ANAESTHETIC CARE

by Binu Kurian

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Critically analyse and synthesise your experience of a specific non-elective or complex patient whilst providing anaesthetic care.

BINU KURIAN

Introduction

The present study intends to critically analyse and justify the patient care provided throughout the anaesthetic period from the emergency unit to the post-operative care that led up to an event and trying to explain an evident growing gap between clinical experience and evidence-based practising. Trying to figure out why, in an evidence-based profession, care delivery varies among anaesthetists and theatres.

Nurses keep the confidentiality of the personal information of their patients. (The code of ethics for nurses 2021). So, all identifying details of both organization and patient have also been changed here for confidentiality. As a result, the patient will be referred to as Mr. Alex, a 30 -year-old male who is reasonably fit and quite well and has a good exercise tolerance and his body mass index is 24. Alex has no history of surgery and any other systemic or hereditary diseases. He has a habit of occasional consumption of alcohol and smoking.

Case presentation

Alex presented in the emergency department, with an acute right lower quadrant pain. He specified that the pain is not reducing even after taking paracetamol. His pain was assessed by a pain numerical rating scale. It measures from 0 to 10. Zero denotes “no pain” and the intensity of the pain increases with ascending order of numbers. 1-3 represents mild, 4-6 denotes moderate pain. Severe pain scales from 7 to 10. (Robert Griffin et al. 2020). Alex’s pain was rated nine and he feels worsening of the pain with movement. There had been no nausea, vomiting, fever, or leucocytosis in the past. Positive peritoneal symptoms like abdominal guarding and rebound tenderness

were found during the physical examination. A CT scan was carried out to confirm the suspected abscess.

A fluid-filled, enlarged appendix, emerges medially from the cecum positioned at the anterior portion of the right psoas muscle is visible in an axial CT scan of the upper pelvis. In the appendiceal neck, the cephalad aspect of a calcified appendicolith is visible. There are several dilated, fluid-filled ileal loops seen, which can cause diagnostic uncertainty until the appendix is connected to the cecum and a distal blind end is appeared (Urszula Kosciuczuk et al. 2021). The image also shows the calcified appendicolith blocking the neck of appendix. The findings confirm the diagnosis of acute appendicitis. He is suggested for an emergency laparotomy under general anaesthesia.

Peri operative phase

Around the time of surgery, the surgical team corresponded with the on-call anaesthetic registrar and with the theatre coordinator, highlighting the urgency of the operation. Such cross-disciplinary collaboration resulted in efficient theatre space allocation, timely preoperative arrangements and proper anaesthesia care for Alex. The surgical and anaesthetic group gathered for the team briefing. This the first phase of the WHO surgical safety checklist (Yoon et al, 2017). Regardless of the urgent case, it is demonstrated that an effective team communication can improve the quality of patient care (Urszula Kosciuczuk et al. 2021). However, the clinical trials report that the group briefing can weaken this effect. (Pennington and Garside, 2019). Research

shows that the execution of the safety check list of surgery resulted in the depletion of occurrence of complications and loss of life of patients go through surgery Bohmer et al, 2012).

It is a compulsory procedure to examine the anaesthetic machine and other equipments each time prior to the anaesthetic procedure (Urszula Kosciuczuk et al. 2021). In 2004, the measure to analyse the anaesthetic equipment was published by the association of anaesthetists of Great Britain and Ireland in their third edition. This checklist was accepted satisfactorily by the experts. It explained the different ways of inspecting and troubleshooting the anaesthetic instruments like pipelines, airway system, ventilation and monitoring equipment. It is mandatory to train the staffs to check the instrument and keep a book to be signed after verifying the instruments by each of them. (The association of anaesthetists of Great Britain and Ireland, 2004). Under the guidance of mentor, the anaesthetic practitioner leaner began to check the machine to make it prepared for the procedure.

A brief anaesthetic plan is described explaining the induction of anaesthesia and application of cricoid pressure. A 7.5 sized endotracheal tube, a red 18fr nasogastric tube, and opioids, fentanyl introduction and morphine titration are also planned throughout the surgery. The aspiration risk remains high in cases of obstruction of small intestine. Anaesthetists are instructed to adapt their treatment plan appropriately to prevent gastric aspiration (Robinson and Davidson, 2013). Implementation of cricoid pressure is an effective part of the rapid sequence induction (RSI). RSI is a

well-known procedure routinely used to smooth endotracheal intubation in patients with high chances of aspiration. It involves fast and continues administration of anaesthetic drug and relaxant followed by intubation (S Koenig, 2014, Wan et al, 2021).

Rocuronium is a muscle relaxant which appears to be widespread in clinical practise. Rocuronium is favoured because it has a faster onset than any other non-depolarizing neuromuscular medication and has little impact on the cardiovascular system (Urszula Kosciuczuk et al. 2021). Suxamethonium is also used to start short-term paralysis in general anesthesia. it was once thought to be the "gold standard" neuromuscular blocker for RSI (D T T Tran, 2017). The main adverse effect of suxamethonium is, it increases K+ level in plasma, that leads to dysrhythmias and fatal cardiac arrest in patients with abdominal sep Another important contrary effect is its allergic reactions. It also causes quick oxygen desaturation in obese patients. Rocuronium, while pricier due to the requirement for reversal, has less side effects and allows for a faster onset of neuromuscular blocka Sugammadex is a medication to reverse the neuromuscular block and that should be readily available in the event of an airway emergencies to revive the patient from unconsciousness (D T T Tran, 2017).

