## *B7 Anaesthetic Procedure*

## 1 Particulars of the service

|  |  |
| --- | --- |
| Scope of procedures associated with anaesthetic service[[1]](#footnote-1) |       |
| Operating hours |       |
| Recovery | No of beds/ chairs:       |

## 2 Advisor for the anaesthetic service

|  |
| --- |
| Where general anaesthesia (GA), neuroaxial block or major plexus block is performed, is the CME a specialist in anaesthesiology? |
| [ ]  Yes | [ ] No[ ] NA (no GA, neuroaxial block or major plexus block performed) |

|  |
| --- |
| If no, please complete the following information for the advisor: |
| Name in English |      (Surname) |      (Given names) |
| Name in Chinese |      (Surname) |      (Given names) |
| Qualifications |       |
| Telephone number |      (Daytime) |      (Emergency) |
| E-mail address |       |

## 3 Person-in-charge of the recovery[[2]](#footnote-2)

|  |  |  |
| --- | --- | --- |
| Name in English |      (Surname) |      (Given names) |
| Name in Chinese |      (Surname) |      (Given names) |
| Qualifications |       |

## 4 Staffing

|  |  |
| --- | --- |
|  | Number of staff |
| Nurse | RN:       | EN:       |
| Clinic assistant |       |
| Others (please specify): |  |
|       |       |

## 5 Other staffing requirement

|  | **Evidence to substantiate compliance** |
| --- | --- |
| 1. All general anaesthesia (GA), neuroaxial block or major plexus block are administered only by an anaesthesiologist or by a trained medical practitioner under the supervision of an anaesthesiologist
 | [ ] Yes | [ ] No[ ] NA | Staff qualification/ credentialing policy |
| 1. Anaesthesia and/or sedation are administered by anaesthesiologist, medical practitioner, or dentist fulfilling the competency requirements set out by Hong Kong Academy of Medicine (HKAM)
 | [ ] Yes | [ ] No | Staff qualification/ credentialing policy |
| 1. For each procedure with sedation, in addition to the medical practitioner or dentist responsible for the procedure, there is:
 |  |  |
| 1. an appropriately trained staff in monitoring vital signs and procedural complications
 | [ ] Yes | [ ] No | Duty roster |
| 1. technical/ nursing assistance as required
 | [ ] Yes | [ ] No | Duty roster |
| 1. Staff specified in (c)(i) assisting in sedation process met the competency requirements set out by HKAM
 | [ ] Yes | [ ] No | Staff qualification/ credentialing policy |

## 6 Critical or major equipment

**(e.g. anaesthetic machines, monitoring and resuscitation equipment)**

| Type of equipment | Quantity | Schedule of maintenance as per the manufacturer’s recommendation | Date of last serviced |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

## 7 Facilities and equipment

|  | **Evidence to substantiate compliance** |
| --- | --- |
| 1. The facility has necessary equipment for supporting the scope of services
 | [ ] Yes | [ ] No | Equipment |
| 1. Equipment are appropriately sized for paediatric patients
 | [ ] Yes | [ ] No[ ] NA | Equipment |
| 1. Procedural sedation is performed in a location equipped with:
 |  |  |  |
| 1. source of oxygen and suitable devices for administering oxygen to spontaneously breathing patients
 | [ ] Yes | [ ] No | Oxygen supply |
| 1. source of oxygen with a suitable delivery system, a means of inflating the lungs, a supply of drugs for resuscitation, and a range of intravenous equipment and fluids for cardiopulmonary resuscitation
 | [ ] Yes | [ ] No | Resuscitation equipment and drugs |
| 1. drugs for the reversal of benzodiazepines and opioids
 | [ ] Yes | [ ] No | Drugs |
| 1. a tilting operating table, trolley or chair with ready access for induction and recovery of sedation
 | [ ] Yes | [ ] No | Venue for induction and recovery |
| 1. pulse oximeter and devices for the monitoring of vital signs
 | [ ] Yes | [ ] No | Equipment |
| 1. an ECG and a defibrillator
 | [ ] Yes | [ ] No | Equipment  |

