

**CHAPTER 2**

**ANESTHESIA DEPARTMENT**

**STANDARD OPERATING PROCEDURES**

**500 BED FLEET HOSPITAL**

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**500 BED FLEET HOSPITAL**  
**STANDARD OPERATING PROCEDURES**  
**ANESTHESIA DEPARTMENT**

A. **MISSION:**

1. To render patients insensitive to pain during a surgical procedure.
2. To render immediate resuscitative measures to sustain life.

B. **FUNCTIONS:**

1. Perform pre-anesthetic evaluation of patient.
2. Administer anesthetics.
3. Provide post-anesthesia follow-up care in ICU/Recovery Area.
4. Be on call for resuscitative emergencies throughout the hospital complex.

C. **PHYSICAL DESCRIPTION:**

1. Head, Anesthesia Department.
  - a. Location within complex:
  - b. Sheltering.  
Type: Temper Tent.  
Quantity: Two, one half sections within OR  
Support Area.
  - c. Material.  
IOL:
2. O.R. Prep and Holding.
  - a. Location within complex:
  - b. Sheltering.

Type: Temper Tents.

Quantity: Eleven Sections.

c. Material.

IOL:

Pharmacy, Resupply: Material Management Department,  
C.S.R.

3. Operating Room.

a. Location within complex:

b. Sheltering.

Type: Expandable, hardwall shelters and Temper tents.

Quantity: Two, 3:1 ISO Shelters. Approximately three Temper sections.

c. Material.

IOL:

Pharmacy, Resupply: Material Management Department,  
C.S.R.

4. Anesthesia Support Space.

a. Location within complex:

b. Sheltering.

section Type: Fourteen temper tent sections, one specifically for Anesthesia.

Quantity: One half section per O.R.

c. Material.

IOL:

Pharmacy, Resupply: Material Management Department,  
C.S.R.

5. ICU/Recovery.



- (b) Major surgical case: 2 hours or 120 minutes
- (c) Minor surgical case: 1.25 hours or 75 minutes

3. ICU/Recovery Wards have 80 beds. (Ventilators available.)

4. Hours of operation during steady state.

- (a) AM watch, 0700-1900 Monday-Saturday.

Four OR tables operational.

- (b) AM watch, 0700-1900 Sunday.

Two OR tables operational and two OR tables in reserve.

- (c) Night watch, 1900-0700 Monday-Sunday.

Two OR tables operational and two OR tables in reserve.

F. **ORGANIZATION:**

1. Responsibility. The Head, Anesthesia Department, who reports to the Director, Surgical Services, is assigned overall management responsibility.

2. Organizational chart.

DIRECTOR, SURGICAL SERVICES  
 HEAD, ANESTHESIA DEPARTMENT  
 ANESTHESIOLOGISTS (5)  
 NURSE ANESTHETISTS (3)  
 CARDIO PULMONARY TECHNICIANS (2)  
 ANESTHESIA CORPSMEN (2)  
 Direct Relationship  
 Indirect Relationship

3. Staffing.

- (a) Criteria.

- (1) Ratio.

a One Anesthesiologist/Nurse Anesthetist for every general anesthesia case.

b One Anesthesiologist/Nurse Anesthetist on call to OR Prep and Hold Ward, Casualty Receiving Area, and Specialty Treatment Area

c One Anesthesiologist/Nurse Anesthetist on call to ICU/Recovery Ward per watch.

d One Cardiopulmonary Tech per 40 ICU/Recovery beds per watch.

(2) Special qualifications required.

a Anesthesiologists must be board certified/eligible physicians having NOBC 0118.

b Nurse Anesthetists must be certified and have NOBC 0952.

c Cardiopulmonary technicians must have completed Cardiopulmonary Tech School and have NEC 8408.

(b) Staffing pattern: Two 12 hour watches.

<u>Personnel Assigned</u>	<u>AM Watch</u>	<u>Night Watch</u>	<u>Total</u>
Anesthesiologist	4	2	6
Nurse Anesthetist	2	1	3
Cardio-pulmonary Tech	1	1	2
Anesthesia HM	1	1	2

4. Assignments by Billet Sequence Code: See TAB A, page 15.

5. Watch Bill: See TAB B, page 16.

6. Special Watches: N/A.

G. **TASKS:**

<u>Tasks</u>	<u>Methods</u>
1. MAINTAIN ANESTHESIA restock, and staff the anesthetizing	Clean,  locations to support the surgical procedures coordinated by the Head, Surgical Department.
1.1 COORDINATE WORKLOAD	Head, Anesthesia Department or designee will

prepare assignments  
for anesthesia  
personnel.

1.1.A Review Operations  
Schedule Form to  
determine  
anesthesia  
requirements.

1.1.B Assign anesthesia  
staff to cases.

1.1.C Revise schedule as  
OR priorities  
change.

1.2 PREPARE ANESTHETIZING LOCATIONS Anesthesia corpsman  
with assistance  
from nurse  
anesthetist and/or  
anesthesiologist  
will set up each  
anesthetizing  
location in OR  
Module prior to  
administering an  
anesthetic IAW TAB  
C-1.

1.2.A Replace used  
equipment and  
medicinals, and  
provide any  
specialized  
equipment  
needed for  
the  
next anesthetic.

1.2.B Return outdated  
drugs to Pharmacy  
for disposal.

1.3 INSPECT EQUIPMENT The individual  
Anesthetist  
will perform  
Operative  
maintenance and /  
or pre-operative  
performance and  
safety check on

equipment in OR  
module IAW TAB

C-2.

1.4 TRAIN PERSONNEL TO OPERATE ANESTHESIA EQUIPMENT All anesthetists will be proficient in the operation of all equipment assigned to the Anesthesia Department

2. PROVIDE PREOPERATIVE CARE Evaluate each patient prior to surgery, select anesthesia agents, premedications, record patient information.

and

2.1 EVALUATE PATIENT FOR ANESTHESIA Evaluate patient to determine appropriate anesthetic IAW TAB C-3.

2.1.A Obtain medical history and perform a physical exam.

2.1.B Obtain permission for anesthesia on SF 522 if possible.

2.2. PROVIDE PREOPERATIVE MEDICATIONS Prescribe preoperative medications appropriate to patient condition. Anesthesiologist will co-sign Nurse Anesthetist orders.

2.2.A Follow procedures for use of controlled drugs.

2.3 RECORD PATIENT INFORMATION Complete notes on

Records, Progress  
Notes, and other  
forms as required.

3.  
identify

PREPARE PATIENT FOR  
ANESTHESIA

3.1 Properly

patient. Identify  
by wrist band,  
medical record, and  
verbally if  
possible.

3.2 Review pre-op  
evaluation for  
correctness and  
change of patient  
status.

3.3 Supervise transfer  
of patient from  
litter to OR table.

3.4 Observe safety  
restraint  
placement.

3.5 Select drugs and  
equipment. Use  
corpsman to acquire  
any additional  
items.

4. ADMINISTER ANESTHESIA

Induce anesthesia  
that meets the  
needs of the  
operative procedure  
and is safe for the  
patient.

4.1 Prior to anesthesia  
induction:

4.1.A Access monitors and  
apply those needed  
to the patient.

4.1.B Check gas delivery  
system, machine,  
cart, and monitors.

