



KING ABDULLAH BIN ABDULAZIZ UNIVERSITY HOSPITAL

FAQ

Frequently Asked Questions

BY: NURSING AFFAIRS

Nursing Performance Unit



**Joint Commission
International**

ANESTHESIA & SURGICAL CARE

ORGANIZATION AND MANAGEMENT



ASC.1 Sedation and anesthesia services are available to meet patient needs, and all such services meet professional standards and applicable local and national standards, laws, and regulations.

ASC.2 A qualified individual(s) is responsible for managing the sedation and anesthesia services.

SEDATION CARE

ASC.3 The administration of procedural sedation is standardized throughout the hospital. P



ANESTHESIA CARE

ASC.4 A qualified individual conducts a preanesthesia assessment and preinduction assessment.

ASC.5 Each patient's anesthesia care is planned and documented, and the anesthesia and technique used are documented in the patient's medical record.

ASC.6 Each patient's physiological status during anesthesia and surgery is monitored according to professional practice guidelines and documented in the patient's medical record. P

SURGICAL CARE

ASC.7 Each patient's surgical care is planned and documented based on the results of the assessment.



ANESTHESIA & SURGICAL CARE

Related JCI Standards:

ASC.3.1- Practitioners responsible for procedural sedation and individuals responsible for monitoring patients perceiving procedural sedation are qualified.

ASC.3.2- Procedural sedation is administered and monitored according to professional practice guidelines.

ASC.3.3- The risk, benefits and alternatives related to procedural sedation are discussed with the patient, his or her family, or those who make decisions for the patient.

Related KAAUH Policies:

KAAUH- APP-1-110205-001(3) - Procedural Sedation and Analgesia for Non- Anesthesiologists

KAAUH-APP-1-11-205-006(2) - Post Anesthesia Care

KAAUH-APP- 1-110000-007- Granting of Informed consent and Withdrawal/ Refusal of Care.

KAAUH-APP- 1-1100205-004(2) - Pre-Anesthesia Assessment and Reassessment

Q: What will you monitor for patient with post-operative procedures?

A: *Oxygenation using pulse oximetry*

- *Ventilation and airway patency*
- *Circulation (pulse and blood pressure)*
- *Temperature*
- *Level of Consciousness*

Q: What will the OR Nurse need to endorse to PACU Nurse after surgery.

A: *The patient's name, age, and medical record number*

- *Surgical procedure including the necessary details*
- *Medical problems, preoperative medications, allergies*
- *Anesthetic drugs and technique*
- *Level of consciousness*
- *Intra-operative vital signs*
- *Fluid and blood replacement (including type and volume), blood loss, urinary output, and output from drainage tubes.*

Q: What is the discharge criteria for discharging patient IN PACU?

A: *Aldrete recovery score- at least 8 out of ten (10) will indicate patient readiness for discharge.*

Q: What type of consent to secure before procedural sedation?

A: *Informed consent*

ANESTHESIA & SURGICAL CARE

Q: What is prescribed, drug-induced altered state of consciousness?

A: *PSA (Procedural Sedation/Analgesia)*

Q: What are the emergency equipment should be ready for use prior to the start of procedure?

A: *Oxygen, Defibrillator, Suction and Crash cart*

Q: True or False. Should the patient need to be NPO prior for elective procedural sedation/analgesia?

A: *True- To prevent pulmonary aspiration of gastric content.*

Q: What is the Action Reversed for Midazolam?

A: *Flumazenil or Anexate*

Q: What is the Action Reversed for Fentanyl?

A: *Naloxone*

Q: What scoring criteria before you discharged the patient?

A: *Aldrete Recovery score*

Q: Who are those staff Qualified to assist and care for patients undergoing moderate sedation?

A: *BLS, ACLS, NRP, PALS*

Q: How is patient and family informed of the anesthesia plan?

A: *The anesthesiologist will perform a pre-anesthesia assessment of each patient; can be done in OPD or inpatient unit/ward. Discussion with the patient and family regarding anesthesia options and risks, including the risk of anesthesia. The outcome of this discussion will also be documented on the pre-anesthesia evaluation. The risks, benefits, and alternatives shall be discussed with the patient/guardian prior to signing consent.*

ANESTHESIA & SURGICAL CARE

Q: How many hours should the patient stay in PACU?

A: *2 hours- if the patient does not meet the criteria within 2 hours in PACU, the anesthesiologists in charge should be informed.*

Q: What to document in-patient care from PACU?

A: *Vital signs, pain management, intake, output, allergies, post-operative problems, treatments and medications as well as other details regarding care during the post-anesthesia recovery period.*

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