Measurable Elements of ASC.02.03

1. The patient, family, and/or decision-makers are educated on the risks, benefits, and alternatives of procedural sedation. (*See also* PCC.03.00, ME 2)
2. The patient, family, and/or decision-makers are educated about postprocedural sedation recovery and pain management. (*See also* PCC.04.00, ME 1)
3. A qualified individual provides and documents the education.

Anesthesia Care

Standard ASC.03.00

A qualified individual conducts a preanesthesia assessment and preinduction assessment.

Intent of ASC.03.00

Because anesthesia carries such a high level of risk, administration is carefully planned. Therefore, an anesthesiologist or another qualified individual conducts the preanesthesia assessment. The patient's preanesthesia assessment is the basis for the anesthesia plan of care, which includes identifying what findings from the clinical assessment and from monitoring during anesthesia and recovery may be significant, and for the use of postoperative analgesia. The preanesthesia assessment may be carried out some time prior to admission or prior to the surgical procedure or shortly before the surgical procedure, as in emergency and obstetrical patients.

The preinduction assessment is separate from the preanesthesia assessment, as it focuses on the physiological stability and readiness of the patient for anesthesia and occurs immediately prior to the induction of anesthesia. When anesthesia must be provided emergently, the preanesthesia assessment and preinduction assessment may be performed immediately following one another, or simultaneously, but are documented independently.

Measurable Elements of ASC.03.00

1. A preanesthesia assessment is performed that includes at least the following elements when evaluating risk and appropriateness of anesthesia for the patient:
   - Identify airway problems that may influence the type of anesthesia used.
   - Evaluate at-risk patients for appropriateness of anesthesia.
   - Select the anesthesia and plan anesthesia care.
   - Safely administer an anesthetic based on patient assessment, identified risks, and type of procedure.
   - Interpret findings from patient monitoring during anesthesia and recovery.
   - Provide information for the use of analgesia following surgery.
2. A separate preinduction assessment is performed to reevaluate patients immediately before the induction of anesthesia.
3. The preanesthesia assessment and the preinduction assessment are performed by an individual(s) qualified to do so and documented in the patient's medical record.
4. Ⓓ The scope and content of the preanesthesia assessment and the preinduction assessment are based on professional guidelines and defined in hospital policy.

Standard 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.

Intent of ASC.03.01

The anesthesia planning process includes educating the patient, their family, and/or decision-makers on the risks, benefits, and alternatives related to the planned anesthesia. This discussion occurs as part of the process to obtain consent for anesthesia as required in Standard PCC.03.00. Anesthesia care is carefully planned. The plan includes information from other patient assessments and identifies the anesthesia to be used, the method of administration, other medications and fluids, monitoring procedures, and anticipated postanesthesia care. An anesthesiologist or a qualified individual provides this education.

When postoperative pain management is provided by anesthesia services, the postoperative pain management plan is reviewed and discussed with the patient by the anesthesiologist or other qualified individual and documented in the patient's medical record. The anesthesia agent, dose (when applicable), anesthetic technique, and qualified individual administering the anesthesia are documented in the patient's anesthesia record.

Measurable Elements of ASC.03.01

1. A qualified individual plans and documents the anesthesia care in the patient's medical record.
2. The patient, family, and/or decision-makers are educated on the risks, benefits, and alternatives of anesthesia. (*See also* PCC.04.00, ME 1)
3. When applicable, the patient, family, and/or decision-makers are educated, prior to the procedure being performed, about the options available for postoperative pain management; this education is documented.
4. The anesthesia agent, dose (when applicable), and anesthetic technique are documented in the patient's anesthesia record.
5. The anesthesiologist, or other qualified individual allowed to administer anesthesia, and the anesthesia assistants are identified in the patient's anesthesia record.
6. Ⓓ Anesthesia care is administered and monitored according to professional practice guidelines and as defined in hospital policy.

Standard 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.

Intent of ASC.03.02

Physiological monitoring provides reliable information about the patient's status during anesthesia (general, spinal, and regional) and the recovery period. Monitoring information guides medical and nursing care and identifies the need for diagnostic and other services. Results of monitoring trigger key intraoperative decisions as well as postoperative decisions, such as return to surgery, transfer to another level of care, or discharge. Monitoring findings are entered into the patient's medical record. Monitoring methods depend on the patient's preanesthesia status, the anesthesia choice, and the complexity of the surgical or other procedure performed during anesthesia. In all cases, however, the overall monitoring during anesthesia and surgery is consistent with professional practice and defined in hospital policy. The results of monitoring are documented in the patient's medical record.

Measurable Elements of ASC.03.02

1. The frequency and type of monitoring during anesthesia and surgery are based on the patient's preanesthesia status, the anesthesia used, and the surgical procedure performed.
2. Monitoring of the patient's physiological status is consistent with professional practice guidelines.
3. The results of monitoring are documented in the patient's medical record. (*See also* COP.01.00, ME 5)