

- Pediatric operations
  - Cardio-pulmonary operations.
  - Neurosurgery operations.
  - Transplant operations.
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### **AN.3 Policies and procedures guide the provision of anesthesia care.**

AN.3.1 Policies and procedures include, but are not limited to, the following:

AN.3.1.1 Staff responsibilities in the provision of anesthesia care.

AN.3.1.2 Pre-anesthesia and pre-induction assessments.

AN.3.1.3 Intra-operative monitoring of anesthetized patients.

AN.3.1.4 Safe handling and storage of anesthetic medications/ agents.

AN.3.2 Policies are collaboratively developed with other relevant disciplines (e.g., surgery, nursing, and laboratory).

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#### **Standard Intent:**

Provision of anesthesia care guided by policies and procedures developed collaboratively with other relevant disciplines (e.g., surgery, nursing, and laboratory) to include the staff responsibilities, patient assessments, monitoring during anesthesia and handling of anesthesia agents.

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### **AN.4 The provision of anesthesia care is guided by the required equipment and anesthesia products.**

AN.4.1 There is a multifunctional anesthesia machine and all other equipment required to meet the needs of patients, including equipment and tools required for difficult intubation.

AN.4.2 Anesthesia machines are regularly checked and maintained as evidenced by a readily accessible record of preventive maintenance.

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#### **Standard Intent:**

Provision of anesthesia care guided by the required equipment and anesthesia products to meet the needs of patients and are regularly checked and maintained as evidenced by a readily accessible record.

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### **AN.5 Sufficient information is communicated to the patient prior to administration of anesthesia to help making an informed decision.**

AN.5.1 Informed consent for anesthesia is obtained from the patient/family after explaining the anesthesia plan, risks, benefits, and alternatives.

AN.5.2 The consent process is documented and witnessed.

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#### **Standard Intent:**

When the planned care includes surgical or invasive procedures, anesthesia consent is obtained. This consent process provides the information of the anesthesia plan, risks, benefits, and alternatives and documents the identity of the individual providing the information and witness.

**AN.6 Pre-anesthesia assessment and anesthesia planning are conducted for each patient prior to any inpatient or outpatient surgery/procedure, by an individual qualified to administer anesthesia.**

AN.6.1 The pre-anesthesia assessment should be completed and dated in less than thirty days prior to the scheduled surgery/procedure date. A review and update of the patient's current condition is documented in the medical record before conducting the procedure.

AN.6.2 The pre-anesthesia assessment includes:

AN.6.2.1 Patient interview and physical examination, including airway assessment and limited intra-vascular access.

AN.6.2.2 Medical history including anesthesia, drug and allergy history.

AN.6.2.3 Other additional pre-anesthesia evaluation if applicable and as required in accordance with the standard practice prior to administering anesthesia (e.g., stress tests or additional specialist consultations).

AN.6.2.4 Notation of anesthesia risk according to established standards of practice (ASA classification).

AN.6.2.5 Anesthetic plan and discussion of the risks and benefits.

AN.6.2.6 Documentation of an informed consent.

AN.6.2.7 Appropriate pre-medication and prophylactic antibiotic orders (if indicated).

AN.6.3 The anesthesiologist reassesses the patient immediately prior to induction of anesthesia focusing on the physiologic stability and readiness of the patient for anesthesia. Findings are documented in the patient's medical record.

**Standard Intent:**

Patients planned to have anesthesia should have a pre-anesthesia assessment performed by an anesthetist. The assessment should be less than 30 days old prior to the procedure and should be based on the elements of the substandard AN.6.2.1 through AN.6.2.7. In addition to the documented pre-anesthesia assessment, the anesthetist performing the procedure should perform and document an immediate pre-induction assessment to ensure the physiological stability of the patient at the time.

**AN.7 There is an anesthesia record for documentation of planned anesthesia care.**

AN.7.1 The planned anesthesia care is documented in anesthesia record for each patient during anesthesia. The following information must be documented:

AN.7.1.1 Age, sex, weight, height, and pre-operative vital signs.

AN.7.1.2 The anesthetic agent.