Anesthesiology

As the first medical professional liability insurer to establish a patient safety department, The Doctors Company remains the leader in developing innovative tools that can help you reduce risk and keep your patients safe.

Turn your alarms on—and keep them on!
Anesthesia “disasters” can still occur in spite of the sophisticated monitoring machines in use. Most of these events should not occur but do because alarms had been silenced or were silenced at the end of the prior case and not turned back on. (Be aware that some machines do not automatically reset the alarm.) Do not neglect the pulse oximeter and CO₂ alarms. (The American Society of Anesthesiologists’ guidelines require that alarms be audible to the anesthesiologist or members of the anesthesia care team.)

Perform and document a thorough preanesthesia evaluation and include an airway evaluation.
Such an exam is essential to patient safety, and using a classification system (such as Mallampati) demonstrates that a thorough airway exam was performed.

Obtain and document a separate informed consent for anesthesia care.
The anesthesia-specific informed consent process includes engaging the patient in a discussion of the types of anesthesia or sedation that are available, their risks and benefits, and any alternatives. Provide the patient with the opportunity to have his or her questions answered.

Include a dental exam as part of your preanesthesia evaluation and include dental injury as a risk in your informed-consent discussion.
Dental injuries remain the most frequently encountered adverse event in anesthesia. Performing and documenting a dental exam and including dental injury as an identified risk in your informed-consent discussion may be effective in mitigating the exposure.

Be aware of the risks of postoperative narcotic pain medication in patients suspected of sleep apnea syndrome (SAS), also referred to as obstructive sleep apnea (OSA).
Many patients with OSA have not yet been diagnosed. Be sensitive to the risk factors and potential indicators of the condition, and be aggressive in asking questions when the condition is suspected. It’s important to use pulse oximetry postoperatively if you suspect SAS. Also consider the use of regional analgesic techniques without opioids during the postsurgical period.

Pay attention to perioperative normothermia.
Using warming techniques to maintain body temperature (except in those cases where hypothermia is intended) appears to be a factor in reducing the risk of surgical infections and cardiac events, along with decreasing the duration of postanesthesia recovery and extubation time. Steps taken to maintain normothermia should be documented. On the flip side, use care in warming efforts, especially in patients who may be frail or have thin skin (such as the very young or the very old), as burns can occur easily and are a source of claims.

Prevent surgical fires.
Follow fire prevention guidelines by: (1) controlling the use of heat and ignition sources, including electrosurgical units, heated equipment, and lasers; (2) managing fuels such as skin prepping solutions, ointments, and dry dressings; and 3) reducing oxidizers by minimizing oxygen concentrations and tented surgical draping. In the event an operating room fire occurs, appropriate equipment and supplies must be immediately available. Consider practice drills with surgical, operating room, and anesthesia personnel so that all team members are familiar with their role in fire management.

By Susan L. Marr, MSA, CPHRM, Patient Safety/Risk Management Account Executive.

Founded by doctors for doctors in 1976 to advance, protect, and reward the practice of good medicine, The Doctors Company is the nation’s largest insurer of physician and surgeon medical liability. For more information on our innovative patient safety products and services, please call (800) 421-2368, extension 1243, or visit us at www.thedoctors.com/patientsafety.

The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each health care provider in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.