CHAPTER 123. ANESTHESIA AND RESPIRATORY SERVICES

Subchapter A. ANESTHESIA SERVICES

GENERAL PROVISIONS

POLICIES

SAFETY PROVISIONS

GENERAL PROVISIONS

§ 123.1. Principle.

Anesthesia care shall be regularly available when the hospital provides surgical or obstetrical facilities.

§ 123.2. Organization and direction.

Anesthesia services shall be organized, directed, and integrated with other related services or departments of the hospital.

§ 123.3. Departmental responsibility.

The department of anesthesia shall be responsible for all anesthetics administered under its direction as established in the medical staff rules. In hospitals where there is no department of anesthesia, the department of surgery shall assume the responsibility for establishing general policies and for supervising the administration of anesthetics.

Authority

The provisions of this § 123.3 issued under 67 Pa.C.S. §§ 6101—6104; and Reorganization Plan No. 2 of 1973 (71 P. S. § 755-2).

Source

The provisions of this § 123.3 amended September 19, 1980, effective September 20, 1980, 10 Pa.B. 3761. Immediately preceding text appears at serial page (37862).

§ 123.4. Director.

(a) When there is a department of anesthesia, it shall be directed by a physician member of the medical staff who, whenever possible, is certified by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology or is in the certification stream and has successfully completed an approved residency training program in anesthesiology.

(b) The director of anesthesia services shall have administrative responsibility for the services provided by the anesthesia department. His responsibilities shall be established by the governing body of the hospital and shall include the following:

(1) Establishment of criteria and procedures for the evaluation of the quality of all anesthesia care rendered wherever it is required in the hospital.

(2) Recommending what equipment is necessary for administering anesthesia and related resuscitation efforts.

(3) Development of hospital rules concerning anesthesia safety.

(4) Participation in the hospital's program of cardiopulmonary resuscitation, if any; consultation on management of acute and chronic respiratory insufficiency; and, where appropriate, consultation on other diagnostic and therapeutic measures.

(5) Participation, where appropriate, as instructor in the hospital's program of continuing education in cardiopulmonary resuscitation, respiratory therapy, and the use of related equipment.

Authority

The provisions of this § 123.4 issued under 67 Pa.C.S. §§ 6101—6104; and Reorganization Plan No. 2 of 1973 (71 P. S. § 755-2).

Source

The provisions of this § 123.4 amended September 19, 1980, effective September 20, 1980, 10 Pa.B. 3761. Immediately preceding text appears at serial page (37862).

§ 123.5. Administration of anesthesia.

Anesthesia care shall be provided by a qualified physician, anesthesiologist, resident physician in training, dentist anesthetist, qualified nurse anesthetist under the supervision of the operating physician or anesthesiologist, or supervised nurse trainees enrolled in a course approved by the American Association of Nurse Anesthetists.

§ 123.6. Physician qualifications.

(a) Physician anesthetists must be able to perform all of the independent services usually required in the practice of anesthesiology, as set forth in subsection (b).

(b) Independent services usually required in the practice of anesthesiology include:

(1) Performance of accepted procedures commonly employed to render a patient insensible to pain for the performance of surgical, obstetrical, or other necessary but pain-producing clinical procedures.

(2) Support of life functions during the period of anesthesia.

(3) Provision of appropriate preanesthesia and postanesthesia management for the patient.

(4) Consultation regarding anesthesiology-related patient care, such as inhalation therapy, emergency cardiopulmonary resuscitation, and special problems in pain relief, unless these responsibilities are assigned to another physician who is judged by medical staff peer evaluation to be specially well qualified and is willing and able to assume them.

§ 123.7. Dental anesthetist and nurse anesthetist qualifications.

(a) Qualified dentist anesthetists and nurse anesthetists must be able to provide general anesthesia under the overall direction of either:

(1) The director of anesthesia services or his designee, when a full-time anesthesiologist heads the anesthesia service.

(2) The surgeon or obstetrician responsible for the care of the patient.

(b) Qualified dentist anesthetists and nurse anesthetists shall be competent to:

(1) Induce anesthesia.

(2) Maintain anesthesia at required levels.

(3) Support life functions during the period in which anesthesia is being administered, including induction and intubation procedures.

(4) Recognize and take appropriate corrective action, including the requesting of consultation, when necessary, for abnormal patient responses to the anesthesia or to an adjunctive medication or other form of therapy.

(5) Provide professional observation and resuscitative care, including the requesting of consultation, when necessary, until the patient has regained control of his vital functions.

(c) When the operating/anesthesia team consists entirely of nonphysicians, for example, dentist with nurse anesthetist, dentist with dentist anesthetist, podiatrist with dentist or nurse anesthetist, a physician shall be immediately available in case of an emergency, such as cardiac standstill or cardiac arrhythmia. The requirement that the physician be immediately available may mean in the hospital or in the immediate proximity of the operative procedure area or within minutes of the operating suite.

Cross References

This section cited in 28 Pa. Code § 123.7 (relating to anesthesia).

POLICIES

§ 123.11. Principle.

Practices employed in the delivery of anesthesia care shall be consistent with the policies of the medical staff.

§ 123.12. Purpose.

Because individuals with varying backgrounds may properly administer anesthetic agents, the medical staff must approve policies governing anesthesia procedures, including the delineation of preanesthetic and postanesthetic responsibilities.

§ 123.13. Policies or responsibilities.

The governing body or its designee shall determine the extent of anesthesia services and shall define the degree of supervision required for and the scope of responsibilities delegated to nurse and dentist anesthetists, as well as the corresponding responsibilities of supervising physicians.