Discussion

Appendicitis is a very common ailment in England. Each year, 5000 people are hospitalized with appendicitis. (http://www.nhs.uk/conditions/appendicitis/). Laparoscopy is a favoured approach to the surgery of peritonitis. It gives an accurate diagnosis as well as treatment. It is safe, effective with less trauma and fast recovery

after surg ref? These advantages make a laparoscopic successful alternative to conventional open surgical procedur ref? An open surgery involves a massive single incision in the abdomen. If the appendix has burst or access is problematic, it is frequently used. In the case of suspected appendicitis, a detailed abdominal examination is needed. This can diagnose the condition properly and can refer to the surgical team on time. The WBC count will be increased in most c ref? s. US and CT scan are hardly used.

Superficial

6

Mr. Alex reached the theatre after the examination from emergency nursing department. He presented to the emergency with an acute lower quadrant pain. His samples were already sent to the lab. His body temperature was elevated to 38 c and his pulse was 90/minute. His blood pressure was 124/80 mmhg. All other vitals were normal. The C reactive protein level was also elevated. His psoas sign was positive with a negative Rovsing's sign. Alex has a catheter in place with fluid monitoring chart has begun and the first liter of plasmalyte is flowing to supply electrolytes. Do you have any questions? Both practitioner and anesthetist subsequently continued to the sign-in the checklist of WHO, which included verifying patient's information by checking it with care plan (M Robinson and Davidson, 2013). The medical care team must confirm the data obtained from the patient with theatre card and the care pathway. The practitioner communicated with the anesthetist that the patient was visibly uncomfortable and nervous. The patient used non-verbal communication. They both immediately sought to eliminate external stress, strain and calm the surroundings. anesthetists distract Alex with ideal conversation about his

Grammar

More detail needed

7

Detail

8

Descriptive

9

How?

preferences, while also proceeding to achieve preliminary observations and start preparing for the anesthetic. The practitioner set down echocardiography monitoring, BP cuff, and saturation prob. The anesthetist flushed the ula with normal saline to check its patency. The cannula will be helpful during induction. But a bigger gauge will be inserted in case there were any complications during operation that required blood products and other quick fluid therapy (A B Bohmer et al, 2012). A 16-gauge grey had already been provided. Quick infusions require a bigger gauge cannula, with an 18-gauge enabling a 30 percent rise in both gravitation and pressure.

The whole health care team of Mr Alex communicated each other through verbally and nonverbally to share the details including grading of view (Krage et al, 2010), cuff up, misting and capnography trace. They also communicated about Mr Alex chest movement, and it was satisfactory.

The induction of anesthesia was started with communication skills including both verbal and non-verbal to details the information specially grading of view, cuff up, in connection with misting, co2 trace and observed bilateral chest movement. The endotracheal tube (7.5) was securely inserted, following cricoid pressure off. Pre oxygenation and administration of propofol were given (2 mg/kg induction bolus dose) before induction then switched to desflurane for the maintenance of general anesthesia. Propofol is a typical induction agent since it is quick acting and safe for emergency intubation of endotracheal tube (Seth J. Koenig, 2014., Wan et al, 2021). Ketamine or etomidate are other induction agents. Comparatively Propofol showed

better results in severely ill patients who require intubation. Clinical trials tried to find out the best maintenance agent among desflurane and sevoflurane. Desflurane is volatile with minimal blood: gas partition co efficient. It helps for rapid onset of anesthesia and also quick recovery. But its pungent smell hurt the upper airway and may result in respiratory difficulties (Mukul Chandra Kapoor, 2012) The blood: gas partition co efficient of sevoflurane is 0.65. this ratio is greater than that of desflurane. It causes minimal airway irritation. In a study of high-risk patients (Yoon et al, 2017), post-operative nausea and vomiting were reduced when Sevoflurane was used as maintenance. This is a crucial thing that has to be considered in major abdominal operations. The post operative vomiting should be prevented to minimize the most of the post operative complications. An intravenous dosage of 8 mg of Dexamethasone should be administered at induction (Dreams Collaborators, 2017). This was given to Alex along with 4 mg of Ondansetron. This will minimize the chance of vomiting and nausea after the surgery.

Anesthetist also set up the ventilator setting to pressure control. Before that the patient's Mallampatti score was assessed as class III airway. Only the base of the uvula was visualized with a marginal mouth opening (Yozo et al, 2014). The Nasogastric tube is also inserted through the right naris to remove the excess gastric fluids and gases from the stomach. According to Moss and Hodin, the nasogastric tube helps to reduce the risk of aspiration while given anesthesia (Moss and Hodin, 2017).

There is a chance of a lot of complications in nasogastric tube insertion, including pneumothorax, epistaxis and puncture of oesophagus (Ana Paula Gobbo Motta, 2021). Glidescope intubation has more successful rate when compared to MacIntosh laryngoscope (Wan Hafsah Wan Ibadullah, 2016).

So what?