## 7.1 Equipment for monitoring of patient undergoing GA, major regional anaesthesia and deep sedation

[ ]  GA, major regional anaesthesia and deep sedation is not performed

(Please proceed to section 8)

|  |  |
| --- | --- |
| The following equipment is available for every patient in accordance with the *Guidelines on Monitoring in Anaesthesia* published by HKCA[[3]](#footnote-3): | **Evidence to substantiate compliance** |
| 1. intermittent non-invasive blood pressure monitor
 | [ ] Yes | [ ] No | Equipment |
| 1. oxygen supply failure alarm (for GA)
 | [ ] Yes | [ ] No[ ] NA | Site environment |
| 1. oxygen analyzer/ monitor (for GA)
 | [ ] Yes | [ ] No[ ] NA | Equipment |
| 1. volatile anaesthetic agent concentration monitor (for GA)
 | [ ] Yes | [ ] No[ ] NA | Equipment |
| 1. monitor for ventilation and alarms for ventilation failure (for GA)
 | [ ] Yes | [ ] No[ ] NA | Site environment |
| 1. carbon dioxide monitor (for GA)
 | [ ] Yes | [ ] No[ ] NA | Equipment |
| 1. monitor of cuff pressure of airway device (for GA)
 | [ ] Yes | [ ] No[ ] NA | Equipment |

## 7.2 Equipment for resuscitation for GA, major regional anaesthesia and deep sedation performed in operating room

[ ]  GA, major regional anaesthesia and deep sedation is not performed in operating room

(Please proceed to section 8)

| The following equipment is provided in each operating room in accordance with the *Recommended Minimum Facilities for Safe Anaesthetic Practice in Operating Suites* (“*Recommended Minimum Facilities”*) published by HKCA: | **Evidence to substantiate compliance** |
| --- | --- |
| 1. oxygen supply and backup supply
 | [ ] Yes | [ ] No | Equipment |
| 1. an anaesthetic delivery system, including an anaesthetic machine capable of delivering an accurately measured flow of oxygen, medical air and the commonly used inhalational anaesthetic agents
 | [ ] Yes | [ ] No | Equipment |
| 1. a device as a separate means of inflating the lungs with oxygen
 | [ ] Yes | [ ] No | Equipment |
| 1. suction apparatus
 | [ ] Yes | [ ] No | Equipment |
| 1. other requirements as set out in “EQUIPMENTS section” of the *Recommended Minimum Facilities* (P.4-9), including but not limited to the following equipment:
 |  |  |  |
| 1. A range of appropriate oropharyngeal, nasopharyngeal, laryngeal mask and other artificial airways
 | [ ] Yes | [ ] No | Equipment |
| 1. Two laryngoscopes and a range of interchangeable blades
 | [ ] Yes | [ ] No | Equipment |
| 1. A range of appropriate endotracheal tubes and connectors
 | [ ] Yes | [ ] No | Equipment |
| 1. Equipment for difficult intubations including a range of appropriate fibreoptic bronchoscope
 | [ ] Yes | [ ] No | Equipment |
| 1. A 12-lead electrocardiograph
 | [ ] Yes | [ ] No | Equipment |
| 1. A cardiac defibrillator with capacity for synchronized cardioversion
 | [ ] Yes | [ ] No | Equipment |
| 1. A manual, self-inflating resuscitator bag capable of delivering at least 90% oxygen (e.g. Laerdal, Ambu bags)
 | [ ] Yes | [ ] No | Equipment/ document |
| 1. Equipment for invasive monitoring of arterial blood pressure
 | [ ] Yes | [ ] No | Equipment |
| 1. Central venous pressure sets and equipment for central venous lines insertion
 | [ ] Yes | [ ] No | Equipment |
| 1. drugs set out in “DRUGS section” of the *Recommended Minimum Facilities* (P.9)
 | [ ] Yes | [ ] No | Drugs |

