1. Policy

This policy and procedure defines and establishes mechanisms of function for Anesthetizing Locations in Carolinas Medical Center, Carolinas Medical Center-University, Carolinas Rehabilitation, Carolinas Medical Center–Mercy and Carolinas Medical Center–Pineville. It sets forth specific policy for safety within these locations and establishes policies to assure quality and appropriateness of anesthesia care. This policy and procedure applies to all hospital personnel and locations involved in the administration of moderate/deep sedation, regional anesthesia, and operative anesthesia.

2. Definitions

a. Anesthetic Practitioner: An individual qualified by education, training, experience, current competency, and appropriate credentials to administer specific anesthetics within the facility(s). *Note: The term “Practitioner” for purposes of moderate sedation includes any physician/dentist qualified and credentialed to administer such sedative anesthetics (i.e. gastroenterologist, cardiologist, general surgeon, pulmonologist, etc).

b. Anesthesia Services: Patient care involving operative or procedural administration of drugs for moderate sedation, deep sedation, general anesthesia, or regional analgesia/anesthesia.

c. Anesthetizing Location: Designated area of the facility(s) used for administrations of anesthetic agents.

d. Moderate Sedation: A method to induce a state of sedation/analgesia using nonvolatile, pharmacologic agents without obtunding protective reflexes. The use of medication to depress consciousness in a manner that allows toleration of unpleasant procedures without adverse effect on cardiorespiratory function or ability to respond purposefully to verbal command and tactile stimulation.

e. Deep Sedation: A method using medication to induce a level of depressed consciousness from which the patient is arousable but is not easily aroused. Can result in a partial or complete loss of protective reflexes and need for airway support. Spontaneous respiration is present.

f. General Anesthesia: A method used to induce a general state of unconsciousness incorporating analgesia, amnesia, hypnosis/sedation, and muscle relaxation via intravenous and/or volatile anesthetic agents.

g. Regional Analgesia: A method to selectively block sympathetic and/or sensory functions of an area to relieve pain (labor epidurals, epidural or intrathecal narcotics, analgesia for acute or chronic pain syndromes).

h. Regional Anesthesia: A method to selectively, densely block regional sympathetic, sensory and motor functions using local anesthetic agents (spinal, epidural, caudal, Bier, or brachial plexus blockade).

3. Responsibilities

a. Medical Center policy will ensure that:

1. Anesthesia services are available to meet the needs of the patients.

2. Patients with the same health status receive a comparable level of quality anesthesia care.

3. Policies and procedures, approved by the medical administration and medical staff, are designed to assure effective collaboration among departments/sections providing and supporting anesthesia services.

4. Quality and appropriateness of anesthesia services are monitored and evaluated, and identified problem areas resolved.
b. The Chief/Chairman/Representative of Anesthesiology will support the Hospital by:

1. Implementing paragraph 3a for anesthesiologists and nurse anesthetic providers in anesthetizing locations.

2. Providing consultation for department/section chairpersons/medical director and individual practitioners regarding implementation of paragraph 3c (below) as appropriate.

3. Providing the Credentials Committee(s)/Medical Executive Committee and department/section chairpersons with appropriate anesthesia consultation for implementation of paragraph 3a.

4. Addressing specific quality assurance concerns of hospital QA/PI (Quality Assurance/Performance Improvement) Committees, section chiefs, department leaders, medical director or hospital administration. This will include periodic reviews of departmental/section policies and procedures and pertinent QA/PI reviews.

5. Establishing and periodically updating specific hospital standards for monitoring anesthetized patients.

c. Each Department Chief/Chairman/Medical Director will support the Hospital by implementing paragraph 3a as appropriate. Each will ensure:

1. Personnel receive adequate training, experience, and currency in the delivery of moderate sedation (or regional/general anesthetic care if pertinent).

2. Providers are appropriately credentialed and documentation is submitted to the Credentials Committee(s)/Medical Executive Committee.

3. There is consultation with the Anesthesia Service when necessary in providing, documenting, and assuring the quality and appropriateness of anesthesia care in accordance with 3b(4) above.

4. Departmental/section policies and procedures regarding pre-anesthetic work up, and delivery and monitoring of quality anesthesia care are adequately documented.