4.1.C Evaluate IV for  
free flow and

venous cannulation.  
If IV not present,  
start one.

4.1.D Obtain baseline  
vital signs, blood  
pressure, ECG  
rhythm, and oxygen  
concentration  
level.

4.2 Induce anesthesia.

4.2.A Insert an airway or  
endotracheal tube.

4.2.B Direct surgical  
team to position  
patient on OR  
table.

4.2.C Determine the depth  
of anesthesia and  
degree of muscle  
relaxation, as  
required by the  
operative  
procedure.

pertinent

4.3 Record all  
facts and events  
during anesthesia  
including  
documentation of  
continuous  
monitoring on the  
Anesthesia Record.

5. MONITOR PHYSIOLOGICAL STATUS

Anesthesiologist /  
Nurse

Anesthetist will  
record the  
physiological  
parameters on  
anesthesia record  
at 5 minute  
intervals, or more  
frequently if  
patient's condition  
warrants,  
throughout the

procedure.

Specific parameters  
to monitor are:

and

- 5.1 Temperature.
- 5.2 Pulse and electrocardiogram (EKG).
- 5.3 Respiratory rate pattern.
- 5.4 Blood pressure.
- 5.5 Recognition of any cardiac arrhythmias; PVCs, ventricular fibrillation, and/or ventricular standstill on cardioscope.
- 5.6 Abnormal appearance such as cyanosis, pain reaction, abnormal respiratory pattern, and neck vein distention.

6. MONITOR BLOOD LOSS

Anesthetist  
estimate blood  
loss (EBL) by  
visually inspecting

Anesthesiologist /  
Nurse

will

bloody sponges.

- 6.1 The circulating nurse will pick up discarded bloody sponges and provide the anesthesiologist with an estimated blood loss.
- 6.2 Anesthesiologist / Nurse Anesthetist

will look at  
sponges to estimate  
blood loss about  
every  
fifteen minutes.

7. PERFORM EMERGENCY CARE  
of  
arrest in OR  
Module, the  
Anesthesiologist /  
Nurse Anesthetist  
will:

In the event  
cardiac

- 7.1 Direct the resuscitation effort.
- 7.2 Determine the need for defibrillation.
- 7.3 Administer all medications.
- 7.4 Record the administration of all medications on the Anesthesia Record, and Cardiac Arrest Flow Sheet.

8. PROVIDE POST ANESTHESIA  
anesthesia CARE  
TAB C-5.

Give post-  
care IAW

- 8.1 Transfer the patient to the Recovery Room at the end of the surgical procedure only when it can be safely done. The well being of the patient during transfer is the sole responsibility of the anesthetist.
- 8.2 Give report to ICU/ Recovery Ward nurse assigned to

performed,

patient.

Include the following information in report:

8.2.A Operation

anesthetic agents used, intra-operative complications and interventions.

8.2.B Estimated blood loss,

intra-operative fluids given in recovery room, IV rate, intra-operative urine output, pertinent medications.

8.2.C Allergies.

8.2.D Past medical history if known and relevant.

8.2.E Vital signs.

8.3 Nurse will obtain Admission Aldrete Score and record on Recovery Room Record.

8.4 Transfer care of patient during recovery to the ICU/Recovery Ward nurse and Ward Medical Officer.

8.5 When patient has been determined to be sufficiently recovered from the effects of anesthesia IAW TAB C-6,

Anesthesiologist will be notified. Nurse will obtain a discharge Aldrete Score.

8.6 Anesthesiologist will evaluate patient for discharge and sign a "Release from Anesthesia" order on SF 508, and Record clinical note on SF 509.

8.7 When feasible, post anesthetic visits will be accomplished within 48 hours documentation of the presence or absence of anesthetic complications placed in the patient's record.

9. PERFORM LEADERSHIP TASKS

Provide training and supervision in advance Anesthesia skills and knowledge.

9.1 Provide continuing education.

9.1.A Provide orientation IAW TAB E-5.

9.1.B Train anesthesia corpsmen to clean and maintain anesthesia equipment.

9.1.C Provide senior personnel with experience in administration, supervision, and

			teaching.
		9.1.D	Conduct classes on new anesthetics, equipment, or protocols as appropriate.
9.2	SUPERVISE/COUNSEL	9.2.	Head, Anesthesia Department will supervise anesthesia staff.
		9.2.B	Provide performance counselling.
9.3	MONITOR INCIDENT REPORTS	9.3	Monitor any
incident			reports, counsel as required, and provide classes related to the incident.
H.	<u>STANDARD OPERATING PROCEDURES:</u>		See TAB C,
	page 17.		
I.	<u>CLINICAL POLICIES/GUIDELINES:</u>		See TAB D, page 41.
J.	<u>STANDARDS AND JOB DESCRIPTIONS:</u>		See TAB E, page 43.
K.	<u>DOCUMENTATION:</u>		
	1. References		See TAB F, page 61.
	2. Forms		See TAB G, page 62.

**TAB A**

**ASSIGNMENTS BY BILLET SEQUENCE CODE**

Department: ANESTHESIA

Rank/Watch <u>Billet Number</u> <u>Section</u>	<u>Title</u>	<u>Designator</u>	<u>Rate</u>
1. Medical Corps:			
60029 1*	Head, Anesthesia Dept	2100/1540	0-6
60049 1	Anesthesiologist	2100/1540	0-4
60051 1	Anesthesiologist	2100/1540	0-4
60069 2	Anesthesiologist	2100/1540	0-3
60071 2	Anesthesiologist	2100/1540	0-3
60073 1	Anesthesiologist	2100/1540	0-3
2. Nurse Corps:			
60089 1	Nurse Anesthetist	2900/1972J	0-5
60091 1	Nurse Anesthetist	2900/1972J	0-5
60093 2	Nurse Anesthetist	2900/1972J	0-4
3. Hospital Corpsmen:			
51019 1**	Cardiopulmonary Tech	8408	E-5
51021 2**	Cardiopulmonary Tech	8408	E-5
60019 1	General Duty HM	0000/HM	E-3
51059 2	General Duty HM	0000/HM	E-3

NOTE 1: Work permanent AM watch.

\*\* NOTE 2: Permanently assigned to cover ICU/Recovery Ward.