Relevance

Once the tube was in place, the eyes were tied shut using transpore tape and monitoring was checked for any signs of an unfavourable reaction. The anaesthetist noticed some gastric secretions pouring out of the patient's mouth. Anaesthetist has informed the practitioner but within seconds, a large volume of yellow fluid was expelled. The Anaesthetist has immediately started suctioning from the oropharynx and placed the patient's head down slightly into left lateral position. The oxygen flow rate also adjusted to ten litres per minute. Checked for further regurgitation and confirmed no regurgitation. The depth of the tube was noted and capped carefully to shift the patient from anaesthetic room to theatre. The chances of pulmonary aspiration ranges from 1 in 900 to 1 in 10000 cases. Gastric fluid aspiration can cause the pneumonitis and increase the risk of mortality. Reducing gastric volume and pH, airway protection and extubation are the other strategies to reduce the risk of aspiration (Robinson and Davidson, 2013).

12

13

14

The anesthetist set the ventilator settings to pressure control after connecting to the anesthetic machine in the theatre. In Mr. Alex's case the anesthetist opted pressure-controlled ventilation settings because of steep increase in airway pressure. Pressure

Why?

controlled ventilation regulates the flow rate during inspiration and maintain air pressure at moderate level. It has minimal risk of barotrauma because it provides higher lung compliance and limited airway pressure. The anesthetist also sets the positive end expiratory pressure (PEEP), peak inspiratory pressure (PIP), inspired oxygen fraction (F1O2) and respiratory rate (RR). PEEP can lessen the changes in venous return and cardiac output. It also helps to improve arterial oxygenation. Tube cuff also suggested to Mr. Alex for further inflation, because his bilateral chest movement was not satisfactory. After inserting 3mls of extra air, the anesthetist again checked his chest with a stethoscope and confirmed the air entry to both sides.

Following the patient through anesthesia, the anesthetist, got a clear picture about the drugs, dosage and their different pharmacological actions. The anesthetist also expertise to intubate the patient and has got idea on the different measures of the endotracheal tubes. The exposure to such experience helped the anesthetist to check the machine and equipment as per the AAGBI guidelines (Urszula Kosciuczuk et al. 2021).

The ability of the patient and the clinician to identify common ground will be aided by effective communication. The best tool for the proper health care team is structured communication. The decision made by the healthcare team is based on individual need. It is part of patient centered care. Both patient and professionals are partners. The care team support their patients clinically, mentally, and emotionally. When speaking with the patient, both the anesthetist and the practitioner gradually showed

empa How? he face language and the tone are very important in dealing with patients. The importance of nonverbal communication cannot be underrated. The conflicts between the practitioner and the anesthetist should be solved without many egos, otherwise this stigma may delay the decision making. The anaesthetist and the 17 practitioner integrated and managed the situation. No single consultant can handle and manage this kind of emergency. Each person trusts, depends on others. Effective Vague team work instantly and positively helps the patient's safety. All the core members effectively communicated during the whole procedure.

Post operative care

All the pre- resuscitation markers were assessed to calculate the APACHE score (Robert S. Griffin et al. 2020). The need for a ventilator and other cardiorespiratory support was checked. Periodic reassessment was done regarding the antibiotic Relevance regimens and made proper dose variations. Advised to avoid strenuous activities. Morphine 0.1mcg/kg was given to relieve the pain. Metoclopramide 500 mg was given to prevent nausea and vomiting. A plain diet is advised on the day of surgery. Constipation is common when taking opioids. Scheduled a post operative appointment for follow up.

Conclusion

Acute appendicitis is a serious health issue which has to be managed on time to reduce the risk factors. Some cases need urgent medical attention so as to prevent further complications of sepsis. The usual method of surgery is laparoscopy as it has advanced remarkably.it reduces the risk and complications and also the prolonged stay in the hospital like in open surgery. In the present case, the patient was undergone a successful mode of anaesthesia and surgery. The choice to undergo anaesthesia might also be influenced by the patient's preferences. The emergency department had done a detailed check-up of the patient and ted for anaesthetic and surgical procedures. Consistent monitoring of his vital signs throughout the surgery was done to avoid complications. Utmost care has been taken to avoid fluctuations in all vitals. The complication aroused during the procedure was aspiration that could managed successfully. Anaesthetic skills and effective communication improved the success rate of the whole procedure. Both the Anaesthetic and the practitioner maintained the communication skills throughout the procedure which reduced the chances of risks and improved the patient care. Post-operative care is also given properly to manage all the post-operative side effects. Anticipated side effects were vomiting and pain. A patient centred care delivery was performed with an empathetic approach towards the patient.

Grammar

Unclear

WC

Superficial

References

incorrect referencing

5
A B Böhmer , F Wappler, T Tinschmann, P Kindermann, D Rixen, M Bellendir, U Schwanke, B Bouillon, M U Gerbershagen. (2012). The implementation of a

perioperative checklist increases patients' perioperative safety and staff satisfaction. 56(3):332-8

Ana Paula Gobbo Motta, Mayara Carvalho Godinho Rigobello, Renata Cristina de Campos Pereira Silveira and Fernanda Raphae, Escobar Gimenes. (2021). Nasogastric/nasoenteric tube-related adverse events: an integrative review. Rev Lat Am Enfermagem. 29. e3400.

Angela Moss and Richard Hodin. (2017). Gastroenterology Hepatology Intestinal Obstruction Treatments

Dr Tom Lupton and Dr Oliver Pratt. (2008). Intravenous drugs used for the induction of anaesthesia tutorial of the week 107. 4th august

Dreams Trial Collaborators. (2017). Dexamethasone versus standard treatment for postoperative nausea and vomiting in gastrointestinal surgery: randomised controlled trial (DREAMS Trial). British Medical Journal. 357 (1455), pp. 1-10.

