## *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)