**TAB B**

**WATCH BILL FOR ANESTHESIA DEPARTMENT**

BSC	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S
60029	AO	AO	E	AH	AO	AO	AO	AO	AO	E	AH	AO	AO	AO	AO	AH	E	AO	AO	AO	AO
60049	AO	AO	AH	E	AO	AO	AH	AO	AO	AO	E	AH	AO	AO	AO	AO	AH	E	NO	NO	NO
60051	AH	AO	AO	AO	E	AH	AO	AO	AH	AO	AO	E	AO	AO	AH	AO	AO	AO	E	NH	NO
60069	NO	NH	NO	NO	NO	E	NH	NO	NO	NO	NH	NO	E	NO	NH	NO	NO	AH	AO	AO	E
60071	NO	NO	NO	NH	NO	NO	E	NH	NO	NO	NO	NH	NO	E	NO	NH	NO	NO	AO	E	AH
60073	AO	AH	AO	AH	AH	AO	E	AH	AO	AH	AH	AO	AH	E	AO	AH	AO	AH	NH	NO	E
60089	AO	E	AO	AO	AH	AO	AO	E	AH	AO	AO	AO	AH	AO	E	NH	NO	NO	NO	NH	
60091	AO	AH	AO	AO	AO	AO	E	AH	AO	AO	AO	AO	AH	E	AO	AO	AO	AO	NH	E	NO
60093	NO	NO	NH	NO	E	NH	NO	NO	NH	NO	NO	E	NH	NO	NO	NO	NO	NH	E	AH	AO
50019	A	A	A	A	A	E	D	A	A	A	A	A	A	E	D	N	N	N	N	N	N
51021	N	N	N	N	N	D	E	N	N	N	N	N	N	D	E	A	A	A	A	A	A
60019	A	A	A	A	A	E	D	A	A	A	A	A	A	E	D	N	N	N	N	N	N
51059	N	N	N	N	N	D	E	N	N	N	N	N	N	D	E	A	A	A	A	A	A

KEY:

- A = 0700-1900.
- N = 1900-0700.
- E = Excused.
- D = Duty.
- \* = Call.
- O = Operating Room.
- H = OR Prep & Hold.

**TAB C**  
**STANDARD OPERATING PROCEDURES**  
**INDEX**

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TAB C-1

SET UP OF ANESTHESIA EQUIPMENT IN OPERATING ROOM

A. **PURPOSE**: To set up and test anesthesia equipment prior to induction of anesthesia to save time and to promote patient safety.

B. **DEFINITION**: N/A.

C. **EQUIPMENT, SUPPLIES AND FORMS REQUIRED**:

1. SF 517, Anesthesia Record.
2. Anesthesia cart.
3. Anesthesia machine.
4. Oxygen source.
5. Syringes of varies sizes, labels.
6. Medications.
7. Nitrous oxide source.
8. Physiological monitor.

D. **CRITERIA**:

All anesthesia equipment will be tested and ready for use prior to patient induction.

E. **STEPS**:

1. Ensure that sufficient supplies and all equipment are on hand for use during the case.

2. Assemble, prepare, and test operation of all equipment and supplies needed in the case.

3. Check that oxygen cylinder pressure gauge registers at least 500 p.s.i.

4. Draw up medications needed for case prior to use.

5. Begin paper work for case.

F. **RESPONSIBILITY**:

1. Anesthesiologist/Nurse Anesthetist.

2. Anesthesia Corpsmen.

TAB C-2

PRE-OPERATIVE ANESTHESIA EQUIPMENT MAINTENANCE CHECKS

A. **PURPOSE**: To complete equipment checklist to ensure equipment is functional and safety requirements have been met.

B. **DEFINITION**: N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

Anesthesia Equipment Checklist. (See TAB G-4, Form FHCZ 1805.)

D. **CRITERIA**:

1. All equipment will be tested prior to induction of anesthesia.

2. Oxygen cylinder will have not less than 500 PSI remaining.

E. **STEPS**:

1. Prior to introduction of anesthesia:

(a) Inspect for the presence of and proper function of all items on Anesthesia Equipment Checklist, TAB G-4.

(b) Check breathing circuit.

(1) Fill bag with oxygen, occlude outflow, and compress bag. Investigate and correct the cause of any leaks.

(2) Breathe through circle filter; investigate:

a Undue resistance.

b Presence of irritating gases.

(3) Competence of directional valves.

(c) Vaporizers.

(1) Fill reservoir to proper level.

(2) Tighten all plugs.

(3) Check concentration valve and mixture.

(d) Tanks.

(1) Check for proper yokes and pins inserted on tanks.

(2) Open each tank serially, check flow of gas through appropriate flow meter.

(e) Circle filter.

(1) Inspect soda lime for color and content, replace if required.

(2) Be sure circle filter head is securely fastened and leak free.

(3) Inspect containers for cracks, replace if required.

(f) Electrocardiogram.

(1) Inspect machine to ensure:

a Batteries are functional.

b Has adequate amount of graph paper.

c Dials set at proper markings.

(2) Inspect wires for physical condition and to be sure they are secured to machine.

(3) Apply new, clean, pads.

(g) Physiological monitor.

(1) Check each device to see that emergency batteries are functional.

(2) Set proper limits.

(3) Ensure warning alarms are operational.

(h) Intubation equipment.

(1) Check batteries and light on laryngoscope.

(2) Check cuff on E-tube by inflating.

(i) Syringes and needles.

- (1) Ensure all are sterile.
- (2) Ensure all are properly labeled.
- (j) Blood warmer.
  - (1) Fill with tap water.
  - (2) Use sterile tubing.
  - (3) Use sterile filters of proper size and variety on hand.

2. After anesthesia administration:

- (a) Turn off gas cylinder and allow pressure gauges to come to zero.
- (b) Turn down flowmeter knobs gently, to prevent damage to valve seat.
- (c) Replace empty cylinders; drain vaporizers of liquid anesthetics; disconnect oxygen and nitrous oxide lines.
- (d) Remove face mask, breathing tubes, and reservoir bag for cleaning or disposal.
- (e) Notify Medical Repair if the machine is defective and remove from use. NOTE: Anesthesia machine repair has highest priority.
- (f) Obtain another anesthesia machine from anesthesia storage area.

F. RESPONSIBILITY:

Anesthesiologist/Nurse Anesthetist.

TAB C-3

PRE-OP PATIENT EVALUATION

A. **PURPOSE**: To evaluate patient's physiological status and determine the anesthetic of choice.

B. **DEFINITION**: N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

1. SF 517, Anesthesia Record.
2. SF 522, Request for Administration of Anesthesia and for Performance of Operations and Other Procedures.
3. SF 539, Abbreviated Clinical Record.
4. Requisite laboratory request forms.
5. SF 519, Report of Radiological Procedure.
6. Stethoscope, BP cuff, reflex hammer.

D. **CRITERIA**:

All patients will receive a pre-anesthetic evaluation by a member of the Anesthesia Department prior to administration of any anesthetic. In non-emergent situations, this evaluation will be done by a physician member of the Department.

E. **STEPS**:

1. Perform a pre-anesthetic evaluation of patient including as many of the following as are permitted by the emergent nature of the operative procedure.

- (a) Review medical record and TPR record book.
- (b) Take a history and perform pertinent physical examination.
- (c) Evaluate patient's physical and mental status.
- (d) Counsel the patient on choice of anesthetic techniques and planned monitoring techniques, including potential

risks, benefits, procedures, and alternatives.

(e) Record on SF 522 and SF 517 that the patient understood the counseling and agrees to procedure. This informed consent should be clearly documented in the chart. Informed consent requests are waived in cases of life threatening emergency.

2. Write doctor's orders for:

(a) NPO status.

(b) Lab tests, x-ray studies, EKG as necessary and prudent to complete pre-anesthetic evaluation.

(c) Pre-anesthetic medications, if desired.

3. Consultation will be sought only by a staff anesthesiologist or with staff anesthesiologist approval when warranted.

F. **RESPONSIBILITY:**

Nurse Anesthetist or Anesthesiologist.

TAB C-4

ADMINISTERING ANESTHETICS

A. **PURPOSE**: To administer the best anesthetic in the safest manner as determined by surgical procedure to be done and patient's physiological condition.