D T T Tran. (2017). Suxamethonium or rocuronium for rapid sequence induction of anaesthesia? A reply. Association of Anaesthetists. 72(11), pp. 1421.

Fatigue and Anaesthetists (Extended Web Version). London: The Association of Anaesthetists of Great Britain and Ireland, 2004. Available on the web at: http://www.aagbi.org/pdf/Web_Version_Fatigue.doc

Il Jae Yoon, Hyun Kang, Chong Wha Baek, Geun Joo Choi, Yong-Hee Park, Yong Hun Jung, Young Cheol Woo and Sangseok Lee. (2017). Comparison of effects of desflurane and sevoflurane on postoperative nausea, vomiting, and pain in patients receiving opioid-based intravenous patient-controlled analgesia after thyroidectomy. Medicine. 96(16): e6681.

Krage, R., van Rijn, C., van Groeningen, D., Loer, S., Schwarte, L. and Schober, P. (2010). Cormack-Lehane classification revisited. British Journal of Anaesthesia. 105 (2), pp. 220-227.

Mukul Chandra Kapoor and Mahesh Vakamudi. (2016). Desflurane – Revisited. J Anaesthesiol Clin Pharmacol. 28(1), pp. 92–100.

Pennington, B. and Garside, J. (2019). The perioperative Team Brief: A patient safety initiative or another tick-box exercise. Journal of Perioperative Practice. 29 (12), pp. 408-412.

Robert S. Griffin Maria Antoniak, Phuong Dinh Mac, Vladimir Kramskiy, Seth Waldman and David Mimno (2020). Imagined Examples of Painful Experiences

Provided by Chronic Low Back Pain Patients and Attributed a Pain Numerical Rating Score. Front. Neurosci., 05 February 2020 | https://doi.org/10.3389/fnins.2019.01331

M Robinson and A Davidson (2013). Aspiration under anaesthesia: risk assessment and decision-making. British Journal of Anaesthesia. 14 (4), pp. 171-175.

Seth J. Koenig, Viera Lakticova, Mangala Narasimhan, Peter Doelken, Paul H. Mayo. (2015). Safety of Propofol as an Induction Agent for Urgent Endotracheal Intubation in the Medical Intensive Care Unit. Journal of intensive care medicine. 30(8), pp. 499-504

Urszula Kosciuczuk1, Paulina Gluszynska2, Inna Diemieszczyk2, Aleksander Lukaszewicz2, Krzysztof Bauer3, Maciej Kokoszko4, Lukasz Szarpak5, Jerzy Robert Ladny3, Hady Razak Hady. (2021). Effect of rocuronium on the heart rate and arterial blood pressure during combined general anaesthesia. Disaster Emerg Med J. 6(3), pp. 104-111.

Vijitpavan, A., Ruananukun, N. and Chaiboon, P. (2020). Comparison of Videolaryngoscopy and Direct Laryngoscopy for Nasogastric Tube Placement. Journal of the Medical Association of Thailand. 103 (7), pp. 657-657.

Yozo Manabe and Kazuna Sugiyama. (2014). Mallampati classification without tongue protrusion can predict difficult tracheal intubation more accurately than the traditional mallampati classification. Oral science International. 11(2), pp. 52-55.

Wan, C, Hanson, A, Schulte, P., Dong, Y. and Bauer, P. (2021). Propofol, Ketamine, and Etomidate as Induction Agents for Intubation and Outcomes in Critically Ill Patients: A Retrospective Cohort Study. Critical Care Explorations. 3 (5). Pp 1-9.

Wan Hafsah Wan IbadullahNurlia YahyaSiti Salmah GhazaliEsa KamaruzamanLiu Chian YongAdnan DanJaafar Md Zain. (2016). Comparing insertion characteristics on nasogastric tube placement by using GlideScopeTM visualization vs. MacIntosh laryngoscope assistance in anaesthetized and intubated patients. Rev. Bras. Anestesiol. 66 (04). Pp. 363-8.

ANAESTHETIC CARE

ORIGINALITY REPORT

17%	13%	9%	14%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to Canterbury Christ Church University Student Paper	5%
2	onlinelibrary.wiley.com Internet Source	2%
3	Submitted to University Of Tasmania Student Paper	1%
4	www.apsf.org Internet Source	1%
5	www.nejm.org Internet Source	1%
6	core.ac.uk Internet Source	1%
7	Submitted to University of West London Student Paper	1%
8	GJ Balogh, SJ Adler, J VanderWoude, HS Glazer, C Roper, PJ Weyman. "Pneumothorax as a complication of feeding tube placement", American Journal of Roentgenology, 1983 Publication	1%

9	Submitted to Sheffield Hallam University Student Paper	1 %
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Exclude quotes	Off	Exclude matches	Off
Exclude bibliography	Off		

ANAESTHETIC CARE

GRADEMARK REPORT

FINAL GRADE

32/100

GENERAL COMMENTS

Instructor

First marker: Luke Ewart

No special arrangements needed. Thank you for your submission. Feedback to this submission is given in four ways. There are some formative comments throughout the text which highlight particular strengths and areas where you could have improved your work. Secondly, I have made some overall comments below which highlight particular sections of good work or areas where you could have developed your work further. Thirdly, your work is marked against a standardised CCCU rubric related to this particular assignment. Finally, you are given a summative mark.

