experience/certification of the most senior anaesthesiologist present in the operating room to perform/supervise anaesthesia for this patient? (Note - the supervisor may not be present in the room but is fully available to assist). Please use closest category for your country	<ul> <li>Anaesthesiologist trainee &lt; 2 years</li> <li>Trainee ≥ 2-5 years experience</li> <li>Anaesthesiologist (trainee or attending) 6-10 years experience</li> <li>Anaesthesiologist (trainee or attending) ≥10 years experience</li> <li>Obstetric Anaesthesia specialist</li> <li>Other:</li> </ul>
10	Indication for caesarean section	<ul> <li>Malpresentation</li> <li>Multiple Gestation</li> <li>Repeat Cesarean</li> <li>Maternal Request</li> <li>Placenta previa, Placenta accreta</li> <li>Maternal medical condition</li> <li>Intrapartum Caesarean emergency (eg failed trial of delivery/prolonged/ labour/ fair operative delivery)</li> <li>Fetal compromise</li> <li>Bleeding</li> <li>Other:</li> </ul>

What was the Classification of Caesarean section urgency?	<ul> <li>Emergency / Code Red: delivery required in less than 15 minutes</li> <li>Urgent / Code Orange: delivery required in less than 30 -60 minutes</li> <li>Expedited / Code Green: delivery as soon as possible / within &gt; 60 mins to 24, hours</li> <li>Elective</li> </ul>
Time of the day when the Caesarean section started	<pre>     00:01 - 04:00     04:01 - 08:00     08:01 - 12:00     12:01 - 16:00     16:01 - 20:00     20:01 - 00:00 </pre>
In case of unplanned Caesarean section, how long did it take from the call for Caesarean to fetal umbilical cord clamping (decision-to-delivery interval time,DDI) ? (minutes). Please be as accurate as possible.	<ul> <li>Not Applicable</li> <li>Other:</li> </ul>
What is the initial anaesthesia plan of the first anaesthesiologist to care for the patient (even if you then used another secondary plan)	<ul> <li>Spinal anaesthesia</li> <li>Epidural anaesthesia</li> <li>Combined spinal epidural</li> <li>Labor epidural top up</li> <li>Continuous spinal anaesthesia</li> <li>General anaesthesia</li> <li>other</li> </ul>
Intrapartum Caesarean section: is there a labor epidural catheter in place for labor analgesia?	<ul> <li>Yes</li> <li>No</li> <li>Not Applicable</li> </ul>
Intrapartum Cesarean section: In the case the patient has a labor epidural catheter in place, did the anaesthesiologist who made the initial anaesthesia mode plan decide/think that it was providing adequate labor analgesia?	<ul> <li>Not Applicable</li> <li>Yes</li> <li>No</li> </ul>
Intrapartum Cesarean section: if a labour epidural was extended to provide anaesthesia, where was the top-up started?	<ul> <li>Not applicable</li> <li>In the labor room</li> <li>On the way to the operating room</li> <li>In the operating room</li> <li>other:</li> </ul>

about local anaesthetic and adjuvants administered, with doses:

- Spinal Local Anaesthetic Agent. 18 You may add drug dose/volume details to "Other".
- No spinal dose / not applicable
   Hyperbaric Bupivacaine 0.5%
   Isobaric Bupivacaine 0.5%

- Levobupivacaine 0.5%
- □ Chlorprocaine 3%
- □ Prilocaine 2%
- other: \_\_\_\_\_



19	Spinal lipophilic opioid. You may add drug dose/volume details to "Other".	<ul> <li>No spinal lipophilic opioid / not applicable</li> <li>Fentanyl</li> <li>Sufentanil</li> <li>other:</li> </ul>
20	Spinal Long-Duration opioid. You may add drug dose/volume details to "Other".	<ul> <li>No spinal long-duration opioid / Not applicable</li> <li>Morphine</li> <li>Diamorphine</li> <li>other:</li> </ul>
21	Spinal non opioid Adjuvants? (Various options are possible)	<ul> <li>No spinal non-opioid adjuvant / Not applicable</li> <li>Clonidine</li> <li>Dexmedetomidine</li> <li>Epinephrine</li> <li>other:</li> </ul>
22	Epidural Top-Up: Local Anaesthetic You may add drug dose/volume details to "Other". Please note that adjuvants are asked in a later question.	<ul> <li>No epidural top up / not applicable</li> <li>Ropivacaine 0.75%</li> <li>Ropivacaine 0.5%</li> <li>Levobupivacaine 0.375%</li> <li>Bupivacaine 0.5%</li> <li>Bupivacaine 0.375%</li> <li>Lidocaine 2%</li> <li>Chloroprocaine 3%</li> <li>Other:</li> </ul>
23	Epidural Top Up: Epidural lipophilic opioid. You may add drug dose/volume details to "Other".	<ul> <li>No epidural lipophilic opioid / not applicable</li> <li>Fentanyl</li> <li>Sufentanil</li> <li>Other:</li> </ul>
24	Epidural Top Up: Epidural Long-duration Opioid. You may add drug dose/volume details to "Other".	<ul> <li>No long-acting epidural opioid / not applicable</li> <li>Diamorphine</li> <li>Morphine</li> <li>Other:</li> </ul>
25	Epidural Top Up: Non Opioid adjuvants (Various options are possible).	<ul> <li>No epidural non-Opioid adjuvant / not applicable</li> <li>Epinephrine</li> <li>Bicarbonate</li> <li>other:</li> </ul>
26	Spinal / Epidural top up: Non opioid Adjuvants, Comments:	
27	If neuraxial anaesthesia was used (spinal/ topup of labor epidural analgesia/combined spinal-epidural), how was the block tested prior to incision? Mark all applicable.	<ul> <li>Not tested</li> <li>Light touch test by the anaesthesiologist</li> <li>Pin-Prick test by the anaesthesiologist</li> <li>Cold test by the anaesthesiologist</li> <li>Motor Block test by the anaesthesiologist</li> <li>Skin test by surgeon</li> <li>other:</li> </ul>