B. **DEFINITION**: N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

1. SF 517, Anesthesia Record.
2. Anesthesia cart.

D. **CRITERIA**:

1. Only qualified personnel, as determined by the Head, Anesthesia Department shall administer anesthesia. Elective and emergency procedures will both receive the same competence of personnel.

2. Except for dire emergencies or in unique extenuating circumstances, the administration of anesthetics shall be limited to approved anesthetizing locations. When a non-approved anesthetizing location must be used, it is expected that the involved anesthesia personnel will make every effort to obtain all the necessary equipment to provide for the safe administration of anesthesia.

3. The Head, Department of Anesthesia is ultimately responsible for each anesthetic administered by the department. A staff nurse anesthetist will be supervised by designated staff anesthesiologist for each anesthetic administered; the degree of supervision will depend on the experience and qualifications of the individual, and the complexity of the case and staff availability. The responsibility of the initial staff anesthesiologist can only be delegated to another staff anesthesiologist by specific arrangement between the two physicians involved, and this exchange will be documented in the patient's record.

E. **STEPS**:

1. Determine appropriate anesthetic.
2. Use aseptic technique when drawing medications for intravenous administration.

3. Start IV if not already in place.
4. Assemble equipment required to intubate the patient.
5. Intubate patient.
6. Check placement of endotracheal tube.
7. Monitor vital signs, blood pressure, ECG rhythm, oxygen concentration levels, and temperature.
8. Demonstrate skill in the prevention, diagnosis, and management of cardiopulmonary failure and/or arrest.
9. Maintain the Anesthesia Record in a legible, complete manner. Make entries on a frequent basis.

F. RESPONSIBILITY:

Anesthesiologist/Nurse Anesthetist.

TAB C-5

POST ANESTHESIA FOLLOW-UP

A. **PURPOSE**: To monitor patient's respiratory status until fully reactive from general anesthesia.

B. **DEFINITION**: Period of care from completion of surgery until release from recovery.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

1. SF 508, Doctor's Orders.
2. SF 509, Progress Notes.
3. SF 517, Anesthesia Record.
4. NAVMED 6320/16, Recovery Room Record.
5. Stethoscope, BP cuff, reflex hammer, suction apparatus with catheter, cardiac monitor, incentive spirometer, peak flow meter.

D. **CRITERIA**:

1. Anesthesiologist/Nurse Anesthetist will accompany patient from OR to ICU/Recovery and report to Recovery Nurse.
2. Anesthesiologist/Nurse Anesthetist will extubate patients.
3. Only Anesthesiologist/Nurse Anesthetist will release a patient from recovery and then only when patient is fully recovered from general anesthesia and discharge criteria have been met.

E. **STEPS**:

1. Accompany patient from OR to ICU/Recovery upon completion of surgery and when patient is stable.
2. Provide appropriate cardiopulmonary support and monitoring enroute.
3. Assist Recovery Nurse in admitting patient:

- (a) Take vital signs.
  - (b) Assess mental status, reflexes, airway, and respiratory status.
  - (c) Obtain an admission adelete score.
4. Give report to Recovery Nurse that includes:
- (a) Patient's name and age.
  - (b) Allergies and pertinent medical history if known.
  - (c) Surgery performed.
  - (d) Anesthetic agents administered.
  - (e) Muscle relaxants used, and status of neuromuscular functions.
  - (f) State of reversal.
  - (g) Intra-operative complications and interventions (especially those involving airway).
  - (h) Estimated blood loss (EBL).
  - (i) Intake and output.
  - (j) Intra-operative fluids.
  - (k) Pertinent intra-operative medications (mannitol, steroids, anti-hypertensives, etc.).
  - (l) Presence of drains, catheters, and tubes.
  - (m) Recovery room IV rate.
5. Remain with patient until patient is sufficiently stable that Recovery Nurse can and will accept responsibility.
6. Extubate when patient demonstrates the following:
- (a) Consciousness and orientation.
  - (b) Functional reflexes.
  - (c) Clear upper airway, fully expanded lungs, clear and\ equal breath sounds.

- (d) Pink skin tone (no cyanosis).
- (e) Spontaneous respirations.

(f) No bleeding, foreign bodies, vomitus, or excessive edema.

7. Discharge patient from Recovery Ward when discharge criteria (TAB C-6) have been met.

- (a) Assess that discharge criteria have been met.
- (b) Write a "Release from Anesthesia" Order on SF 508.
- (c) Complete the Recovery Room Record.
- (d) Enter a progress note on patient's SF 509.
- (e) Obtain discharge aldrete score.

8. If patient is to remain in ICU, a release from anesthesia is signed when patient arrives on ICU/Recovery Ward. The Anesthesiologist/Nurse Anesthetist remains with the patient until patient is stable and report is delivered to ICU Nurse.

9. If feasible, visit general anesthesia patients within 48 hours to assess anesthetic complications. Record a progress note documenting the presence of anesthetic complications.

F. **RESPONSIBILITY:**

Anesthesiologist/Nurse Anesthetist.

TAB C-6

RECOVERY ROOM DISCHARGE CRITERIA

- A. **PURPOSE**: To provide guidelines for use in determining when patient is fully recovered and ready for release to a ward.
- B. **DEFINITION**: Objective measurements to evaluate the effect of anesthesia on a patient.
- C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:
1. SF 508, Doctors Orders.
  2. SF 509, Progress Notes.
  3. NAVMED 6320/16, Recovery Room Record.
  4. BP cuff, stethoscope, reflex hammer.
- D. **CRITERIA**:
1. General anesthesia.
    - (a) The patient is able to maintain his own airway, clear secretions, and deep breathe and cough on command. The patient can turn to his side in the event of vomiting, and summon assistance when needed.
    - (b) The hemodynamic status of the patient has stabilized. Blood pressure and pulse are stable and correlate with the preoperative measurements. The patient is normothermic.
    - (c) The fluid balance status of the patient is equilibrating. The patient is neither hypovolemic nor hypervolemia, urinary output is adequate (greater than 30-50 ml/hr unless otherwise specified by the medical officer). Electrolyte levels are within normal limits (or being treated).
    - (d) The postsurgical status of the patient is pointed toward recovery. There is no evidence of active bleeding. All drains, tubes, catheters, intravenous lines, etc. are patent, working properly, and connected according to physician instructions. Where indicated, the ordered fluids are infusing

or irrigating.

(e) The continuing care needs of the patient have been identified and implemented as indicated. Ice has been applied where ordered, STAT and other medications have been administered, and the patient's responses to treatment have been observed and documented. Physician orders to be initiated on the ICU/Recovery Ward have been implemented and documented.

(f) Pain has been assessed and treated and the patient's response to treatment documented in the Recovery Room Record.

(g) Potential problems have been identified and forestalled, and no active problems are apparent.

## 2. Spinal anesthesia.

(a) The patient must have return of motor and sensory activity to lower extremities, and must be able to pick up legs from bed normally.

(b) Bladder tone should be intact; patients should not be returned to their parent ward with a full bladder.

## F. STEPS:

### 1. The Recovery Nurse will:

(a) Request Anesthesiologist/Nurse Anesthetist to evaluate patient for discharge.