Unfortunately this case study fails to address the main issues and therefore does not meet the required learning outcomes. You have discussed the case of a gentleman with appendicitis, but have not examined in any detail the issues raised by his anaesthetic care. For example, you mention the use of rocuronium but have not discussed the advantages / disadvantages in comparison to suxamethonium in any depth. Similarly, the use of cricoid pressure has only briefly been mentioned, whereas you needed to include detail such as the amount of pressure that needs to be applied and the advantages / disadvantages of this. You mention the use of a NG tube, but needed to recognise the contoversy around this in a RSI. For example, should the NG be inserted while the patient is awake and removed before induction of anaesthesia? what are the implications of doing this? or of leaving it in situ during RSI and cricoid pressure? You have identified the regurgitation as an issue but have not examined this in sufficient detail related to this particular patient in this particular case. What were the implications of him regurgitating? what were the implications of needing to reinflate the ETT cuff? These are serious issues that you have not recognised as being serious for the patient. You have discussed

non technocal skills such as communication but have not examined these in more than a superficial way.

Although you have tried to use published sources to support your discussion, you have not been critical of this research which is what is needed at level 7 academic work. Some of the sources you have used are not academic in nature and many of these have been referenced incorrectly.

Overall, it is disappointing, but your case study has not examined the main issues in sufficient depth or critically enough to meet the required learning outcomes to pass the module.

PAGE 1

PAGE 2

Comment 1

not sure what you mean - if there is a gap then you need to establish this in your discussion

QM

source

try and use more academic sources to support your work

QM

incorrect referencing

Incorrect referencing - please see cite them right for guidance with this

QM

good

Good point

Comment 2

this is a bit subjective - would be clearer to say there are no underlying co-morbidities or ASA grade

QM

initials

Do not include the authors initials in the body of the text

PAGE 3

QM

ref?

reference?

QM

Relevance

Not sure of the relevance of this statement here

Comment 3

only reference with surname and year in the body of the text

QM

Why?

You need to explain the reasons behind this, rather than just stating this as a fact

QM

Unclear

It is not clear what you mean. This may be because you have chosen the wrong term, or because the statement needs further clarification.

QM

Grammar

Poor grammar

QM

initials

Do not include the authors initials in the body of the text

QM

WC

Word choice error:
Sometimes choosing the correct word to express exactly what you have to say is very difficult to do. Word choice errors can be the result of not paying attention to the word or trying too hard to come up with a fancier word when a simple one is appropriate. A thesaurus can be a handy tool when you're trying to find a word that's similar to, but more accurate than, the one you're looking up. However, it can often introduce more problems if you use a word thinking it has exactly the same meaning.

QM

Unclear

It is not clear what you mean. This may be because you have chosen the wrong term, or because the statement needs further clarification.

QM

Relevance

Not sure of the relevance of this statement here

QM

Vague

Unclear:
When making a point in one of your body paragraphs, one of the most common mistakes is to not offer enough details. A paragraph without much detail will seem vague and sketchy. A paper is always strengthened when your claims are as specific as possible, The more detailed evidence you offer, the more reference points your reader will have. Remember that you are communicating your argument to a reader who has only your description to go by.

Someone who reads your essay will not automatically know what you mean to express, so you have to supply details, to show the reader what you mean, not just tell him or her.

QM

ref?

reference?

QM

initials

Do not include the authors initials in the body of the text

Comment 4

There is much debate around this and at level 7 you should be critical in your examination of the evidence

PAGE 5

Comment 5

not sure what you mean here

QM

Vague

Unclear:
When making a point in one of your body paragraphs, one of the most common mistakes is to not offer enough details. A paragraph without much detail will seem vague and sketchy. A paper is always strengthened when your claims are as specific as possible, The more detailed evidence you offer, the more reference points your reader will have. Remember that you are communicating your argument to a reader who has only your description to go by. Someone who reads your essay will not automatically know what you mean to express, so you have to supply details, to show the reader what you mean, not just tell him or her.

QM

initials

Do not include the authors initials in the body of the text

QM

Superficial

This is a bit superficial and would benefit from further explanation

QM

ref?

reference?

QM

ref?

reference?

PAGE 6

QM

ref?

reference?

QM

ref?

reference?

QM

Superficial

This is a bit superficial and would benefit from further explanation

QM

ref?

reference?

Comment 6

need to write these abbreviations in full in the first instance

QM

Grammar

Poor grammar

QM

More detail needed

Comment 7

do not use this term

QM

Detail

You have made a statement here but need to expand upon what you mean with more detail.

QM

Descriptive

This section is very descriptive, rather than analytical or critical.

Comment 8

not sure what this adds here

Comment 9

what is this?

QM

How?

How are you going to do this? what actions will make this more effective?

QM

Grammar

Poor grammar

QM

Detail

You have made a statement here but need to expand upon what you mean with more detail.

QM

Descriptive

This section is very descriptive, rather than analytical or critical.

QM

Superficial

This is a bit superficial and would benefit from further explanation

QM

Detail

You have made a statement here but need to expand upon what you mean with more detail.

QM

repetition

Repetition - You have made these points elsewhere

QM

Detail

You have made a statement here but need to expand upon what you mean with more detail.

