

Clinical Departments: Anesthesia

Name of Hospital: _____

Date: _____ Hospital Contact: _____

Always/
Yes Sometimes Never/
No N/A

DEPARTMENT MANAGEMENT

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>1. If the hospital has a contract with non-employed anesthesiologists or certified registered nurse anesthetists (CRNAs):</p> <p>a. The anesthesia group maintains adequate insurance coverage and provides a certificate of insurance to the hospital on an annual basis.</p> <p>b. If the contracted anesthesia group has a claims-made policy, the contract with the hospital requires the group to purchase tail coverage and provide proof of tail coverage should the group's contract with the hospital be terminated.</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>2. If the hospital utilizes student anesthetists from area schools:</p> <p>a. The school provides the hospital with certificates of insurance and information regarding changes to insurance as necessary.</p> <p>b. The hospital maintains policies related to students providing care, including student supervision, patient consent for student participation in their care, student compliance with hospital policies, and student orientation.</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>3. The hospital provides 24-hour anesthesia coverage if it provides obstetric and/or emergency department services.</p> <p>a. There is 24-hour in-house coverage.</p> <p>b. There is on-call coverage after scheduled hours.</p> |

HUMAN RESOURCES

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>4. All anesthesia providers, regardless of employment status, are privileged through the credentialing system at the hospital or facility.</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>5. All anesthesia personnel have current training in:</p> <p>a. Cardiopulmonary resuscitation (CPR)</p> <p>b. Advanced cardiac life support (ACLS)</p> <p>c. Pediatric advanced life support (PALS)</p> |

Clinical Departments: Anesthesia

Always/
Yes

Sometimes

Never/
No

N/A

6. In hospitals that have no anesthesiologist on staff, there is a physician who serves as the anesthesia department chair to review policies and procedures and to review the practice of the CRNAs and document accordingly.

PATIENT CARE

Preanesthesia

7. Except in emergency situations, all patients have a history and physical completed and on the medical record prior to surgery, and the history and physical is available to anesthesia providers prior to induction.

8. All patients have a preanesthesia assessment completed or updated and documented by a member of the anesthesia department within 48 hours prior to surgery.

- a. The American Society of Anesthesiologists (ASA) status is assessed and documented for each patient.

- b. The airway status of the patient is assessed and documented.

- c. The preoperative form (or preanesthesia form) records the condition of the patient's teeth.

- d. Any potential anesthesia problems are identified (ongoing infection, limited vascular access, etc.).

- e. Patients are assessed for sleep apnea.

References:

- See ASA "Basic Standards for Preanesthesia Care (2010)" at <http://www.asahq.org/For-Healthcare-Professionals/Standards-Guidelines-and-Statements.aspx>.
- See ASA "Practice Advisory for Preanesthesia Evaluation (2003)" at <https://ecommerce.asahq.org/p-113-practice-advisory-for-preanesthesia-evaluation.aspx>.
- Hospital Anesthesia Services Condition of Participation, 42 CFR §482.52(b)(1).

9. Patients are reassessed immediately prior to the administration of any anesthesia or sedation, and the reassessment is documented.

Clinical Departments: Anesthesia

- | Always/
Yes | Sometimes | Never/
No | N/A | |
|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. The attending surgeon and anesthesia department staff review pre-op test results for any abnormal findings. (Consider the pre-op chest x-ray that reveals a questionable area, and follow-up in six months is recommended.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. The physician responsible for follow-up with the patient is notified, and the notification is documented. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. The patient is notified of abnormal findings, and the notification is documented. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Informed consent for anesthesia services is obtained (separate from the surgical consent) that documents the risks, benefits, and alternatives of the anesthesia care. (For a sample form available in English and Spanish, see American Association of Nurse Anesthetists [AANA] Professional Practice Manual, Forms and Resources at http://www.aana.com/resources2/professionalpractice/Pages/Professional-Practice-Manual.aspx .) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. There is a written policy in place that requires informed consent for the administration of blood or blood products. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. The anesthesia provider participates in the time-out before the procedure. |

Anesthesia Delivery

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. ASA guidelines for monitoring are followed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. There is continuous monitoring of the patient's oxygenation, ventilation, and circulation that is documented every five minutes. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. A quantitative method of assessing oxygenation, such as pulse oximetry, is employed during all anesthetics. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. A quantitative method of assessing ventilation, such as end-tidal CO ₂ analysis, is in use from the time of endotracheal tube placement. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Circulation is assessed using a continuous electrocardiogram. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Equipment is available in the operating room (OR) suite to monitor patient temperature, when necessary. |

Reference:

- See ASA "Standards for Basic Anesthetic Monitoring (Effective July 1, 2011)" at <http://www.asahq.org/For-Healthcare-Professionals/Standards-Guidelines-and-Statements.aspx>.

