Children's Health Ireland

REGISTERED NURSES CARING FOR PATIENTS SAFELY UNDERGOING ANAESTHESIA STANDARD OPERATING PROCEDURE	
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1.0 Introduction

Paediatric anaesthesia can be a demanding and stressful environment (Langton 2015) The anaesthetic room should be a quiet, organized environment with the dignity of the patient maintained at all times. If the patient is anaesthetised in the operating theatre similar conditions should be maintained during induction.

2.0 Definition of Standard Operating Procedure

Patients undergoing general anaesthetic must be cared for in a safe environment, all equipment, monitoring, and medication must be available in the anaesthetic room to ensure safety throughout anaesthesia. (Checketts 2016) and (AAGBI 2015)

The term **'Standard Operating Procedure'** is a way of carrying out a particular course of action and includes operations, investigations, pharmaceutical treatment, examinations and any other treatment carried out

3.0 Applicable to

Perianaesthesia and perioperative nursing staff must be familiar with the risks and safeguards associated with all types of anaesthesia, patient assessment and monitoring, and remain constantly prepared for potential problems that may arise during anaesthesia induction, maintenance and reversal. *Trained assistance for the anaesthetist must be provided wherever anaesthesia is provided (AAGBI, 2013)*

4.0 Objectives of Standard Operating Procedure

The anaesthetic/induction areas should be prepared in advance of the patient's arrival. All necessary equipment should be clean and in good working order. Checklists facilitate checking, preparation and replacement of requirements. Through this checking process it facilitates the anaesthetic nurse to be ready for any eventuality in the anaesthetic room.

5.0 Procedures

Preparation & Equipment required for the anaesthetic room includes the following but is not limited to:

5.1 Equipment and Drugs – Adhere to Checklists provided in Anaesthetic Rooms and Theatre Rooms updated annually.

- Piped oxygen and nitrous oxide supply and suction apparatus.
- Anaesthetic Machine checked every 24 hours
- Breathing circuitry, airways, and masks and AMBU bags
- Endotracheal intubation requirements – endotracheal tubes, ETT cuff pressure gauge, laryngeal masks, bougies & stylets and a Stethoscope.
- ECG, pulse oximeter and non-invasive blood pressure monitor with all sizes of Blood pressure cuffs.
- CO2 monitoring must be available at all times from induction to end of surgery. Patients with ETT insitu will have CO2 monitoring post anaesthesia.

- Difficult Intubation trolley checked daily
- IV equipment for peripheral and central venous access.
- Anaesthetic medication as per checklist is available and in date
- All Medication labels as per checklist on waterloo trolley available
- Infusion pumps available as per checklist
- All drugs, equipment, fluids and algorithms required for resuscitation and management of anaesthetic emergencies should be immediately available on waterloo trolley
- Blood Glucose machine checked and calibrated every 24hours
- A blood / fluid warmer
- Invasive monitoring devices for arterial and venous pressure.
- Tapes and dressings. Sharps, disposal containers and disposable gloves.
- Nasogastric tubes
- Urinary catheterization and output monitoring requirements.
- A warm air convective body heating system or an equivalent.
- Regional anaesthesia requirements
- Nerve Stimulator in Block trolley checked

Be aware where nearest Defibrillator, cardiac resuscitation trolley and difficult intubation is situated (ASPAN 2017)

5.2 Checking Anaesthetic Machine

The anaesthetist is responsible for checking all anaesthetic apparatus before use. All alarm limits must be set appropriately. Infusion devices and alarm settings must be checked before use (AAGBI 2015)

5.3 Patients Management

Prior to induction of anaesthesia the perioperative team must check the patient's identity and details as per CSS Policy. Monitoring devices should be attached before induction starts. Explanation and reassurance should be given to the patient & parents as procedures are carried out (NATN 2012). Unnecessary exposure of the patient should be avoided to maintain dignity and temperature control.

5.4 Patient Transfer to Anaesthetic Room

Following administration of anaesthesia sufficient personnel should be available for the safe transfer and positioning of the patient. Appropriate monitoring must be used during transport of patients (AAGBI 2013). Ensure Airway Tray is available with patient on transfer with Laryngoscope, ETT size that the patient has in situ and a size smaller.

5.5 Infection Control

Hand hygiene. Standard precautions and aseptic technique must be adhered to. The safe use disposal of sharps must be complied with. Single use equipment should be utilized where appropriate. All reusable anaesthetic equipment should be decontaminated and processed by the CSSD according to policy and manufacturer's instructions. Difficult airway equipment for example Glide scope and C Mac and ultrasound equipment to be decontaminated using the triple tristel wipe system.

A new bacterial/viral filter should be used for every patient and a local policy applied to the reuse of breathing circuits in line with manufacturer's instructions (AAGBI 2008)

6.0 Implementation Plan

This document is communicated with all staff nurses on orientation in theatre supported with practical sessions.

7.0 Evaluation and Audit

An audit is carried out on a regular basis in the theatre & anaesthetic rooms on the compliance of checklists. Compliance is communicated with Theatre management committee.

8.0 References

ASPAN (2015 – 2017) *Perianesthesia Nursing Standards Practice recommendations and Interpretive Statements American Society of Peri Anesthesia Nurses* (2015) USA

AAGBI (2008) *Infection Control in Anaesthesia.* Association of Anaesthetists of Great Britain & Ireland London.

AAGBI (2012) *Immediate Post Anaesthetic Recovery*. Association of Anaesthetists of Great Britain & Ireland London.

AAGBI (2013) *The Anaesthesia Team* Association of Anaesthetists of Great Britain & Ireland London.

BARNA (2012) Standards *of Practice* British Anaesthetic and Recovery Nurses Association M&K Update Harrogate.

NATN (2004) *Standard and recommendations for safe Perioperative practice.* National Association of Theatre Nurses, Harrogate, UK.

Checketts, M.R., Alladi, R., Ferguson, K., Gemmell, L., Handy, J.M., Klein, A.A., Love, N.J., Misra, U., Morris, C., Nathanson, M.H. and Rodney, G.E., 2016. Recommendations for standards of monitoring during anaesthesia and recovery 2015: Association of Anaesthetists of Great Britain and Ireland. *Anaesthesia*, *71*(1), pp.85-93.