



## Chapter VI

# Anesthesia (AN)



## Anesthesia (AN)

Scoring:

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
AN.1.	A qualified Anesthetist administers all anesthesia.					
AN.2.	One Anesthetist is physically present inside the operating room throughout the operation.					
AN.3.	The Anesthetist position is at the level of a consultant when providing anesthesia to major operations or sub specialty services like Pediatric Neurosurgery, Cardiac and Thoracic surgery.					
AN.4.	There is a policy on the proper storage and handling of anesthetic agents.					
AN.5.	The department head of Anesthesia recommends the anesthesia equipment.					
AN.6.	The anesthesia machine and the Operating room have the following equipment to meet the needs of the patient's condition:					
	AN.6.1 Oxygen analyzer.					
	AN.6.2 Pressure and disconnect alarm.					
	AN.6.3 Pin index safety system.					
	AN.6.4 Gas scavenger system.					
	AN.6.5 Oxygen pressure system.					
	AN.6.6 Oximetry.					
	AN.6.7 Capnography.					
	AN.6.8 On line Gas analyzer.					
	AN.6.9 Agent analyzer.					
	AN.6.10 ECG machine.					
AN.7.	The following equipment is available for difficult intubations:					
	AN.7.1 Laryngeal mask.					
	AN.7.2 Gum elastic bogie.					
	AN.7.3 Lighted stylet.					
	AN.7.4 Crico-thyroidotomy kit.					
	AN.7.5 Fiber optic intubations scope.					
AN.8.	All anesthesia machines are regularly checked and maintained and there is a record of preventive maintenance (PPM) and checking for every machine.					



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AN.9. The head of anesthesia implements the Infection control guidelines inside the operating room to include but not limited to proper sterilization of the anesthesia machines.					
AN.10. Pre-anesthesia assessment is performed not more than (30) days prior to the surgery date by the anesthetist who decides together with the surgeon as to the type of anesthesia to be used and the pre anesthesia assessment form is completed and includes the following:					
AN.10.1 The anesthesia risk category according to the patient's condition.					
AN.10.2 Any consultations needed (Cardiology, hematology, etc.)					
AN.10.3 The anesthesia plan.					
AN.10.4 The potential complications and risks, which are communicated to the patient and his/her family for obtaining informed consent.					
AN.11. There is an anesthesia form in the medical record and the following essential information is recorded:					
AN.11.1 The anesthetic agent.					
AN.11.2 The dosage of all of the medications and agents used.					
AN.11.3 The techniques used to administer the anesthesia.					
AN.11.4 If blood is used, the amount of blood and the time given.					
AN.11.6 Any investigations carried out e.g. blood glucose, blood gases.					
AN.11.5 Any unusual events.					
AN.11.7 The status of patient at the end of the procedure.					
AN.11.8 The amount and type of IV fluids given.					
AN.12. The patient's condition is continuously monitored during surgery, and the following are documented on the anesthesia sheet:					
AN.12.1 The patient's vital signs.					
AN.12.2 The patient's End tidal CO <sub>2</sub> .					
AN.12.3 The patient's oxygen saturation.					



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Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
AN.12.4	The patient's ECG.				
AN.13.	A qualified anesthetist is in charge of the Recovery room at all times.				
AN.14.	Post anesthesia status is monitored in the Recovery room.				
AN.15.	The recovery room has the following equipment to meet the needs of the patient's condition:				
	AN.15.1 Pulse Oximetry				
	AN.15.2 Automated blood pressure monitor				
	AN.15.3 EGG machine				
	AN.15.4 Crash cart with defibrillator				
	AN.15.5 Wall suction or suction equipment				
	AN.15.6 Oxygen				
AN.16.	The Head of Anesthesia and the nurse manager (head nurse) write all of the policies and procedures for patient care in the recovery room (RR).				
AN.17.	All Recovery Room staff (medical and nursing) are certified in BCLS and preferably ACLS.				
AN.18.	Only the qualified anesthetist discharges the patient from the Recovery room.				
AN.19.	Each patient's physiological status is continuously monitored during and immediately after surgery and written in medical record.				
	AN.19.1 The time of admission and the time of discharge.				
	AN.19.2 The patient's vital signs, including pain.				
	AN.19.3 The patient's level of consciousness.				
	AN.19.4 Any unusual events.				
	AN.19.5 Oxygen saturation.				
	AN.19.6 ECG.				
AN.20.	Each patient's post anesthesia status is monitored and documented, and a qualified individual discharges the patient from the recovery area using established criteria.				



