

Because surgery carries a high level of risk, information about the surgical procedure and care after surgery is carefully planned, based on the patient's assessment, and documented. Special consideration is given to surgery that involves implanting a medical device, including the reporting of devices that malfunction, as well as a process for follow-up with patients in the event of a recall.

Note: The anesthesia and surgery standards are applicable in whatever setting anesthesia and/or procedural sedation are used and where surgical and other invasive procedures that require consent are performed. Such settings include hospital operating theatres, day surgery or day hospital units, endoscopy, interventional radiology, dental and other outpatient clinics, emergency services, intensive care areas, or elsewhere.

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please see the next section in this chapter, Standards, Intents, and Measurable Elements.

Organization and Management

ASC.01.00 The hospital provides sedation and anesthesia services to meet patient needs, and in accordance with laws and regulations.

Sedation Care

ASC.02.00 The administration of procedural sedation is standardized throughout the hospital.

ASC.02.01 Practitioners responsible for procedural sedation and staff responsible for monitoring patients receiving procedural sedation are qualified.

ASC.02.02 Procedural sedation is administered and monitored according to professional practice guidelines and documented in the patient's medical record.

ASC.02.03 The risks, benefits, and alternatives related to procedural sedation are discussed with the patient, their family, or those who make decisions for the patient.

Anesthesia Care

ASC.03.00 A qualified individual conducts a preanesthesia assessment and preinduction assessment.

ASC.03.01 Each patient's anesthesia plan of care is discussed with the patient and/or those who make decisions for the patient and documented in the patient's medical record.

ASC.03.02 Each patient's physiological status during anesthesia and surgery is monitored according to professional practice guidelines and documented in the patient's medical record.

ASC.03.03 Each patient's postanesthesia status is monitored, and the patient is discharged from the recovery area by a qualified individual or by using established criteria.

Surgical Care

ASC.04.00 Each patient's surgical care is planned based on the results of the preoperative assessment and documented in the patient's medical record.

ASC.04.01 The risks, benefits, and alternatives are discussed with the patient and their family or those who make decisions for the patient.

ASC.04.02 Information about the surgical procedure is documented in the patient's medical record to facilitate continuing care.

ASC.04.03 Patient care after surgery is planned and documented.

- ASC.04.04** Surgical care that includes the implanting of a medical device is planned with special consideration for how standard processes must be modified.

Standards, Intents, and Measurable Elements

Organization and Management

Standard ASC.01.00

The hospital provides sedation and anesthesia services to meet patient needs, and in accordance with professional practice standards and laws and regulations.

Intent of ASC.01.00

With the complexities involved in sedation and anesthesia care, the hospital must have a system in place for providing such services reflective of its patient population, clinical services offered, and health care practitioners' needs. Sedation and anesthesia are commonly viewed as a continuum from minimal sedation to full anesthesia. Sedation and anesthesia use are complex processes that must be integrated into patient care planning encompassing the stages of sedation and anesthesia. Sedation and anesthesia require a complete and comprehensive patient assessment (presedation/preanesthesia), continued patient monitoring (intraprocedure/intraoperative sedation/anesthesia), and objective recovery criteria (postprocedure/postoperative sedation/anesthesia). These services are provided according to professional practice standards for care, meet all applicable local and national laws and regulations, and must be available at all times for emergencies. It is the recommendation of the Association of periOperative Registered Nurses (AORN, 2022) that the hospital provides the same standard of care (that is, patient monitoring and equipment) for patients who are receiving procedural sedation/analgesia and anesthesia in non-operating room anesthesia locations (for example, interventional cardiology, endoscopy, dental, radiology, office-based surgery) as for patients receiving moderate sedation/analgesia and anesthesia in the operating room.

Sedation and anesthesia services may be provided by the hospital, by agreement with a contracted service (for example, an individual anesthesiologist or anesthesia group practice), or both. Any use of contract anesthesia services is based on the recommendation of the qualified individual(s) responsible for managing the sedation and anesthesia services. Sedation and anesthesia services are under the direction of one or more individuals who are qualified by documented training, expertise, and experience, which are consistent with applicable laws and regulations. This individual(s) assumes professional and some management responsibilities for the anesthesia services provided.