QM

Why?

You need to explain the reasons behind this, rather than just stating this as a fact

QM

Superficial

This is a bit superficial and would benefit from further explanation

QM

Why?

You need to explain the reasons behind this, rather than just stating this as a fact

QM

ref?

reference?

QM

Detail

You have made a statement here but need to expand upon what you mean with more detail.

Comment 10

meaning what?

Comment 11

the blood gas partition co efficient is not related to the degree of airway irritation

QM

Be more critical

You need to remember to be critical rather than just descriptive when discussing these studies.

QM

Why?

You need to explain the reasons behind this, rather than just stating this as a fact

QM

source

try and use more academic sources to support your work

QM

ref?

reference?

QM

Close up space

Close up space

QM

Missing word

It looks like a word is missing here. This is usually either a definite article "The" or indefinite article "a" or "an" but the absence of this makes it difficult to read the sentence as it interrupts the flow.

QM

Why?

You need to explain the reasons behind this, rather than just stating this as a fact

QM

So what?

You are making a statement but not following it up - this means it is not clear what the point is you are trying to make.

QM

Relevance

Not sure of the relevance of this statement here

Comment 12

such as?

Comment 13

not sure what you mean

Comment 14

This section is very superficial. What is the relevance of this

/ how was the patient checked for aspiration? As there was an ETT in place what are the risks to the patient here?

QM

Why?

You need to explain the reasons behind this, rather than just stating this as a fact

PAGE 10

QM

Better

This section shows an improvement on the way the argument is presented

Comment 15

This is an important point - especially given the regurgitation that took place

Comment 16

What about you?!

QM

Unclear

It is not clear what you mean. This may be because you have chosen the wrong term, or because the statement needs further clarification.

QM

ref?

reference?

PAGE 11

QM

How?

How are you going to do this? what actions will make this more effective?

Comment 17

did this happen here?

QM

Vague

Unclear:
When making a point in one of your body paragraphs, one of the most common mistakes is to not offer enough details. A paragraph without much detail will seem vague and sketchy. A paper is always strengthened when your claims are as specific as possible, The more detailed evidence you offer, the more reference points your reader will have. Remember that you are communicating your argument to a reader who has only your description to go by.

Someone who reads your essay will not automatically know what you mean to express, so you have to supply details, to show the reader what you mean, not just tell him or her.

QM

Relevance

Not sure of the relevance of this statement here

PAGE 12

QM

Grammar

Poor grammar

QM

Unclear

It is not clear what you mean. This may be because you have chosen the wrong term, or because the statement needs further clarification.

QM

WC

Word choice error:
Sometimes choosing the correct word to express exactly what you have to say is very difficult to do. Word choice errors can be the result of not paying attention to the word or trying too hard to come up with a fancier word when a simple one is appropriate. A thesaurus can be a handy tool when you're trying to find a word that's similar to, but more accurate than, the one you're looking up. However, it can often introduce more problems if you use a word thinking it has exactly the same meaning.

QM

Superficial

This is a bit superficial and would benefit from further explanation

QM

incorrect referencing

Incorrect referencing - please see cite them right for guidance with this

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RUBRIC: ANAES CARE L7 CASE STUDY

COHERENCE..	39-20 Fail
Coherence and organisation of assignment (PRESENTATION AND STYLE)	
100-80 EXCELLENT	Exceptional organisation and coherence clearly enhances the work.
79-70 VERY GOOD	Strong logical organisation and coherence enhances fulfilment of the assignment objectives.
69-60 SOUND	Demonstrates logical organisation and coherence.
59-50 SATISFACTORY	Demonstrates sound, conventional organisation.
49-40 FAIL	Shows limited organisation.
39-20 FAIL	Poorly presented and structured but partially understandable.
19-0 FAIL	Disorganised and/or incoherent.

CLARITY..	39-20 Fail
Clarity of expression (incl. accuracy, spelling, grammar, punctuation) (PRESENTATION AND STYLE)	
100-80 EXCELLENT	Exceptional writing control, appropriate to assignment, which enhances the argument. Grammar and spelling accurate.
79-70 VERY GOOD	Fluent writing style appropriate to the assignment. Grammar and spelling accurate.
69-60 SOUND	Language fluent. Grammar and spelling mainly accurate.
59-50 SATISFACTORY	Meaning clear, but language not always fluent. Grammar and/or spelling contain errors.
49-40 FAIL	Generally understandable, but language contains errors which detract from the argument.
39-20 FAIL	Meaning often unclear and/or frequent errors in grammar and/or spelling.
19-0 FAIL	Meaning unclear. Poor spelling, grammar and punctuation.

PURPOSE..	49-40 Fail
Attention to purpose (CONFORMING TO INSTRUCTIONS)	
100-80 EXCELLENT	Addresses the purpose of the assignment comprehensively and imaginatively.
79-70 VERY GOOD	Addresses the full purpose of the assignment with some creativity.
69-60 SOUND	Addresses the main purpose of the assignment effectively.
59-50 SATISFACTORY	Addresses the main purpose of the assignment.

49-40 FAIL	Some of the work is focused on the aims and themes of the assignment.
39-20 FAIL	Mostly fails to address the task set.
19-0 FAIL	Fails to address the task set.