(b) Obtain discharge Aldrete score.

(c) Obtain post-op orders on patient from surgeon prior to transfer from Recovery Ward.

(d) Have Anesthesiologist/Nurse Anesthetist write "Release from Anesthesia" on SF 508.

(e) Complete Recovery Room Record.

(f) Be sure IV fluids are up to date and adequate (two hours worth of fluids or 200 ml., whichever is greater).

(g) Call Ward Nurse with report on patient. Avoid calling during change of watch and meal times. Include in report:

(1) Surgical procedure and type of anesthesia.

(2) Any intraoperative problems.

(3) Post operative stay on Recovery Ward, pain medications and when last given, any other medications given, if voided, if taking fluids, IV status, etc.

(4) Vital signs.

(5) Those post operative orders which apply immediately upon patient's return/arrival to ward.

G. **SPECIAL PRECAUTION:**

A patient who has been sedated or medicated for pain on the Recovery Ward must remain at least 20 minutes past the time of medication, whether or not released from anesthesia.

H. **RESPONSIBILITY:**

1. Recovery Nurse.

2. Anesthesiologist/Nurse Anesthetist.

TAB C-7

PROCEDURES FOR RELEASE OF MEDICAL INFORMATION

A. **PURPOSE**: To provide procedures of release of medical information within the hospital.

B. **DEFINITION**: Medical Information - Information contained in the health or dental record of individuals who have undergone medical examination or treatment.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**: N/A.

D. **STEPS**:

1. Upon presentation of requests for medical information refer to procedures contained in the following references:

(a) Manual of the Medical Department, Chapter 23.

(b) Freedom of Information Act, BUMEDINST 5720.8.

(c) Personal Privacy and Rights of Individuals  
Regarding  
Records, SECNAVINST 5211.5.

(d) Availability of Navy Records, Policies,  
SECNAVINST  
5720.42.

E. **GENERAL GUIDELINES**:

1. Information contained in health care records of individuals who have undergone medical or dental examination or treatment is personal to the individual and is therefore considered to be of a private and confidential nature. Information from such health care records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, should not be made available to anyone except as authorized by the patient or as allowed by the provisions of Manual of the Medical Department Chapter 23 and the Privacy Act of 1974 as implemented by SECNAVINST 5211.5 series.

2. Release of information will be coordinated by the Patient Affairs Officer.

3. Personal information of non-medical nature will not be released.

4. Personnel in the patients chain of command may be provided with information required to conduct command business but will be referred to the Patient Affairs Office.

5. Release of information will conform to local command and superior command policy.

6. All Department Heads shall ensure wide dissemination of this information and compliance with procedures outlined herein.

F. **RESPONSIBILITY:**

1. Director of Administration.
2. Patient Affairs Officer.
3. Charge Nurse or Assistant.

TAB C-8

PROCEDURE FOR PICK-UP AND DELIVERY OF HOSPITAL LAUNDRY

A. **PURPOSE**: It will be logistically impossible to pick up and deliver laundry at each individual ward and CSR. Therefore, this procedure establishes central collection points and the methodology for preparing laundry for turn-in.

B. **DEFINITIONS**: N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

1. Canvas laundry bags.
2. Request for clean linen/laundry.

D. **CRITERIA**: N/A.

E. **STEPS**:

1. Designated Laundry Petty Officer will:

(a) Set up laundry bags, tagging one for bed linen, one for clothing (including patient clothing), and one for contaminated laundry.

(b) Daily at 0800, take the soiled laundry to the nearest Clinical Work Space along with a request for the next day's linen/laundry supply.

(c) Distribute cleaned patient clothing.

2. Linen Control Clerks.

(a) Pick-up and receipt for hospital laundry at each Clinical Work Space.

(b) Collect Requests For Clean Linen/Laundry.

(c) Fill requests submitted the previous day and return cleaned patient clothing.

TAB C-9

PROCEDURE FOR HANDLING AND LAUNDERING CONTAMINATED LINENS

- A. **PURPOSE**: The Combat Zone Fleet Hospital will generate a significant amount of contaminated linen within the operating rooms and treatment wards. These items will require special handling and laundering to prevent the spread of infection.
- B. **DEFINITION**: Contaminated laundry is defined as those items requiring special disinfection and laundering to preclude the spread of infection.
- C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:
1. Chlorine bleach solution.
  2. Latex gloves.
- D. **CRITERIA**: N/A.
- E. **STEPS**:
1. Hospital ward personnel will bag contaminated laundry separate from regular laundry. Gloves are to be worn when handling contaminated laundry.
  2. Contaminated laundry will be receipted by the Linen Control Clerks and delivered to the laundry.
  3. At the Laundry all contaminated laundry will be segregated from that requiring only routine processing.
  4. Based on the next day's requirements and current inventory the contaminated laundry will be assigned a processing priority.
  5. The contaminated laundry will be processed as follows:
    - (a) Presoak the contaminated laundry for 60 minutes in a chlorine solution of 50 ppm.
    - (b) Wash the linen in hot water using a normal cycle.
  6. Once laundered these items will be placed in inventory for re-issue.

F. **RESPONSIBILITY:**

The Head, Environmental Health Department is responsible for routinely monitoring the handling and laundering of contaminated items to preclude the spread of infections.

**CAUTION:** Extreme care must be taken to avoid contact with the contaminated laundry to prevent the spread of infection to laundry and other hospital personnel.

TAB C-10

PATIENT PROCEDURES FOR HANDLING EXPATRIATED PRISONERS OF WAR

A. **PURPOSE**: To detail patient handling procedures for expatriated prisoners of war within the fleet hospital.

B. **DEFINITION**:

Expatriated prisoners of war (EPW) - those patients who require treatment who are prisoners of U.S. or allied combat forces.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

1. Restraints (theater command military police or hospital issue).

2. Others as specified in admission procedures (all forms will be marked with the words "Prisoner of War" or "EPW").

D. **STEPS**:

1. Upon presentation of EPW to functional area, notify Security Department.

2. Upon admission to Casualty Receiving, Security will be responsible for the following notifications:

(a) Theater command military police (MP) headquarters.

(b) Executive Officer.

(c) Director of Nursing.

(d) Director of Administration.

2. Perform essential life saving care.

3. Inform MP that custody of patient will not be assumed by hospital staff and that MP will retain custody of EPW until relieved by appropriate MP headquarters staff or patient is transferred to EPW holding center (external to hospital).

4. After treatment, have corpsman or litter bearer escort MP

and EPW to next functional area charge nurse. Admissions packet, correctly annotated will be delivered by hand to charge nurse.

5. During course of treatment, patient will be guarded by MP and/or restrained until treatment is terminated.

6. Movement to another functional area will be reported to Security.

7. EPW's will be fed either on the ward or in the general mess. If allowed to eat in the general mess, EPW's will be accompanied by MP guards.

E. **RESPONSIBILITY:**

CMAA/Security.

TAB C-11

CASUALTY WITH UNEXPLODED ORDNANCE EMBEDDED

A. **PURPOSE**: To provide guidance in admitting, processing, and treating a casualty who has unexploded ordnance embedded in a body part.

B. **DEFINITION**: An explosive device (most often from a rifle grenade fired at close range) which has not travelled sufficient distance for fuse detonation and explosion, and is embedded in the body of a casualty.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

Sandbags.