Clinical Departments: Anesthesia

| Always/ Yes | Sometimes | Never/ No | N/A | |
|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Anesthesia and OR personnel take steps to reduce the chances of an OR fire. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Anesthesia and OR personnel are prepared to respond to an OR fire. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Periodic drills/simulations are conducted with all staff members. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. There is a face-to-face communication protocol (such as SBAR) in use that guides the systematic approach to the handoff and transfer of patient care from the OR anesthesia provider to the postanesthesia care unit (PACU) RN. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. When CRNAs are administering anesthesia, a physician is present in the OR at induction and wake-up and is immediately available for emergency situations. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. All CRNA's orders are countersigned by a physician within 24 hours, and the anesthesia plan is approved by an anesthesiologist or surgeon. |
| | | | | 20. If registered nurses administer or manage analgesia by catheter technique (epidural, intrathecal, intrapleural, or peripheral nerve catheters): |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Catheter placement is performed by a physician or CRNA. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Test or initial dose of drug is administered by a physician or CRNA. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. There are written orders by a physician or CRNA for dosage parameters. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Registered nurses who manage or monitor the patient on analgesia by catheter technique have taken and passed an educational/competency program. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Their competency is periodically reviewed and documented. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. There is a written policy or procedure regarding RN monitoring and management of analgesia by catheter technique. |

References:

- See ASA “Statement on Role of Registered Nurses in the Management of Continuous Regional Analgesia (2008)” at <http://www.asahq.org/For-Healthcare-Professionals/Standards-Guidelines-and-Statements.aspx>.
- Also check state positions on the role of the RN in management of analgesia by catheter technique as laws differ from state to state.

Clinical Departments: Anesthesia

Always/
Yes

Sometimes

Never/
No

N/A

Environment of Care

- | Always/
Yes | Sometimes | Never/
No | N/A | |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Equipment alarms are kept on and audible at all times. |
| | | | | 22. Emergency equipment is readily available for: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Difficult airways |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Malignant hyperthermia |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Blood administration |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. The preventive maintenance on anesthesia equipment is performed according to manufacturer's guidelines and documented. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Documentation of the regular preventive maintenance is maintained for at least three years for accreditation purposes or according to hospital policy. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. All gas machines are equipped with an interlock system that prevents administration of anesthesia without oxygen. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. All gas machines are equipped with a gas scavenging system in order to limit gas exposure to OR personnel. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. There is continued use of a breathing system disconnect monitor with the audible alarm always turned on. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. If the hospital uses anesthesia equipment made by Abbot Laboratories, the hospital has evaluated it for the possibility of extreme heat or fire in the respiratory circuit when Ultane (sevoflurane) is used in conjunction with a desiccated CO ₂ absorbent. (See http://www.fda.gov/downloads/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/UCM169499.pdf .) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. Waste anesthetic gases are below 25 parts per million ceiling limit according to testing documents. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. Portable capnometers are available for use with intubations outside of the OR to assure one level of care. |

Clinical Departments: Anesthesia

- | Always/
Yes | Sometimes | Never/
No | N/A | |
|-------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. Anesthesiologists or CRNAs use a safety checklist to check the anesthesia equipment daily. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. On non-computerized machines, the checklist is attached to the anesthesia machine and lists the following: items to be checked, the date, and the initials of the person performing the check. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. On computerized machines, the checklist is part of the printed record. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. The daily checklist is retained according to hospital policy on document retention. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32. Anesthesia carts are standardized regardless of location. |
| Process Improvement/Patient Safety | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33. Adverse events and near misses are reported according to policy. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. The department provides constructive and timely feedback on each reported adverse event and near miss. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Staff members are able to describe how information on adverse events and near misses is used to improve patient safety. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34. The department has a patient safety plan with specific goals and objectives. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35. The department collects data needed to track progress toward the department patient safety goals. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Staff members are able to describe how they use data to determine which safety projects to adopt. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Staff members are able to describe how they use data to improve patient care. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 36. Anesthesia services are integrated into the organization's quality assessment/performance improvement program (42 CFR §482.52) and risk management/patient safety activities. |

Clinical Departments: Anesthesia

Always/ Sometimes Never/ N/A
Yes No

ANESTHESIA ADMINISTERED OUTSIDE THE OR

Respond to the statements in this section if patients receive anesthesia in areas of the hospital outside the operating room.

