

Requirements	Met	Not Met	Comments
Credentialing			
Anesthesia credentialing files are complete and current. The file includes the following: <ul style="list-style-type: none"> • Primary Source Verification of License, Board Certification and Education • BLS, ACLS, and PALS (if required) • Malpractice • Delineation of Privileges • Background Check • NPDB • OIG • Peer References 			
Pre-Operatively			
Hand hygiene is performed prior to examining the patient.			
Anesthesia machine checks are done at the beginning of each day.			
Pre-anesthesia assessment is completed immediately before surgery to evaluate the risks of anesthesia and of the procedure to be performed.			
The pre-anesthesia assessments include an assessment of the airway (e.g. Mallampati scale) and an assignment of ASA Class			
The anesthesia risks, benefits, and alternatives are explained to the patient as well as the risks and benefits of the alternatives.			
Anesthesia consent is obtained by the anesthesiologist and signed by the patient, dated, timed, and witnessed.			
Anesthesia plan is documented.			
Anesthesia documentation includes the following: <ul style="list-style-type: none"> • Heart and lung sounds • Vital signs • Height and weight • Allergies • Past anesthesia history, e.g., Malignant Hyperthermia • Antibiotics administered, if any 			
Stethoscope is cleaned per policy after each patient use.			
Hand hygiene is performed after leaving the patient bay/room.			
Intra-Operatively			
Anesthesia participates in the Fire Risk Assessment			
Anesthesiologist dons appropriate PPE.			
Medications are drawn up and labeled with name of the medication, dose of medication, date, time, and initials and expiration time if product is stable for less than 24 hours (e.g., Propofol)			
Vials are cleaned with alcohol prior to drawing up medication.			

Requirements	Met	Not Met	Comments
Prior to administration of the IV medication, the anesthesiologist scrubs the IV access hub.			
Time out is performed with all staff in the room stopping and listening. During the performance of the time out, <u>all members agree</u> that it is the correct patient, correct site and correct procedure.			
Antibiotics are administered prior to incision, if applicable. Antibiotics should be given earlier than 60 minutes prior to the incision.			
Anesthesia documents medications given during surgery at the time they were administered.			
Post-Operatively			
Post operative anesthesia assessment includes the following: <ul style="list-style-type: none"> • Respiratory function/respiratory rate • Airway patency/SaO2 • Cardiovascular function/Pulse and BP • Temperature • Pain • Nausea/vomiting • Post op hydration • Mental status/alertness This assessment is performed during the hand-off from anesthesia to the PACU nurse.			
Pain medication orders are written and define the name of the medication, dose, rout of administration and frequency based upon defined pain levels (e.g severe pain, pain of 8-10).			
Anesthesia cleared the patient for discharge and an order is written. Note: The use of discharge criteria to determine readiness for discharge is determined by the individual organization.			
Hand hygiene performed when leaving patient bedside.			