



## Minimum Elements for Providing Anesthesia Services in the Office Based Practice Setting

### *Assessment Checklist*

#### **Practitioners**

##### *CRNA*

- Will the Board of Nursing and state laws allow the CRNA to work with this physician type?
- Will your liability insurance cover office anesthesia?
- Does the state have rules/regulations specific to office-based anesthesia?
  - What classes of patients, types of surgical procedures, and anesthesia will be performed?
  - Are there established policy and procedure processes in place?

##### *Operating Physician*

- Does the physician have liability coverage and a current licensure/Drug Enforcement Agency (DEA) number?
- Does the physician have hospital privileges for procedures?
- Does the physician have admitting privileges at the nearest hospital?

#### **Facility**

- Is the facility licensed?
  - By whom? Indicate name: \_\_\_\_\_
- Is the facility accredited?
  - By whom? Indicate name: \_\_\_\_\_
- Size of operating room (OR), recovery room, and preoperative area adequate for anesthesia and surgical procedures?
- Is there a transfer agreement?
- Does the facility have an emergency service agreement?
- Available communication resources: Are telephone numbers accessible and posted for Emergency Medical Services (EMS), Malignant Hyperthermia (MH) hotline, nearby hospital, etc.?

#### **Equipment**

##### *Local, Intravenous Sedation, Regional and General Anesthesia*

- Monitors include: pulse oximetry; electrocardiogram; blood pressure; O<sub>2</sub> analyzer when O<sub>2</sub> is delivered through the breathing system of the anesthesia machine; end-tidal CO<sub>2</sub> when administering general anesthesia; a monitor for the presence of expired carbon dioxide when administering moderate or deep sedation; a body temperature monitor when clinically significant changes are intended, anticipated, or suspected; and peripheral nerve stimulator

as indicated when administering neuromuscular blocking agents. Use of monitors should be appropriate to patient, procedure and type of anesthesia

- Oxygen supplies: Minimum of two oxygen sources must be available with regulators attached
- Continuous positive-pressure ventilation source tested and in working order (e.g., adjustable bag-mask, nonrebreathing units) appropriate to patient population
- Defibrillator (charged)
- Suction machine, tubing, suction catheters, and Yankaur suctions
- Accessible anesthesia storage unit to provide for organization of supplies including endotracheal equipment, masks, airways, syringes, needles, intravenous catheters, intravenous fluids and tubing, alcohol, stethoscopes, and medications appropriate for patient population
- Emergency resuscitation medications, including at a minimum ACLS or PALS protocol medications, if appropriate, to include, atropine, epinephrine, ephedrine, lidocaine, diphenhydramine, cortisone, and a bronchial dilator inhaler.

### *General Anesthesia*

- An authorized factory technician or qualified service personnel has documented that the anesthesia machine(s) and monitoring equipment are operable.  
The following items are available as an integral part of the anesthesia delivery system or equivalent stand-alone equipment:
  - O<sub>2</sub> fail-safe system
  - Oxygen analyzer
  - Waste gas exhaust system
  - End-tidal CO<sub>2</sub> analyzer
  - Vaporizers-calibration and exclusion system
  - Audible alarm system (variable pitch and low threshold capabilities)
- Pulse oximeter, electrocardiogram, blood pressure monitors
  - Temperature monitor as appropriate for patient age, physical status, and surgical procedure

### *Emergencies*

- Emergency equipment
  - Basic airway equipment (adult and pediatric)
    - Nasal and oral airway
    - Face mask (appropriate for patient)
    - Laryngoscopes, endotracheal tubes (adult and pediatric)
    - Ambu bag or other positive pressure ventilation device
  - Difficult airway equipment (laryngeal mask airway, light wand, cricothyrotomy kit)
  - Defibrillator
  - Supplemental O<sub>2</sub>
  - Emergency drugs
  - Compression board
  - Suction equipment (suction catheter, Yankaur type)
  - Drugs and equipment to treat MH on site
- Back-up power

### *Pharmaceutical Accountability*

- Is there an appropriate mechanism for documenting and tracking use of pharmaceuticals including controlled substances?
  - Lock box
  - DEA 222 forms
  - Count sheets
  - Waste policy
  - Expiration checklist or policy

### *Policies/Procedures and Protocols*

- Policies/procedures and protocols are in place regarding:
  - Preoperative lab requirements
  - Patient selection
  - Nothing by mouth (NPO) status
  - Discharge criteria
  - Case cancellations
  - Advanced Cardiac Life Support (ACLS) algorithms
  - MH protocols
  - Latex allergy protocols
  - Pediatric drug dosages
  - Emergencies
    - Cardiopulmonary
    - Chemical spill
    - Fire
    - Building evacuation
    - Bomb threat
    - Active shooter incidents
  - Reporting adverse reactions
  - Infection control in adherence to OSHA rules for control of medical waste, and CDC recommendations for disposal of sharps and personal protection
- Compliance with HIPAA patient information protection

### *Record Keeping*

- Record-keeping system in place for patients and providers
- Anesthesia record
- Consent forms
- Credentials
- Q/A mechanism
- Patient satisfaction/follow-up
- Preanesthesia equipment and supplies
- Purchasing agreements



## Staffing Recommendations

- OR
  - RN
  - LPN
  - OR technician
- PACU
  - RN
  - LPN
  - Anesthetist/surgeon

## Required Certification or Recertification

- ACLS certified
  - Surgeon
  - Anesthetist
  - RN
- BCLS certified
  - RN
  - LPN
  - Others