Patient Care

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 37. The anesthesia provider participates in the time-out before the procedure. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 38. If patients who receive general anesthesia in non-operating room locations are recovered in the PACU, adequate numbers of trained staff (in addition to the anesthesia provider) and appropriate equipment are available to transport the patient to the PACU. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 39. If patients who receive general anesthesia in non-operating room locations are recovered in other areas of the hospital, those nurses have the same training and competency evaluations as the PACU nurses. |

Environment of Care

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|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40. There is an adequate and reliable source of oxygen with a backup system the equivalent of at least a full E cylinder. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 41. There is an adequate and reliable source of suction if needed to clear the patient's airway. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 42. If inhalation anesthetics are administered, there is a scavenging system for waste anesthetic gases. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 43. If inhalation anesthetics are administered, the anesthesia machine is equivalent to those in the operating room and is maintained to those standards. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 44. Monitoring equipment is available for continual evaluation of the patient's oxygenation, ventilation, circulation, and temperature. (See ASA "Standards for Basic Anesthetic Monitoring [Effective July 1, 2011]" http://www.asahq.org/For-Healthcare-Professionals/Standards-Guidelines-and-Statements.aspx .) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45. An emergency cart with a defibrillator, emergency drugs, and age-appropriate equipment is immediately available. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 46. There are sufficient electrical outlets for all monitoring equipment and the anesthesia machine, including outlets connected to an emergency power supply. |

Clinical Departments: Anesthesia

| Always/ Yes | Sometimes | Never/ No | N/A | |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 47. A form of battery-powered illumination is immediately available. (See ASA “Statement on Nonoperating Room Anesthetizing Locations [2008]” at http://www.asahq.org/For-Healthcare-Professionals/Standards-Guidelines-and-Statements.aspx .) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 48. Anesthesiologists or CRNAs use a safety checklist to check the anesthesia equipment daily. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. On non-computerized machines, the checklist is attached to the anesthesia machine and lists the items to be checked, the date, and the initials of the person performing the check. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. On computerized machines, the checklist is part of the printed record. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. The daily checklist is retained according to hospital policy on document retention. |

SEDATION ADMINISTERED OUTSIDE THE OR

Respond to the statements in this section if patients receive sedation in areas of the hospital outside the operating room.

Patient Care

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|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49. There is one level of care for all levels of sedation regardless of where or by whom it is administered. (This could include Intensive Care Units, Emergency Departments, Endoscopy Suites, Operating Rooms, Radiology Departments, and other areas where applicable.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50. Qualifications and competencies of those administering sedation and monitoring the patient are documented. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Responsible physicians have the education and training to manage the potential complications of sedation/anesthesia, including airway management and life support skills. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 51. Policies and procedures are present for administering sedation and monitoring the patient. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 52. The physician is present throughout the sedation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 53. The physician is immediately available until the patient is discharged from the postprocedure recovery area. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54. Patients are continuously monitored throughout the procedure by a person not involved in the performance of the procedure. |

Clinical Departments: Anesthesia

Always/
Yes

Sometimes

Never/
No

N/A

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55. Assessment of the patient throughout the procedure includes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Level of consciousness |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Ventilation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Oxygen saturation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Heart rate |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Blood pressure |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 56. There is a face-to-face communication protocol (such as SBAR) in use that guides the systematic approach to the handoff and transfer of patient care from the procedure area to the next level of care. |

Environment of Care

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|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 57. An emergency cart with a defibrillator, emergency drugs, and age-appropriate equipment is immediately available. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 58. A source of oxygen is immediately available. |

(See ASA “Statement on Safe Use of Propofol [2009]” at <http://www.asahq.org/For-Healthcare-Professionals/Standards-Guidelines-and-Statements.aspx>.)

This interactive guide is not a standard of care. Any 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 action or treatment must be made by each health care practitioner 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.