

CRITICAL ACCESS HOSPITALS

ANESTHESIA AND POST-ANESTHESIA RECOVERY SERVICES (OPTIONAL)					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Are your hospital's anesthesia services integrated into the hospital-wide QA/PI program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the anesthesia medical director qualified in terms of education, experience and competency as determined by the hospital medical staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is this physician responsible for implementing the rules of the medical staff governing the quality and scope of anesthesia care provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a documented position description for the medical director of anesthesia services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the anesthesia medical director responsible for the:					
a. planning, directing and supervising all anesthesia activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. establishment of staffing schedules, including written on-call schedule for anesthesia coverage when the department is normally closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. monitoring of the quality and appropriateness of the anesthesia patient care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. delivery of anesthesia services in all inpatient and outpatient areas of the hospital where applicable: operating room suite(s), obstetrical suite(s), radiology department and outpatient surgery areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is anesthesia only administered by:					
a. qualified anesthesiologists, physicians, oral surgeons, podiatrists or dentists qualified to administer anesthesia under state law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. certified nurse anesthetists under the supervision of the operating practitioner or an anesthesiologist who is immediately available if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. anesthesiologist assistant who is under the supervision of an anesthesiologist who is immediately available if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. supervised students in an approved educational program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there documentation of current licensure or certifications for all persons administering anesthesia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital specify in writing the anesthesia privileges for each practitioner who administers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

CRITICAL ACCESS HOSPITALS

ANESTHESIA AND POST-ANESTHESIA RECOVERY SERVICES (OPTIONAL)					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
anesthesia, or who supervises the administration of anesthesia by another practitioner?					
During the administration of anesthesia, are supervising anesthesiologists or operating practitioners:					
a. located within the operative suite or in the labor and delivery unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. prepared to immediately conduct hands-on intervention if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. not engaged in activities that could prevent them from immediately intervening and conducting hands-on interventions if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are your anesthesia services organized and staffed in such a manner as to ensure the health and safety of patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are there approved written policies and procedures related to the following:					
a. patient and employee safety including infection control measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. pre- and post-anesthesia evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. monitoring, inspection, testing and maintenance of anesthesia equipment by the hospital's biomedical equipment program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. safety practices, including the storage, of all anesthesia agents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. administration of anesthesia including the qualifications, responsibilities and supervision required of all personnel who administer anesthesia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. documentation and reporting requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. supportive life functions, i.e., cardiac and respiratory emergencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. intraoperative and post anesthesia evaluations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. patient consent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. transfer requirements to and from recovery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. discharge procedures and instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the medical record contain:					
a. evidence that the patient has been advised regarding the surgical procedure(s) contemplated, the type of anesthesia to be administered and the risks involved with each?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. pre-anesthesia patient evaluations,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

CRITICAL ACCESS HOSPITALS

ANESTHESIA AND POST-ANESTHESIA RECOVERY SERVICES (OPTIONAL)					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
completed by an individual qualified to administer anesthesia, documented within 48 hours before surgery?					
Does the pre-operative anesthesia evaluation contain:					
a. essential laboratory data and other diagnostic test results to establish potential anesthetic risks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. history and physical?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. risk of anesthesia notation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. anesthesia, drug and allergy history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. any potential anesthesia problems identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. patient's condition prior to induction of anesthesia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the post-anesthesia follow-up report contain:					
a. cardiopulmonary status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. level of consciousness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. respirations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. any follow-up care and/or observations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. any complications occurring during post anesthesia recovery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. level of activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the intraoperative anesthesia record contain:					
a. name, dosage, route and time of administration of drugs and anesthesia agents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. I.V. fluids, and blood or blood products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. oxygen flow rate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. continuous recordings of patient status noting blood pressure, heart and respiration rate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. any complications or problems occurring during anesthesia, including time and description of symptoms, vital signs, treatments rendered and patient's response to treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. patient name and identification number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. name of practitioner who administered anesthesia, and if applicable, the name and profession of the supervising anesthesiologist or operating practitioner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the inpatient post anesthesia follow-up report completed within 24 hours after surgery by the individual who administers the anesthesia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are post-anesthesia evaluation policies for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

CRITICAL ACCESS HOSPITALS

ANESTHESIA AND POST-ANESTHESIA RECOVERY SERVICES (OPTIONAL)					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
outpatients approved by the medical staff?					
Is the post-op area or recovery room a separate area of the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is a qualified R.N. responsible for directing and evaluating the nursing care provided by post anesthesia recovery services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are patients receiving post-anesthesia recovery care closely observed by qualified personnel until each patient is stabilized for safe transfer or outpatient discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Before transferring a patient from the recovery room, is there a post-operative evaluation of level of consciousness and activity, vital signs and color?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If a patient is directly transferred to his/her room from surgery, are there direct observations by a R.N. in the patient's room until they have regained consciousness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all patients who are discharged after surgery in the company of a responsible adult except those exempted by the surgeon or attending physician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the use of flammable anesthetic agents limited to those areas of the hospital which comply with all applicable requirements of the <i>Standard for Inhalation Anesthetics 1980</i> published by the National Fire Protection Association?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Helpful Hints

Key Resources and Links

- [19 CSR 30-20.120](#)
- [19 CSR 30-20.130](#)
- [COP §485.639](#)