D. **CRITERIA**:

1. Sandbags will be stored outside Casualty Receiving Area.

2. Ordnance removed from the casualty's body without detonation.

3. Ordnance removed from the hospital environment without detonation.

4. Ordnance disposed of safely.

E. **STEPS**:

1. Prepare sandbags.

(a) Casualty Receiving Senior Corpsman is responsible for filling bags with sand and storing bags in a sheltered area outside Casualty Receiving.

(b) Prepare sandbags when setting up area.

2. Care of casualty with unexploded ordnance.

(a) Place casualty in area removed from other casualties and personnel.

(1) Keep casualty outside, if possible.

(2) If inside, stack sandbags around the casualty.

(3) Have absolute minimum of personnel near casualty.

(b) Call Security and have them summon an explosive ordnance disposal expert.

(c) Upon determination of what the ordnance is, take additional safety precautions as determined by the attending surgeon in conjunction with the explosive ordnance disposal expert.

(d) Prepare casualty for removal of ordnance as soon as practicable. If in the OR, stack sandbags around the casualty and immediate operating personnel. All other personnel remain outside the perimeter of sandbags.

(e) Tag inpatient record chart to alert other personnel to the presence of unexploded ordnance prior to transfer from initial intake point.

(f) After removal of the unexploded ordnance, give it to the explosive ordnance disposal expert, who will then dispose of the ordnance in a safe and appropriate manner.

F. **RESPONSIBILITY:**

1. Casualty Receiving Senior Corpsman.
2. Admitting clerk.
3. Surgeon.
4. Explosive ordnance disposal expert.

TAB D

CLINICAL POLICIES/GUIDELINES INDEX

<u>NUMBER</u>	<u>TITLE</u>	<u>PAGE</u>
D-1	ANESTHESIA POLICIES	42

**TAB D-1**

**ANESTHESIA POLICIES**

- A. The O<sub>2</sub> pulse oximeter will be used to monitor O<sub>2</sub> during anesthesia and immediately during the post-op period.
- B. Halothane will be the anesthetic agent for general use.
- C. There will be no nitrous oxide used in the theater.
- D. Anesthesia personnel will be responsible for following Post-operative patients until recovery from anesthesia. Recovery will be in an Intensive Care Unit (ICU) ward adapted for this purpose.
- E. In-line CO<sub>2</sub> monitoring will not be available.

**TAB E**  
**STANDARDS AND JOB DESCRIPTIONS INDEX**

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**TAB E-1**

**ANESTHESIA DEPARTMENT EVALUATIVE STANDARDS**

- A. Pre-operative checks are performed upon all anesthesia equipment prior to anesthetizing patients.
- B. Oxygen cylinders contain not less than 500 psi prior to anesthetizing a patient.
- C. Nurse Anesthetists are supervised by an anesthesiologist when the former are administering anesthetics.
- D. All patients receiving general anesthesia receive a pre-anesthesia evaluation.
- E. Anesthesia staff demonstrate knowledge of all anesthetic agents and equipment used in the Fleet Hospital.
- F. Anesthesia staff demonstrate proficiency in employing resuscitative techniques IAW ACLS protocol.
- G. Anesthesiologists/Nurse Anesthetists monitor anesthetized patients at 15 minute intervals.
- H. Anesthesiologists/Nurse Anesthetists accompany post-operative patients from the OR to Recovery Ward.
- I. Extubation and Recovery Room Discharge criteria are observed.
- J. Only Anesthesiologists/Nurse Anesthetists sign "Release from Anesthesia" orders.

**TAB E-2**

**POTENTIAL HAZARDS IN OPERATING ROOMS**

- A. There may be unacceptable levels of anesthetic agents in OR modules because of the absence of gas scavenging apparatus on anesthesia machine.
- B. Possibility of exploding oxygen/gas cylinder tanks if not handled carefully.
- C. Electrical, ventilatory generator failure may occur. Emergency power provisions have been developed to provide backup power only after someone manually turns on the generator. Emergency lights will illuminate immediately. Manually operated suction apparatus will be used until power is restored.
- D. Electrical shock to OR staff if touching OR table during defibrillation.
- E. Break in aseptic technique may occur if drape becomes wet, glove is cut, or hands are positioned below the waist level.

TAB E-3

**EMERGENCY CARDIO RESUSCITATION KIT**

A. **PURPOSE**: To provide appropriate supplies/equipment needed during emergency situations.

B. **DEFINITION**: N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

1. Emergency Cardio Resuscitation Kit (Sparks Kit).
2. Emergency Kit Inventory List.
3. Departmental Log.

D. **CRITERIA**:

1. Emergency Cardio Resuscitation Kit is readily accessible.
2. Kit is completely stocked and inventoried when seal is intact.
3. Oxygen cylinders, wrenches, and seals on Emergency Cardio Resuscitation Kit will be checked every watch.

E. **STEPS**:

1. Emergency Cardio Resuscitation Kit will be located in the Operating Room Support Area at all times. It will be used only for cardio resuscitative emergencies.
2. Operating Room Senior Corpsman on each watch will check to ensure seals have not been broken, and oxygen pressure in cylinders is sufficient, that is psi is not less than 500.
3. Inventory Emergency Cardio Resuscitation Kit every three months or when seals have been broken.
4. Check daily the Emergency Kit Inventory List posted on the outside of kit for drug expiration dates.
5. Make appropriate entries in the Operating Room Log.
6. Senior Corpsman will be responsible for re-supplying kit during normal working hours. The Watch LPO assumes this

responsibility at other times.

F. **RESPONSIBILITY:**

Senior Corpsman or his representative.

**TAB E-4**

**WORKING UNIFORM FOR THE OPERATING ROOM PERSONNEL**

A. All personnel on duty in the Operating Room will wear operating room apparel to include:

1. Scrub pants and top.
2. Cap or hood.
3. Shoe covers.
4. Face mask.

B. The prescribed uniform of the day will be worn at all other times.

C. The operating room apparel is located on the linen cart.

D. Dressing rooms for changing are located in the surgical suite area.

1. Procedure.

(a) Scrub shirts must be tucked in.

(b) Surgical masks must be worn over nose and mouth and changed before each case.

(c) Hosiery must be worn and conform to uniform regulations.

(d) Warm-up jackets may be worn but must be buttoned.

(e) Watches and rings may be worn by circulators.

(f) When leaving OR area for patient care areas or specimen runs, put on outside cover gown that ties in back and shoe covers.

2. Patient OR apparel.

Patient shall be nude and covered with two green sheets.

**TAB E-5**

**ORIENTATION PROGRAM FOR ANESTHESIA DEPARTMENT**

A. **PURPOSE**: To ensure that the members of the Anesthesia Department will be familiar with the physical layout of the OR/ Anesthesia sections and the equipment when they report for duty.