REFERENCING 39-20 Fail

Referencing

(CONFORMING TO INSTRUCTIONS)

100-80 EXCELLENT	Sources used are acknowledged in the text and reference list and used fluently to support discussion. Referencing follows a systematic approach, appropriate to the discipline. All elements of individual references are present.
79-70 VERY GOOD	Sources used are acknowledged in the text and reference list and used effectively to support discussion. Referencing follows a systematic approach, appropriate to the discipline. All elements of individual references are present.
69-60 SOUND	Sources used are acknowledged in the text and reference list and used to support discussion. Referencing follows a systematic approach, appropriate to the discipline. All elements of individual references are present.
59-50 SATISFACTORY	Sources used are acknowledged in the text and reference list. Referencing follows a systematic approach, appropriate to the discipline. Most elements of individual references are present.
49-40 FAIL	Sources of information acknowledged but integration between text and reference list is inconsistent. Attempts to follow systematic approach, appropriate to the discipline. Some elements of individual references may be incomplete and/or absent.
39-20 FAIL	Some sources of information acknowledged but links between text and reference list unclear. Referencing does not follow a systematic approach. Elements of individual references are incomplete and/or absent.
19-0 FAIL	Little or no acknowledgement of sources of information in text and/or reference list.

OBJECTIVES.. 39-20 Fail

Clarity of objectives and focus of work

(CONFORMING TO INSTRUCTIONS)

100-80 EXCELLENT	Defines appropriate objectives in detail and addresses them comprehensively and imaginatively.
79-70 VERY GOOD	Defines appropriate objectives in detail and addresses them comprehensively.
69-60 SOUND	Defines appropriate objectives and addresses them coherently throughout the work.
59-50 SATISFACTORY	Outlines appropriate objectives and addresses them in a manner which gives a focus to the work.
49-40 FAIL	Uses generalised objectives to provide adequate but limited focus to the work.

39-20 FAIL	Objectives are not appropriate and/or clearly identified.
19-0 FAIL	No objectives are identified and lacks focus.

KNOWLEDGE.. 39-20 Fail

Content and range of knowledge displayed

(CONTENT AND KNOWLEDGE)

100-80 EXCELLENT	Demonstrates an exceptionally comprehensive, detailed and in-depth knowledge base, the capacity to integrate theoretical and substantive knowledge, and a developed understanding of the limits to knowledge.
79-70 VERY GOOD	Demonstrates a detailed, systematic, in-depth, theoretically informed knowledge base, with a clear appreciation of the provisional nature of knowledge.
69-60 SOUND	Demonstrates a comprehensive, well-organised theoretical and/or substantive knowledge base, and a developing appreciation of the limits of knowledge.
59-50 SATISFACTORY	Demonstrates a sound factual and/or conceptual knowledge base and uses appropriate terminology.
49-40 FAIL	Evidence of adequate knowledge of topic and use of appropriate terminology.
39-20 FAIL	Some relevant and/or required knowledge missing or confused and/or significant misuse of terminology.
19-0 FAIL	Little or no relevant knowledge included.

USE OF LIT.. 39-20 Fail

Use of literature / evidence of reading

(CONTENT AND KNOWLEDGE)

100-80 EXCELLENT	Demonstrates exceptionally broad and/or in-depth independent reading from appropriate sources. Choice of sources clearly enhances fulfilment of the assignment objectives. Clear, accurate, systematic application of material with well developed and/or integrated critical appraisal.
79-70 VERY GOOD	Evidence of broad and/or in-depth independent reading from appropriate sources. Rationale for choice of sources clear. Clear, accurate, systematic application of material, with consistent, thorough critical appraisal.
69-60 SOUND	Evidence of independent reading from a wide range of appropriate sources. Clear, accurate, systematic application of material. Shows developing ability to appraise material critically.
59-50 SATISFACTORY	Evidence of independent reading from an appropriate range of sources. Sound application of literature.
49-40 FAIL	Limited evidence of independent reading. Literature is presented in a descriptive way.
39-20 FAIL	Very limited evidence of independent reading and/or inappropriate sources used and/or engagement with the literature very superficial.

19-0 FAIL	Little or no evidence of engagement with relevant literature.

SOURCES.. 39-20 Fail

Quality of sources used

(CONTENT AND KNOWLEDGE)

100-80 EXCELLENT	Exceptional use made of primary sources, in conjunction with high quality secondary sources. Draws upon current research and / or advanced scholarship.
79-70 VERY GOOD	Significant use made of primary sources in conjunction with high quality secondary sources. Draws upon current research and / or advanced scholarship.
69-60 SOUND	Uses a balanced combination of primary and higher quality secondary sources.
59-50 SATISFACTORY	Some sound use of primary sources, but generally reliant on secondary sources.
49-40 FAIL	Mostly relies on secondary sources. Use of primary sources limited.
39-20 FAIL	Some use of secondary sources, but also draws upon unreliable and / or inappropriate sources. Negligible use of primary sources.
19-0 FAIL	Uses unreliable and / or inappropriate sources.