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28	If the block was tested, what was the highest tested dermatome reached? (any testing modality)	<ul> <li>Not Tested</li> <li>T1 or above</li> <li>T2</li> <li>T3</li> <li>T4</li> <li>T5</li> <li>T6</li> <li>T7</li> <li>T8</li> <li>T9</li> <li>T10 or below</li> <li>Not applicalbe</li> </ul>
29	If neuraxial anaesthesia was used (spinal/ topup of labor epidural analgesia/combined spinal-epidural), was there a failure of the block (requirement for repeat neuraxial procedure / conversion to general anesthesia) for Caesarean section?	<ul> <li>○ No</li> <li>○ Yes</li> <li>○ Not applicable</li> </ul>
30	lf yes, please indicate the type of neuraxial anesthesia failure (Various types can be selected).	<ul> <li>No Neuraxial Anaesthesia Failure / not applicable</li> <li>Complete failure of the block</li> <li>Low Level block</li> <li>Lateralized block</li> <li>Correct level but insufficient intensity of the block</li> <li>Other:</li> </ul>
31	If there was a failure of neuraxial anaesthesia (spinal/ topup of labor epidural analgesia/ combined spinal-epidural) which of the following "next plan" strategies was used as a first option?	<ul> <li>No Neuraxial Anaesthesia Failure / not applicable</li> <li>General Anaesthesia</li> <li>Spinal Anaesthesia with usual dose of local anaesthetic</li> <li>Spinal Anaesthesia with reduced dose of local anaesthetic compared to routine practice</li> <li>Repeat epidural top up</li> <li>Combined Spinal-Epidural Anaesthesia</li> <li>Intravenous / Inhalational supplementation (clarifying - NOT general anaesthesia)</li> <li>Other:</li> </ul>
32	If there was a failure of neuraxial anaesthesia (spinal/ topup of labor epidural analgesia/ combined spinal-epidural) which of the following "next plan" strategies was used as a second option?	<ul> <li>No second plan used/ not applicable</li> <li>General Anaesthesia</li> <li>Spinal Anaesthesia with usual dose of local anaesthetic</li> <li>Spinal Anaesthesia with reduced dose of local anaesthetic compared to routine practice</li> <li>Repeat epidural top up</li> <li>Combined Spinal-Epidural Anaesthesia</li> <li>Intravenous / Inhalational supplementation</li> <li>Other:</li> </ul>
33	If there was a failure of neuraxial anaesthesia (spinal/ topup of labor epidural analgesia/ combined spinal-epidural) which of the following "next plan" strategies was used as a third option?	<ul> <li>No third plan used / not applicable</li> <li>General Anaesthesia</li> <li>Spinal Anaesthesia</li> <li>Repeat epidural top up</li> <li>Combined Spinal-Epidural Anaesthesia</li> <li>Intravenous / Inhalational supplementation</li> <li>Other:</li> </ul>



<sup>34</sup> Strategy for failed neuraxial block, comments (Optional):

35	If there was failure of neuraxial anaesthesia, when was the next plan (general anaesthesia/repeat block/intravenous/inhalational supplementation) initiated?	<ul> <li>No Neuraxial anaesthesia failure / not applicable</li> <li>Before incision</li> <li>After incision before delivery</li> <li>After incision after delivery</li> </ul>
36	If general anaesthesia (including invasive airway support) was performed during Caesarean section at any time, what was the reason?	<ul> <li>Maternal contraindication for neuraxial anaesthesia</li> <li>Maternal request</li> <li>Totally failed neuraxial anaesthesia</li> <li>Partially failed neuraxial anaesthesia</li> <li>Lack of time with insufficient level in a well-functioning block</li> <li>Well-functioning block but patient preference to convert to GA</li> <li>To support clinical management of haemodynamic instability</li> <li>Not applicable</li> <li>Other:</li> </ul>
37	If intravenous / inhalational medications were administered as a supplement to neuraxial anaesthesia, please mark all used.	<ul> <li>No intravenous / inhalational medications</li> <li>Propofol</li> <li>Ketamine</li> <li>Midazolam</li> <li>Etomidate</li> <li>Fentanyl / Alfentanil / Sufentanil / Remifentanil</li> <li>Morphine</li> <li>Nitrous Oxide</li> <li>Sevoflurane</li> <li>Other:</li> </ul>