B. **DEFINITION**: N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

1. Drawings of the spaces.
2. Equipment and material list.
3. Copies of manufacture's operational manual.

D. **CRITERIA**:

1. Due to short time frame between gear-up and operational mode, staff must be able to utilize equipment upon arrival.

2. Training with equipment must be completed prior to operation of hospital.

F. **STEPS**:

1. Anesthesia Department will review the equipment, supplies, and forms listed.

2. Assigned personnel will review operational instructions prior to use.

**TAB E-6**

**CLEANING/MAINTENANCE SCHEDULE FOR ANESTHESIA EQUIPMENT**

A. **PURPOSE:** To remove pathogens and make the environment as clean as possible.

B. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

1. Five gallon bucket with removable draining basket.
2. Gloves.
3. Scrub brushes.
4. Wipes.
5. Germicidal solution (Glutaraldehyde 2%).
6. Plastic trash bag.
7. Covered container for medical wastes.
8. Wire cart outside Operating Room Module.
9. Anesthesia Department Daily Log.

C. **CRITERIA:**

1. The anesthesia equipment in OR Module is damp-dusted prior to, between each case, and at completion of all cases by anesthesia corpsman.

2. Cleaning and set up time between each case will not exceed 30 minutes.

3. Trash is removed after each case with operating room trash.

4. Complete cleaning of the anesthesia equipment is rotated so that one OR module is fully operational at all times.

5. Daily cleaning will be performed on night watch. During peak states clean during lag periods.

6. Use cold chemicals (Glutaraldehyde 2% or Cidex) to sterilize face masks, tubes, and resuscitation bags that cannot be steam sterilized.

D. **STEPS:**

1. Per case cleaning schedule.

(a) At completion of each case, segregate, and dispose of all used items.

(1) Place trash in double plastic bags

(2) Bring drainage bottles to CSR for emptying and washing.

(3) Rinse all tubes and face masks or other respiratory equipment in cold water.

(b) Take all anesthesia tubes, masks, and bags to anesthesia workspace for cold sterilization.

(1) Prepare germicidal solution in basin according to label on box.

(2) Disengage all parts, wash, and rinse thoroughly.

(3) Rough dry equipment.

(4) Wearing gloves, immerse equipment in basket and soak in accordance with instructions for cold sterilization.

(5) Rinse equipment using copious quantities of sterile water.

(6) Allow to air dry.

2. Daily cleaning schedule.

(a) Damp dust shelving in anesthesia workspace.

(b) Check anesthesia equipment and gas cylinders for function.

3. Log cleaning in the Anesthesia Department Daily Log maintained in Head, Anesthesia Department office.

E. **RESPONSIBILITY:**

Anesthesia Corpsman.

**TAB E-7.1**

**HEAD, ANESTHESIA DEPARTMENT JOB DESCRIPTION**

The Head, Anesthesia Department supervises all activities of the Anesthesia Department. He reports to the Director, Surgical Services.

THE HEAD, ANESTHESIA DEPARTMENT WILL:

1. Set policies and procedures for running the Anesthesia Department.

2. Ensure that a fully credentialed anesthesiologist or nurse anesthetist administers general anesthesia IAW Anesthesia Standards of Practice.

3. Supervise daily anesthesia assignments for the Operating Room.

4. Supervise medical and dental officers in the administration of local/regional anesthesia outside the operating room modules.

5. Supervise post-operative recovery care of patients in ICU/Recovery Ward until released to ward.

6. Make daily rounds to all hospital areas requiring anesthesia services (i.e., OR Prep and Hold, ICU/Recovery Ward, Specialty Treatment Area, and Casualty Receiving Area).

7. Demonstrate expertise in administering anesthesia.

8. Develop regulations concerning anesthetic safety.

9. Supervise work performance of all personnel assigned to Anesthesia Department looking at clinical, military, and administrative tasks.

10. Conduct weekly meeting with departmental staff.

11. Oversee an orientation and training program for departmental staff.

12. Provide training lectures to medical and dental officers on the administration of anesthetics.

13. Review anesthesia and resuscitative equipment /

consumables and pharmaceuticals and make recommendations for changes.

14. Approve all communication within and outside of the department.

15. Approve a monthly watch bill for the department.

16. Approve all personnel performance evaluations.

17. Perform other duties as assigned by the Commanding Officer.

QUALIFICATIONS:

1. Designation 2100/2105 physician.

2. Board certified Anesthesiologist with subspecialty code 0118.

3. Fully credentialed.

4. Advance Cardiac Life Support (ACLS) certified.

5. Advance Trauma Life Support (ATLS) certification recommendation.

6. Intermediate LMET graduate.

7. Fleet Hospital OP and Maintenance graduate.

**TAB E-7.2**

**STAFF ANESTHESIOLOGIST JOB DESCRIPTION**

The Staff Anesthesiologist is responsible for the independent provision of anesthesia. He reports to the Head, Anesthesia Department which is under the Director, Surgical Services.

THE ANESTHESIOLOGIST WILL:

1. Administer anesthesia IAW accepted standards of practice.
2. Supervise the administration of anesthesia by nurse anesthetists assigned to him on a per watch basis. Countersign medication orders.
3. Plan, implement, and evaluate pre-, intra-, and post-operative anesthesia care.
4. Maintain ongoing anesthesia records during a surgical procedure.
5. Ensure that safety measures are taken when administering anesthesia.
6. Keep surgeon informed of patient's intra-operative condition.
7. Discharge patients from the Recovery Ward employing appropriate discharge criteria.
8. When on call to OR Prep and Hold Area, will also head cardiac arrest team for hospital.
9. Provide competent resuscitative support (airway and ventilation procedures) throughout the hospital.
10. Participate in the training program for the Anesthesia Department.
11. Stand watches to which assigned by Head, Anesthesia Department.
12. Perform administrative duties as assigned by the Head, Anesthesia Department.

QUALIFICATIONS:

1. Designator 2100/2105 Physician.
2. Board certified or board eligible Anesthesiologist with subspecialty code 0118.
3. Fully credentialed.
4. Advanced Cardiac Life Support (ACLS) certified.
5. Advanced Trauma Life Support (ATLS) certification recommended.
6. Intermediate LMET graduate.

**TAB E-7.3**

**NURSE ANESTHETIST JOB DESCRIPTION**

The Nurse Anesthetist will administer anesthetic agents under the supervision of an anesthesiologist. Reports to the Head, Anesthesia Department.

THE NURSE ANESTHETIST WILL:

1. Administer clinical anesthesia IAW standards of practice under anesthesiologist supervision.
2. Supervise activities of Anesthesia Department Corpsmen.
3. Plan, implement, and evaluate pre-, intra-, and post-operative anesthesia care.
4. Ensure that safety measures are met in administering anesthesia.
5. Keep surgeon informed of patient's intra-operative condition.
6. Maintain ongoing anesthesia records during surgical procedures.
7. Discharge patients from Recovery Ward using discharge criteria and write discharge order.
8. When on call to OR Prep and Hold, leads cardiac arrest team for hospital.
9. Provide competent resuscitative support (airway and ventilation procedures) throughout the hospital.
10. Assist anesthesia corpsmen with inventory and maintenance of anesthesia supplies and equipment.
11. Participate in the Anesthesia Department training program.
12. Stand assigned watches.
13. Perform administrative duties as assigned.

QUALIFICATIONS:

1. Designator 2900/2905 Nurse, Corps Officer.
2. Subspecialty code 0952, Nurse Anesthetist.
3. Fully credentialed; certified by American Association of Nurse Anesthetists.
4. ACLS certified.
5. ATLS attendance recommended.
6. Intermediate LMET graduate.