THEORY.. 39-20 Fail

Knowledge and application of theory

(CONTENT AND KNOWLEDGE)

100-80 EXCELLENT	Knowledge and understanding of theory is exceptionally detailed and sophisticated. Appreciation of the limits of theory demonstrated throughout the work. Approach to assessment task is clearly, appropriately and consistently theoretically informed.
79-70 VERY GOOD	Demonstrates a detailed, accurate, systematic theoretical understanding. Appropriately selected theoretical knowledge is integrated into the overall assessment task.
69-60 SOUND	Shows a systematic and accurate understanding of key theories, which are appropriately applied within the context of the assessment task.
59-50 SATISFACTORY	Sound descriptive knowledge of key theories with some appropriate application.
49-40 FAIL	Selection of theory is satisfactory but application and/or understanding limited.
39-20 FAIL	Knowledge of theory inaccurate and/or incomplete. Choice of theory inappropriate. Application and/or understanding very limited.
19-0 FAIL	Absence of relevant theoretical content and/or use of theory.

CONCLUSIONS 39-20 Fail

Conclusions

(THINKING/ANALYSIS/CONCLUSION)

100-80 EXCELLENT	Conclusions exceptionally well developed and show considerable originality. They form an integrated part of the overall argument and/or discussion, reflecting

	commanding grasp of theory and/or evidence and/or literature and appropriate forms of conceptualisation.
79-70 VERY GOOD	Conclusions well developed, analytical, and show some originality. They are thoroughly grounded in theory and/or evidence and/or literature and use appropriate forms of conceptualisation, forming an integrated part of overall argument and/or discussion.
69-60 SOUND	Conclusions show some development and critical insight, and relate clearly and logically to evidence and/or theory and/or literature.
59-50 SATISFACTORY	Sound conclusions are drawn which are clearly derived from evidence and/or theory and/or literature.
49-40 FAIL	Adequate conclusions are drawn which are derived from limited understanding of evidence and/or theory and/or literature.
39-20 FAIL	Limited or ineffective attempt to draw together arguments.
19-0 FAIL	Lack of conclusions, or unsubstantiated and/or invalid conclusions drawn.

ANALYSIS 39-20 Fail

Analysis

(THINKING/ANALYSIS/CONCLUSION)

100-80 EXCELLENT	Demonstrates a command of relevant analytic techniques, and the ability to apply these to new and/or abstract information and situations. Shows an exceptional appreciation of the limits and/or appropriate uses of particular analytic approaches.
79-70 VERY GOOD	Makes very good use of a range of relevant analytic techniques, and applies these to new and/or abstract information and situations. Shows well developed ability to compare alternative theories and/or analytic approaches (where relevant).
69-60 SOUND	Makes good use of established techniques of analysis relevant to the discipline. Shows developing ability to compare alternative theories and/or analytic approaches (where relevant).
59-50 SATISFACTORY	Makes fair and/or conventional use of established techniques of analysis, relevant to the discipline.
49-40 FAIL	Makes satisfactory but limited use of established techniques of analysis, relevant to the discipline.
39-20 FAIL	Attempts at analysis ineffective and/or uninformed by the discipline.
19-0 FAIL	Lacks any analysis.

CRITICAL.. 39-20 Fail

Critical reasoning

(THINKING/ANALYSIS/CONCLUSION)

100-80 EXCELLENT	Sophisticated, critical evaluation of theories and/or concepts and/or assumptions and/or data which informs the overall approach taken to the assignment.

	Arguments are clear, coherent, tenable, and demonstrate originality.
79-70 VERY GOOD	Well developed, theoretically and/or conceptually informed critical thinking is consistently integrated into the work. Arguments demonstrate the ability to evaluate theories and/or concepts and/or assumptions and/or data.
69-60 SOUND	Demonstrates good critical insight and ability to contrast alternative positions through the use of theory.
59-50 SATISFACTORY	Demonstrates conventional critical insight and ability to contrast alternative positions.
49-40 FAIL	Demonstrates limited critical insight. Recognises alternative positions.
39-20 FAIL	Critical thought and/or analysis very limited and/or incoherent.
19-0 FAIL	No evidence of critical thought.

GATHER INFO.. 49-40 Fail

Information gathering / processing

(PRACTICAL/INTERPERSONAL SKILLS)

100-80 EXCELLENT	Uses initiative to seek out new sources of information, evaluates their validity against existing information and organises them effectively
79-70 VERY GOOD	Selects highly relevant information. Demonstrates understanding of the complexity of the information and processes it effectively.
69-60 SOUND	Selects appropriate information and processes it effectively.
59-50 SATISFACTORY	Selects mostly appropriate information and processes it adequately.
49-40 FAIL	Selects some appropriate information, and processes some of it adequately.
39-20 FAIL	Random information gathering. Inappropriate use of processing tools.
19-0 FAIL	Fails to collect appropriate data in any systematic way.

DECISION M.. 49-40 Fail

Decision making

(PRACTICAL/INTERPERSONAL SKILLS)

100-80 EXCELLENT	Uses a range of appropriate information, exercising autonomy and initiative when exploring options. Makes clear decisions which give due weight to alternatives.
79-70 VERY GOOD	Uses a range of appropriate information to evaluate options and applies clear criteria to demonstrate reasons for final decision and/or choice and/or outcome.
69-60 SOUND	Uses appropriate information to evaluate options. Selection of final outcome clearly derived from evaluation.
59-50 SATISFACTORY	Uses available information to evaluate possible options. Final decision is clear and linked to the evaluation.

49-40 FAIL	Recognises benefits and disadvantages of some possible options but provides limited clarity on rationale for final decision.
39-20 FAIL	Rationale behind the final outcome or choice is unclear or untenable.
19-0 FAIL	Final outcome or choice is unclear or absent.