	SIKKIM TITLE: Administration of Anaesthesia
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## 1.1 Abbreviation:

## **1.2 Definition:**

Anaesthesia is a state of controlled, temporary loss of sensation or awareness that is induced for medical purposes.



## 2. Expected Outcome:

Safe administration of anaesthesia

### 3. Objectives:

To provide guidelines on administration of anaesthesia.

## 4. Scope:

All patients undergoing anaesthesia

## 5. Process:

## 5.1 Prior to date of Surgery

- Patient evaluated in Pre anaesthetic Clinic -
- Diagnosis confirmed by clinical evaluation and appropriate investigations.
- Treatment options discussed with surgeon
- PAC done (before or after admission, depending on patient's preference)
- Admission in ward for surgery. \_
- Repeat pre anaesthetic evaluation by concerned anaesthetist. \_
- Preoperative orders documented by the resident doctor.



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#### 5.2 Date of surgery

#### **OT** complex

#### Pre – Operative Room

- Patient received by a nursing staff in pre-op room with a verbal and documented handover.
- Basic informed consent documentation verified by pre-op nursing staff.
- Identity, diagnosis and proposed surgery of the received patient confirmed by the pre-op nursing staff.
- Possible intra-operative surgical or anaesthetic complications / deviation from proposed surgery / blood product requirement(s) / adverse events / need for post-operative ICU care (including mechanical ventilation) discussed with patient and / or relatives and informed anaesthesia consent obtained.
- Compliance of pre-operative order confirmed by pre-op nursing staff.
- Operative site marking, availability of all documentation, status of fasting and bowel/bladder movements confirmed by the pre-op nursing staff.
- PAC reviewed by concerned anaesthetis

## 5.3 OT

- Identity, diagnosis and proposed surgery of the received patient confirmed by the scrub nurse, anaesthesiologist and surgeon.
- Surgical safety checklist marked with the patient's identity, date and time and proposed surgery by the floor nurse.
- Operative site marking, availability of all documentation including relevant imaging mounting on view-box confirmed by the scrub nurse, anaesthesiologist and surgeon.
- Anticipated difficulties / critical events and alternative plans discussed between the nursing, surgery and anaesthesiology teams.

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- Setting for light intensity / colour temperature defined the surgeon.
- ESU patient plate application and secure contact confirmed by floor nurse.
- Sterility of equipment / drapes, asepsis and appropriate antisepsis confirmed by nursing and surgical team.
- Power settings for energy sources confirmed by the operating surgeon.
- Delivery of type of anaesthesia as per the surgical procedure and tailored according to the concerned anaesthetist.
- Appropriate antisepsis of surgical field and sterile draping done by the nursing / surgery team.
- Additional equipment / mops/ gauze / irrigation fluid/ needles / sutures / staples / tubes used during surgery noted by floor nurse.
- All counts confirmed by floor nurse, scrub nurse, surgical assistant and operating surgeon at the end of surgery.
- End of surgery informed by surgeon to the anaesthesiologist.
- Blood loss estimation and its documentation done by anaesthesiologist and surgeon.
- Reversal of anaesthesia performed and its adequacy confirmed by the anaesthesiologist.
- Surgical safety checklist signed by the surgeon and floor nurse.
- Patient shifted to post-op room for observation.

## 5.4 Post-op room:

- Monitoring of patient's vitals, level of consciousness, pain, nausea and vomiting, shivering and drain output / dressing soakage done at regular intervals.
- Patient shifted to ward / SICU after assessment as per modified aldrete's score by concerned anaestist.
- Patient's relatives informed about completion of surgery and any other details if deviation from proposed surgery was mandated

## 6. Responsibilities:

Surgeon, Anaesthesiologists, Nurses



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# 7. Records:

- Anaesthesia Administration Record
- Operation Records
- Nurses Record

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