Anesthesia and Surgical Care (ASC)

Overview

The use of surgical anesthesia, procedural sedation, and surgical interventions are common and complex processes in a health care organization. They require complete and comprehensive patient assessment, integrated care planning, continued patient monitoring, and criteria-determined transfer for continuing care, rehabilitation, and eventual transfer and discharge. As individual patient response may move along that continuum, general anesthesia and procedural sedation use should be organized in an integrated manner. Thus, this chapter addresses moderate and deep sedation/analgesia to general anesthesia where the patient's protective reflexes needed for a patent airway and ventilatory function maintenance are at risk. This chapter does not address the use of minimal sedation for the purposes of anxiolysis or sedation required in the intensive care unit for ventilator tolerance.

Procedural sedation is defined as the administration of sedatives or dissociative agents with or without analgesics to an individual, in any setting, by any route, to induce an altered state of consciousness that allows the patient to tolerate painful or unpleasant procedures while maintaining cardiorespiratory function. Definitions of four levels of sedation and anesthesia include the following:

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. Reflex withdrawal from a painful stimulus is not considered a purposeful response. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained without supportive measures.

Monitored Anesthesia Care ("MAC") does not describe the continuum of depth of sedation, rather it describes a specific anesthesia service performed by a qualified anesthesia provider, for a diagnostic or therapeutic procedure. Indications for monitored anesthesia care include the need for deeper levels of analgesia and sedation than can be provided by moderate sedation, including potential conversion to a general or regional anesthetic.

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 without supportive measures.

General Anesthesia: General anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

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.