§ 123.14. Written policies.

Written policies shall provide at least as follows:

(1) Every patient requiring anesthesia shall have a preanesthesia evaluation by a physician or by a qualified person under the supervision of a physician, with appropriate documentation of pertinent information regarding the choice

of anesthesia. This examination and recording of the findings from it shall take place within 48 hours prior to surgery.

(2) Review of the condition of the patient immediately prior to induction of anesthesia shall include a review of the patient's medical record with regard to completeness, pertinent laboratory data, time of administration, and dosage of preanesthesia medications, together with an appraisal of any changes in the condition of the patient, as compared with that noted on the patient's medical record.

(3) Prior to beginning the administration of anesthesia, the anesthetist shall check all equipment to be used in administration of anesthetic agents. In addition, each anesthetic gas machine in all anesthetising areas shall have a pin-index safety system.

(4) Following the procedure for which anesthesia was administered, the anesthetist or his designate shall remain with the patient as long as necessary. Personnel responsible for postanesthetic care should be advised as to specific problems presented by the condition of the patient. Decisions about the discharge of patients from any postanesthesia care unit shall be made by a physician.

(5) Every patient receiving anesthesia shall have an anesthetic record maintained. This shall include a record of all events taking place during the induction of, maintenance of, and emergence from anesthesia, including the dosage and duration of all anesthetic agents, other drugs, intravenous fluids, and blood or blood fractions.

(6) Every patient receiving anesthesia shall have a postanesthetic visit by an anesthetist, who shall record in the patient's medical record at least one note describing the presence or absence of any post-operative abnormalities or complications and the general condition of the patient. This visit and the note recording it shall be performed no later than 24 hours after the operation and shall be signed by the person who makes the visit.

(7) Anesthetizing gases shall be available only in anesthetic spaces designated as such by the medical staff.

SAFETY PROVISIONS

§ 123.21. Development and review of safety regulations.

Regulations governing procedures to assure the safety of anesthetics and other medical gases shall be developed by the director of the anesthesia service or director of surgery, as appropriate. They shall be approved and reviewed by appropriate representatives of the medical staff and of the governing body.

§ 123.22. Safety regulations.

Appropriate precautions shall be taken to ensure the safe administration of anesthetic and other medical gas agents. The standards of the current edition of

NFPA (National Fire Protection Association) Code #56A (Inhalation Anesthetics), NFPA Code #56B (Inhalation Therapy), NFPA Code #56D (Hyperbaric Facilities), and NFPA Code #56F (Non-flammable Gas Systems) should be used as a guide in establishing these hospital regulations.

§ 123.23. Posting of regulations.

Safety regulations shall be posted in an obvious and conspicuous manner in all areas where anesthetic agents are used or stored.

§ 123.24. Regulations for testing medical gas systems.

(a) Every medical gas system shall be tested after initial construction or installation of the system and following any repair to the system. The testing shall be completed before the system is used to administer any gas to a patient.

(b) The testing of medical gas systems pursuant to subsection (a) shall be conducted under the supervision of a qualified agency or person. The following procedures will be conducted in accordance with the instructions contained in NFPA standard 56F:

(1) Pressure testing.

(2) Cross connection testing.

(3) Final testing, purging and analysis.

§ 123.25. Regulations for control of anesthetic explosion hazards.

Hospital regulations shall include at least the following:

(1) Anesthetic apparatus must be inspected and tested by the anesthetist before use. If a leak or any other defect is observed, the equipment must not be used until the fault is repaired.

(2) If electrocautery, electric coagulation or any other electrical equipment employing an open spark is to be used during an operation, only non-combustible agents shall be used for anesthesia or for the preoperative preparation of the surgical field.

§ 123.26. Regulations for use of flammable anesthetic agents.

(a) Flammable anesthetic agents shall be employed only in areas in which a conductive pathway can be maintained between the patient and the conductive floor. The safety regulations of the hospital shall specify areas where flammable agents may not be used.

(b) All personnel working in or entering areas where flammable anesthetic agents are in use shall wear conductive footwear. The conductivity of the footwear shall be tested periodically as required by the safety regulations of the hospital.

(c) All equipment in the surgical suite must be fitted with grounding devices to maintain a constant conductive path to the floor.

(d) Fabrics permissible for use as outer garments or blankets in anesthetizing areas shall be specified.

(e) With the exception of certain portable radiologic equipment approved for use in anesthetizing locations and of fixed lighting more than five feet above the floor, all electrical equipment must be monitored by a ground detector. When the detector indicates a grounded condition by lighted red signal or audible warning, or both, the administration of any combustible anesthetic agents shall be discontinued at the earliest possible moment and the use of any electrical equipment avoided. Following completion of the procedure, the operating room from which the signal emanated shall not be used until the defect is remedied.

(f) The condition of the operating room electrical equipment, such as cords, plugs, switches, and various electronic devices, shall be inspected for mechanical damage before each use and shall not be used if the inspection discloses mechanical damage. The conductivity of floors, furniture, and accessories, the ground detector, the ground continuity, the isolated power system, and so on shall be tested by methods and at time intervals as required by the National Fire Protection Association standards for the use of anesthetics and the safe use of electricity in hospitals.

(g) Safety precautions shall include measures to assure humidity control.

(h) Safety precautions shall include storage of flammable anesthetic and oxidizing gases to meet Standard No. 56A and Standard No. 56B of the National Fire Protection Association Code.

Authority

The provisions of this § 123.26 issued under 67 Pa.C.S. §§ 6101—6104; and Reorganization Plan No. 2 of 1973 (71 P. S. § 755-2).

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[Next page is 125-1.]