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Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	AN.20.1 Assessment/reassessment of vital signs, oxygen saturation, level of consciousness, pain, tolerating fluids, and voiding.					
AN.21.	There is written criteria for the discharge of patients from the Recovery room and all staff who work in the recovery area can state it.					
AN.22.	The recovery room has a method to call for help quickly through an alarm system or paging system without leaving the patient's bedside.					
AN.23.	Patients who have infectious conditions are separated appropriately in the recovery room.					
AN.24.	Each staff member receives ongoing in-service and other education and training to maintain or advance his or her skills and knowledge.					
	AN.24.1 Observing and recognizing any arrhythmias.					
	AN.24.2 Reading from the Oximetry.					
	AN.24.3 Administering blood and blood products.					
	AN.24.4 ACLS certification.					
	AN.24.5 Infection control practices.					
	AN.24.6 The dosage and use of narcotics.					
	AN.24.7 Recognition of critical findings from physical assessment, assessments from monitoring equipment, or diagnostic tests and the appropriate interventions.					
	AN.24.8 The maintenance and preparedness of emergency equipment and drug supply.					
<b>CONSCIOUS SEDATION</b>						
AN.25.	Conscious Sedation in the hospital has policies and guidelines approved by the Head of Anesthesia, the nurse manager, and the appropriate department heads.					
AN.26.	Conscious sedation is performed only in areas identified in policy and the following equipment is available to provide safe care:					
	AN.26.1 Wall suction or suction equipment.					



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AN.26.2 Oxygen.					
AN.26.3 Pulse Oximetry.					
AN.26.4 Automated blood pressure monitor or means of taking blood pressure.					
AN.26.5 ECG Monitor					
AN.27. There is a crash cart with defibrillator, medications, IV access, and intubation equipment that is appropriate to the age of the patient available where sedation/analgesia is being performed.					
AN.28. There is a list of all medications used in conscious sedation and includes the route administered along with dosage appropriate to the age groups available where conscious sedation is performed.					
AN.29. Staff who participate in caring for patients receiving conscious sedation have the following certifications:					
AN.29.1 Physicians who perform conscious sedation are certified as appropriate in BCLS, ACLS, PALS, NALS and have privileges granted to perform conscious sedation.					
AN.29.2 Nurses who assist with sedation/analgesia are certified in BCLS, and preferably ACLS or PALS, according to the age of the patient.					
AN.30. Conscious sedation is only used for patients having short diagnostic or therapeutic procedures.					
AN.31. Preparation before the conscious sedation procedure includes the following:					
AN.31.1 Availability of crash cart with defibrillator, medications, IV access and intubation and other equipment that is appropriate to the age of the patient where sedation/analgesia is being performed.					
AN.31.2 Informed consent is obtained after the physician educates the patient regarding the risk and benefits of the sedation/analgesia and the consent is signed by the patient, guardian, or next of kin if the patient is unable to sign.					



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	AN.31.3 An IV is inserted and venous access is maintained in case of emergency.					
AN.32.	The physician obtains a history and physical examination within the first 4 hours of admission and checks:					
	AN.32.1 The history of medication allergy.					
	AN.32.2 Any history of systemic illness or major organ impairment that might be risky for the patient.					
AN.33.	The physician performs a physical exam and checks:					
	AN.33.1 Vital signs.					
	AN.33.2 Age and weight.					
	AN.33.3 ECG findings.					
AN.34.	During the procedure, the following is required:					
	AN.34.1 The physician performs a physical exam.					
	AN.34.4 One registered nurse who is certified with BCLS and preferably ACLS or PALS is at the patient side constantly and continuously monitors the patient.					
	AN.34.3 One physician is physically present and close by the patient.					
	AN.34.4 The IV is maintained and kept patent in case of emergency.					
	AN.34.5 The patient is continuously monitored for level of consciousness, vital signs, oxygen saturation and skin color and this is documented by the physician and nurse.					
AN.35.	After the procedure, the following is required:					
	AN.35.1 The physician documents the status of the patient post procedure and includes vital signs, level of consciousness, and ECG findings.					
	AN.35.2 The nurse documents the status of the patient post procedure and includes vital signs, level of consciousness, and ECG findings.					



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	AN.35.3 The physician writes a discharge order or transfers the patient back to the unit with follow up instructions for the nurses (vital signs, oxygen saturation, etc.)					
AN.36.	The nurse carries out the physicians orders and monitors the patient post procedure:					
	AN.36.1 Assessment/Re-assessment of vital signs, Oxygen saturation, level of consciousness, pain, tolerating fluids, and voiding.					
	AN.36.2 The nurse provides education and discharge instruction to the patient and family that includes follow up and emergency number to call, if needed.					