## 8 Monitoring and recovery

|  | **Evidence to substantiate compliance** |
| --- | --- |
| 1. All patients are monitored continuously with pulse oximetry, which must give off visual and audible alarms when appropriate limits are transgressed
 | [ ] Yes | [ ] No | Equipment |
| 1. There is end-tidal carbon dioxide monitoring with capnography for patients where there is high risk of sudden unexpected loss of consciousness or when loss of consciousness has already occurred
 | [ ] Yes | [ ] No | Equipment  |
| 1. There are regular recordings of pulse rate, oxygen saturation and blood pressure throughout the procedure in all patients
 | [ ] Yes | [ ] No | Form/ record |
| 1. Patient is monitored for an appropriate duration after the procedure in an area adequately equipped and staffed for recovery care and monitoring of patients
 | [ ] Yes | [ ] No | Form/ record/ document |
| 1. Patient discharge is authorised by the medical practitioner or dentist providing the sedation after adequate assessment, or by another medical practitioner or dentist with proper delegation and handover
 | [ ] Yes | [ ] No | Form/ record/ document |
| 1. A set of standard discharge criteria is adopted to facilitate a consistent and reliable assessment and a safe discharge
 | [ ] Yes | [ ] No[ ] NA | Form/ document/ record |

## 9 Policies and procedures

| Written policies and procedures on the following are in place: | **Evidence to substantiate compliance** |
| --- | --- |
| 1. staffing arrangements for anaesthetic or sedation procedures
 | [ ] Yes | [ ] No | Duty roster |
| 1. informed consent
 | [ ] Yes | [ ] No | Consent form |
| 1. checking of consent forms before anaesthetic or sedation procedures
 | [ ] Yes | [ ] No | Form/ record |
| 1. pre-sedation or pre-anaesthetic assessment
 | [ ] Yes | [ ] No | Form/ record |
| 1. pre-procedural instructions (e.g. fasting, medication) and care
 | [ ] Yes | [ ] No | Form/ notice |
| 1. accomplishment of pre-procedural preparation before anaesthetic or sedation procedures
 | [ ] Yes | [ ] No | Form/ record |
| 1. verification processes before anaesthetic or sedation procedures, including time-out
 | [ ] Yes | [ ] No | Form/ record |
| 1. documentation of procedures, including records of anaesthetic care
 | [ ] Yes | [ ] No | Form/ record |
| 1. monitoring of patients undergoing anaesthetic or sedation procedures
 | [ ] Yes | [ ] No | Document/ record |
| 1. recovery care of patients undergoing anaesthetic or sedation procedures
 | [ ] Yes | [ ] No | Document/ record |
| 1. patient discharge and care after discharge:
 |  |  |  |
| * 1. discharge criteria
 | [ ] Yes | [ ] No | Form/ record |
| * 1. discharge instructions and advice
 | [ ] Yes | [ ] No | Notice |
| * 1. arrangements for enquiries or assistance outside operating hours
 | [ ] Yes | [ ] No | Notice |
| 1. management of complications
 | [ ] Yes | [ ] No | Document/ record |
| 1. infection control
 | [ ] Yes | [ ] No | Document/ record |
| 1. emergency transfer of patient to hospital
 | [ ] Yes | [ ] No | Document/ record |
| 1. review of appropriateness of patient care and monitoring of clinical performance and outcomes (e.g. complication attributable to anaesthesia or sedation, unanticipated hospital admission after anaesthesia or sedation)
 | [ ] Yes | [ ] No | Document |

## 10 Resuscitation and contingency

|  | **Evidence to substantiate compliance** |
| --- | --- |
| 1. Emergency medications are stored in a designated and easily accessible area in the facility
 | [ ] Yes | [ ] No | Site environment |
| 1. Viability of emergency medications are regularly checked
 | [ ] Yes | [ ] No | Document |
| Frequency: | Every       month(s) |  |
| 1. There are staff-to-staff communication systems for emergency in the procedure room and recovery area
 | [ ] Yes | [ ] No | Document |
| 1. Drills for emergency transfer
 | [ ] Yes | [ ] No | Drill/ record |
| Frequency: | Every       month(s) |  |

1. Where other classes of scheduled medical procedures are provided (e.g. surgical, endoscopic, dental, and interventional radiology and lithotripsy procedures), please also complete the relevant chapter(s) of this Report. [↑](#footnote-ref-1)
2. Where a recovery area is provided for the anaesthetic care, a **medical practitioner**, **dentist**, or **registered nurse trained in post-anaesthetic care** is in-charge of the operation of the recovery area. [↑](#footnote-ref-2)
3. Hong Kong College of Anaesthesiologists [↑](#footnote-ref-3)