

SUBJECT: RULES AND REGULATIONS	REFERENCE #2001
DEPARTMENT: ANESTHESIA	PAGE: 1
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APPROVED BY:	EFFECTIVE:
	REVISED:

**ORGANIZATION OF THE DEPARTMENT:**

- The Department of Anesthesia is an integral part of the Surgical Services Department. Anesthesia services are provided by a group of qualified licensed physicians specially trained in anesthesiology and CRNAs for all general, regional, spinal and moderate sedation and pain management procedures on a five (5) day per week basis. Emergency surgical procedures which require the services of an anesthesiologist or CRNA are covered by an "on-call" anesthesiologist or CRNA 24 hours per day, seven (7) days per week (or after hours).
- In addition, the anesthetist, if available, should assist in all cardiopulmonary resuscitations in the hospital. Neonatal resuscitation, however, is normally performed by a pediatrician, if available.
- Assignment of anesthesia cases will be on a first, second and third choice on a revolving system. Each staff anesthesiologist or CRNA will implement the assignment system on a monthly rotating basis. Night calls will also be covered on this system.
- A qualified anesthetist will assist in the management of acute or chronic respiratory failure or acute and chronic pain syndromes and a variety of different diagnostic and therapeutic measures related to quality patient care.

**DIRECTOR OF DEPARTMENT:**

- Qualifications:
  - Must be a member of the active medical staff.
  - Must be licensed qualified physician who has successfully completed an approved anesthesiology program from the American Board of Anesthesiology and accepted by the state of licensure of the hospital.
  - Appointed by the Chief of Staff according to the medical staff bylaws of the hospital.

**RESPONSIBILITIES/DUTIES:**

- The Director of Anesthesia has responsibility for, but is not necessarily limited to:
  - Serving as Chairperson of the Department of Anesthesia.
  - Responsible to the Department of Anesthesia.
  - Ensuring that anesthetic services are provided by CRNAs or qualified licensed physicians who have been trained in the specialty of anesthesiology.

SUBJECT: ASSESSMENT PRIOR TO INDUCTION OF ANESTHESIA/SEDATION	REFERENCE #2016
	PAGE: 1 OF: 1
DEPARTMENT: ANESTHESIA	EFFECTIVE:
APPROVED BY:	REVISED:

**POLICY:**

It is the policy of the Anesthesia Department to assess all patients prior to the delivery of anesthetic agents. All patients will have a preanesthesia evaluation prior to a surgical and/or invasive procedure in those instances where anesthesia services are requested.

**PURPOSE:**

The purpose of this policy is to provide optimum patient care through a comprehensive preanesthesia evaluation, ensuring that the patient is hemodynamically stable to receive administration of anesthetic agents.

**PROCEDURE:**

- The patient will be evaluated by the anesthesiologist/anesthetist prior to provision of anesthesia services, with the results of the evaluation documented on the preanesthesia evaluation record.
- All patients requiring anesthetic agents will be evaluated immediately prior to induction.
- Blood pressure, pulse, respiratory rate and temperature are assessed prior to induction.
- It is understood that the term "immediately prior to induction" identifies that time period within one (1) hour prior to provision of anesthetic agents, with baseline vital statistics reassessed immediately prior to physical induction and documented as the first recording of blood pressure, pulse, respiratory rate and temperature on the Anesthesia Record.
- If an evaluation is performed by one anesthesiologist/anesthetist, but anesthesia will be administered by another anesthesiologist/anesthetist, a re-evaluation is required by the anesthesiologist/anesthetist providing anesthesia to the patient.
- Any evaluation performed more than one (1) hour prior to the provision of anesthesia to the patient, requires a re-evaluation immediately prior to induction.
- Documentation of above noted evaluations/re-evaluations is required by the anesthesiologist/anesthetist providing anesthesia services. A note will be made on the preanesthesia evaluation record or on the anesthesia record.

SUBJECT: SEDATION	REFERENCE #2029
DEPARTMENT: ANESTHESIA	PAGE: 1 OF: 1
APPROVED BY:	EFFECTIVE:
	REVISED:

**PURPOSE:**

To provide guidelines for patient management of all procedures requiring the use of sedation.

**DEFINITION:**

- Sedation is produced by the administration of pharmacologic agents. The patient under sedation has a depressed level of consciousness, but retains the ability to maintain a patent airway independently and continuously, and respond purposefully to physical stimulation and/or command. The following are definitions for the four (4) levels of sedation and anesthesia:
  - Minimal sedation (anxiolysis):
    - A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.
  - Moderate sedation/analgesia (conscious sedation):
    - A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
  - Deep sedation/analgesia:
    - A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

SUBJECT: MANAGEMENT OF PATIENT WITH MALIGNANT HYPERTHERMIA	REFERENCE #2036
	PAGE: 1 OF: 1
DEPARTMENT: ANESTHESIA	EFFECTIVE:
APPROVED BY:	REVISED:

**POLICY:**

To outline the proper procedure for the management of a patient with malignant hyperthermia.