**TAB E-7.4**

**CARDIO-PULMONARY TECHNICIAN JOB DESCRIPTION**

The Cardio-pulmonary Technician will be assigned to the ICU/Recovery Wards to oversee respiratory and cardiac care of ventilatory patients. He will report to the Head, Anesthesia Department via the ICU Ward Medical Officer.

THE CARDIO-PULMONARY TECHNICIAN WILL:

1. Be directly responsible for the function and maintenance of ventilators and cardiac monitors on ICU/Recovery Wards. May delegate responsibility to nursing staff after providing appropriate instruction.

(a) Set up equipment for patient use.

(b) Calibrate and check function of equipment.

(c) Clean respiratory therapy equipment. Send face masks and tubes to Support CSR for cold sterilization.

(d) Perform operator maintenance upon respiratory therapy equipment.

(e) Process work requests through Medical Repair Division when required and track repair progress.

(f) Make rounds every three (3) hours to check ventilatory settings. Complete the ventilatory checklist.

(g) Inventory and restock ventilator and cardiac monitor supplies daily.

2. Instruct nursing staff regarding respiratory therapy, including:

(a) Osculation of breath sounds.

(b) Suctioning techniques (endotracheal, tracheal, and nasotracheal).

(c) Checks for correct placement of endotracheal tubes.

(d) Chest physiotherapy.

(e) Weaning patients from ventilators using CPAP and

Blow-by techniques.

(f) Procedures to document weaning on flowsheet.

3. Assist Anesthesiologist/Nurse Anesthetist with extubation.

4. Make changes to ventilatory settings as ordered by physicians.

5. Draw arterial blood gas specimens and process through lab.

6. Assist nursing staff in changing pleur-evacs.

7. Ensure proper disposition of contaminated instruments, equipment, and materials.

8. Respond as member of cardiac arrest team to cardiac arrests in any hospital area.

9. Perform other duties as assigned.

QUALIFICATIONS:

1. NEC 8408.

2. Cardiopulmonary Technician School graduate.

3. E-5 or above.

4. BCLS certified.

5. ACLS certification recommended.

6. LPO LMET graduate.

7. Fleet Hospital Operations Course graduate.

**TAB E-7.5**

**ANESTHESIA CORPSMAN JOB DESCRIPTION**

The Anesthesia Corpsman, responsible to the Nurse Anesthetist assigned to OR Module One, will clean and maintain anesthesia equipment and supplies.

THE ANESTHESIA CORPSMAN WILL:

1. Inventory and restock anesthesia supplies daily during the AM watch.
2. Clean respiratory therapy equipment as turned in, using\ cold sterilization techniques.
3. Restock anesthesia cart prior to and between each surgical case.
4. Check anesthesia machine for proper function prior to and between each surgical case.
5. Assist in preparation and calibration of arterial and central venous pressure lines.
6. Check oxygen cylinder pressure prior to and between each surgical case. Replace if pressure falls below 500 psi.
7. Observe safety precautions when handling anesthesia equipment.
8. Perform other duties as assigned.

QUALIFICATIONS:

1. Hospital Corps "A" School graduate.
2. BCLS certified.
3. Previous experience in OR/Anesthesia recommended.

**TAB F**  
**REFERENCES INDEX**

<u>NUMBER</u>	<u>REFERENCE NUMBER</u>	<u>TITLE</u>
F-1	NAVMED P-5066-A	Navy Nursing Procedures Manual.
F-2		Basic Cardiac Life Support Textbook (BCLS) by the American Heart Association.
F-3 Support		Advanced Cardiac Life Textbook (ACLS) by the American Heart Association.
F-4  Surgeons.		Advanced Trauma Life Support (ATLS) Textbook by the American College of

**TAB G**  
**FORMS INDEX**

<u>Number</u> <u>Page</u>	<u>Form Number</u>	<u>Form Title</u>
G-1	NAVMED 6010/11	Operations Schedule
G-2 63	FHCZ-0401	Emergency Equipment Checklist
G-3 64	FHCZ-0802	Surgical Checklist
G-4 65	FHCZ-0805	Anesthesia Equipment Checklist
G-5	SF 517	Anesthesia Record
G-6	SF 518	Blood or Blood Component Transfusion
G-7 of	SF 522	Request for Administration  Anesthesia for Performance of Operations and Other Procedures
G-8	NAVMED 6320/16	Recovery Room Record
G-9	SF 508	Doctor's Orders
G-10	SF 509	Progress Notes
G-11	FHCZ-0403	Cardiac Arrest Flow Sheet
G-12 Condition Patient on Ward	NAVMED 6320/05	Serious/Very Serious or Death of
G-13	NAVMED 6010/14	Incident Report Data Sheet
G-14	FHCZ-0404	Evacuation Flow Chart

G-15	DD 599	Patients Effects Storage Tag
G-16	NAVMED 6010/8	Patients Valuables Envelope

TAB G-2

WATCH EMERGENCY KIT CHECK LIST

FHCZ 0401

WARD: \_\_\_\_\_

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—

	PERSON CHECKING	CHARGE NURSE
DATE WATCH	SIGNATURE/STATUS 02/PSI DISCREPANCIES	FOLLOW-UP SIGNATURE

	AM	
--	----	--

	NOC	
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	AM	
--	----	--

	NOC	
--	-----	--

	AM	
--	----	--

	NOC	
--	-----	--

	AM	
--	----	--

	NOC	
--	-----	--

	AM	
--	----	--

	NOC	
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	AM	
--	----	--

	NOC	
--	-----	--

	AM	
--	----	--

	NOC	
--	-----	--

**TAB G-3**  
**SURGICAL CHECK LIST**  
**FHCZ-1802**

Addressograph Here Ward O. R.

I.D. Band On

Surgical/Anesthesia Permit Signed

History & Physical

Allergies

NPO After Midnight

Blood Work Done

Urinalysis

Lab Work Ordered But  
Results Not Yet Known

Chest X-Ray

BP Taken

TPR Taken

Operative Area Prepped

O.R. Cap - Gown

Voided or Catheter Inserted

Contact Lenses and  
Glasses Removed

Dentures Removed

Name Plate on Chart

Type and Crossmatch

Premedications of

Time Given

Date Ward Nurse  
Surgery Nurse

**TAB G-4**  
**ANESTHESIA EQUIPMENT CHECKLIST**  
**FHCZ-1805**

Date:

CASE #

PRE-OP

- A. Machine: tank wrench  
reservoir bag  
breathing tubes  
mask and connector  
vaporizer connecting tubes  
vaporizer  
head strap
- B. Tanks: properly yoked  
contents  
flowmeter
- C. Circle Filter: soda lime  
secured
- D. E.K.G.: batteries  
wires  
pads
- E. Thermometer: batteries  
probe
- F. O2 Analyzer: batteries  
probe
- G. Pulse Monitor: batteries  
probe
- H. Sphygmomanometer and Stethoscope.
- I. Precordial/Esophageal Stethoscope.
- J. Intubation: laryngoscope  
MacGill forceps  
cannulas  
E-tube cuff
- K. Syringes, needles, and labels.
- L. Medications.

M. Armboards and restraints.

N. Blood warmer, tubing, and filters.