4. Anesthetizing Locations.

a. Policy

1. Use of storage of any flammable anesthetic agents is prohibited in all Anesthetizing Locations.

2. All Anesthetizing Locations will meet the NFPA standards for “Other-Than-Hazardous Anesthetizing Locations” and be designated as “Nonflammable Anesthetizing Locations.”

   a. Wiring, receptacles, and attachment plugs will comply with NFPA 70 and NFPA 99 standards.

   b. Procedures for safe practice will be readily available in all anesthetizing locations.

3. Anesthetizing Locations utilizing inhalation anesthetics (operating rooms, delivery rooms, and special procedure rooms) must comply with additional standards as outlined in NFPA 99.

4. Any location utilizing anesthesia or analgesia techniques (general anesthesia, regional anesthesia, or moderate/deep sedation) must have, in the area where the procedure is being performed, an emergency cart with supplemental oxygen, a means to provide positive pressure ventilation, a defibrillator, suction apparatus, emergency drugs, other resuscitation equipment, and an adequate means of monitoring the patient.
b. Procedures.

1. Each anesthetizing location will have a source of oxygen complying with NFPA 99. In addition, each location will have auxiliary oxygen available in pressurized cylinders.

2. Each location will have a suction apparatus including separate suction for scavenging of anesthesia gases if volatile anesthetics are in use.

3. Each location will have appropriate monitoring devices, drugs, supplies, and equipment equivalent to that employed elsewhere within the hospital for similar cases. Locations providing inhalation anesthesia will additionally require an anesthesia machine. All equipment will be maintained to current Operating Room standards.

   a. For many medical, surgical, and dental procedures utilizing moderate sedation/analgesia, a complete apparatus (i.e., Ambu Bag/Mask) for positive pressure ventilation with 100% oxygen from a cylinder is sufficient. These locations will have an emergency cart with drugs, resuscitation equipment and suction immediately available. Providers of care in these cases will perform monitoring IAW facility standards to endure adequate quality care.

   b. Only electrical equipment approved by the Biomedical Department and in compliance with NFPA 70 standards will be used in any anesthetizing location.

4. Each location will have sufficient electrical outlets to satisfy monitoring equipment and anesthesia machine requirements, including clearly labeled outlets connected to the emergency power supply.

5. Each location will have adequate illumination of the patient, anesthesia machine, and monitoring equipment at all times during the administration of the anesthetic. Each location will have some form of battery-powered illumination immediately available.

6. Each location will have sufficient space to allow continuous access to the patient, anesthesia machine, monitoring equipment, and supplies.

7. Each anesthetizing location will have a reliable means of two-way communication to summon help.

8. Each anesthetizing location during participation in moderate sedation will maintain a list of recommended parameters for safe sedative/analgesic drug doses (i.e., drugs and dose ranges approved for moderate sedation by the facility.)

5. Quality and Appropriateness of Anesthesia Care.

   a. Providers of anesthesia services will perform and document:

      1. An appropriate anesthetic assessment of the patient and plan of care.

      2. Informed consent for anesthetic services by the patient or guardian.

      3. An appropriate reassessment of the patient prior to initiating non-emergent care.

      4. Monitoring during the procedure to ensure adequate quality care.

      5. QA/PI (Quality Assurance/Performance Improvement) review mechanisms in accordance with departmental/section policy.

   b. Postanesthesia services will include:

      1. Documentation via standardized criterion of the patient’s condition on both admission to and discharge from the postanesthesia care unit.

      2. Measurement, assessment, and documentation of postanesthetic status as appropriate to ensure adequate quality care.
c. Upon discharge from the post-anesthetic recovery area the name of the physician responsible for discharge will be noted in the patient’s medical record.

d. Each departmental section will monitor, evaluate, and identify problems associated with the quality of that area’s anesthesia care (including moderate sedation, regional analgesia, and regional anesthesia), as appropriate. Each department will follow Moderate Sedation QA/PI as part of their ongoing QA/PI program. This process will include:

1. Utilizing existing QA/PI occurrence screening, pharmacy and therapeutics review, medical records audit, morbidity and mortality review, incident reports patient questionnaires, clinical indicators, periodic studies, and appropriate anesthesia section consultation.

2. Documenting ongoing QA/PI and ensuring appropriate follow up and corrective measures where needed.

e. The Hospital will utilize established policies and procedures and existing QA/PI mechanisms to document, maintain, and act upon Department/Section QA reviews.