**PROCEDURE:**

- Patients experiencing malignant hyperthermia may exhibit a number of different symptoms, including, but not limited to, unexplained muscle rigidity, unexplained tachycardia or cardiac dysrhythmia, change in skin color from flush to mottling to cyanosis and tachypnea. A later symptom is fever, with temperatures elevating rapidly, as much as 1.8 degrees F (1 degree C) every three (3) minutes, creating temperatures as high as 114 degrees F (45.5 degrees C). This may constitute an emergent situation.
- Malignant hyperthermia is triggered in susceptible patients by general anesthetics; halothane, enflurane, isoflurane, desflurane, sevoflurane and the muscle relaxant, succinylcholine.
- If malignant hyperthermia is suspected, the following steps are taken:
  - Stop all anesthesia once the diagnosis of malignant hyperthermia is made.
  - Change all rubber devices on the anesthesia machine. Anesthetic agents are absorbed into the rubber and will exude these agents, providing a continuous trigger mechanism to compound management difficulties.
  - Hyperventilate with 100% O<sub>2</sub> in an attempt to meet the requirements of the body during the crisis period.
  - Notify the Pharmacy of the clinical diagnosis and picture. Administer Dantrium (dantrolene sodium) IV as soon as possible. The recommended dosage is from 1-10 mg per kg of body weight. As a large quantity may be necessary, a sufficient supply must be available. Vials are available in the Surgical Services Department, extra vials of Dantrium are available in the Pharmacy. Additional vials will be obtained by the Pharmacy from outside sources, if needed.
  - Do not treat dysrhythmias with calcium channel blocking agents. Treat dysrhythmias with procainamide (Pronestyl). The recommended loading dose is 15 mg per kg IV. Procainamide can be used until the syndrome stops and there is an improvement in blood gases and temperature.

# POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Certified Registered Nurse Anesthetist (CRNA)

Supervised by: Director of Anesthesia, Chief CRNA

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**Job Summary:** Administers anesthesia and anesthesia-related care under the orders of a physician. Monitors and supports vital life functions. Acts as the patient's advocate while the patient is under anesthesia. Participates in performance improvement and continuous quality improvement activities (CQI).

**DUTIES AND RESPONSIBILITIES:**

E = Exceeds the Standard

M = Meets the Standard

NI = Needs Improvement

**Demonstrates Competency in the Following Areas:**

	<b><u>E</u></b>	<b><u>M</u></b>	<b><u>NI</u></b>
Demonstrates ability to administer all types of anesthesia, including general, major regional, local and minimal, moderate and deep sedation.	2	1	0
Demonstrates knowledge of the principles of growth and development and the skills necessary to provide care appropriate to the age of the patient, neonate through geriatric.	2	1	0
Performs and documents pre-anesthetic assessment and evaluation of the patient, including all appropriate lab values, study results, consultative information and pre-anesthesia clinical history.	2	1	0
Ability to adequately assess and reassess pain. Utilizes appropriate pain management techniques. Educates the patient and family regarding pain management.	2	1	0
Performs all aspects of patient care in an environment that optimizes patient safety and reduces the likelihood of medical/health care errors.	2	1	0
Documents evidence of informing patient of all risks, potential complications, options and alternatives to anesthesia. Obtains informed consent.	2	1	0
Develops, implements and documents an anesthetic plan of care, prior to providing anesthesia. Documents planned anesthesia selection for the patient.	2	1	0
Performs an assessment immediately prior to induction of anesthesia of the patient and documents this in the medical record.	2	1	0
Maintains the patient's physiologic homeostasis and corrects abnormal responses to the anesthesia and/or surgery, should these occur.	2	1	0
Collects and interprets patient physiological data by selecting, applying or inserting noninvasive monitoring modalities.	2	1	0
Displays ability to intubate most patients with ease, manages the patient's airway and pulmonary status through the perioperative process.	2	1	0
Performs a smooth induction of anesthesia for patients requiring general anesthetic.	2	1	0
Performs smooth patient emergence and recovery from anesthesia by maintaining homeostasis, providing relief from pain and anesthesia side effects.	2	1	0
Prevents and manages complications through selecting, obtaining, ordering and administering medications, fluids or ventilator support in correct dosages and methods.	2	1	0
Follows the five (5) medication rights and reduces the potential for medication errors.	2	1	0