

Anesthesia R&R key revisions

- Telephone/pager numbers updated throughout
- Deleted (p6, 4D, p36 appendix F): All vials from which medications are drawn will remain immediately available until the end of the case. Ampules will remain immediately available by disposal in the sharps box. All other vials will remain immediately available by placing in the designated slot in the medication and syringe management tray.
 - There is no regulatory requirement for this and it is not consistently done in practice.
- Changed from (p7, 4E3): The anesthesia provider is responsible for disposal of used medications between cases. At the conclusion of the work period the anesthesia provider is responsible for disposing of all used and unused medications.

Changed to (p7, 4G): All used medications will be disposed of between cases. At the conclusion of the work period, all used and unused medications will be disposed of.

 - This is the responsibility of the anesthesia technician, not the anesthesia provider
- Deleted (p9, 5I): Environmental Health & Safety personnel make regular checks of nitrous oxide levels in the Operating Rooms, including locations close to the machines and columns. A log of measured levels are maintained and made available to OR personnel. Efforts will be made to maintain nitrous oxide levels acceptably low by maintenance of fittings and of the scavenging system.
 - Not a dep't of anesthesia function, determined by EH&S
- Deleted (p9, 6): Other tubes may be re-sterilized with ethylene oxide if recommended by the manufacturer.
 - We do not have any re-usable tubes
- Deleted (p12, C1c): ...and appropriate CME course work will be reviewed.
 - Attestation only required.
- Deleted (p14, B): delineation of privilege categories removed from this section as it is a repeat of appendix M, which is the official medical staff version of current anesthesia privileges.
- Deleted (p15, C v): Fiberoptic Workshops (annually), Changing Practices of Anesthesia (yearly), Anesthesia Grand Rounds (monthly), and multiple national meetings.
 - Deleted specific course names as they change over time
- Changed from (p15 B1): ...and a report on clinical competence is submitted every 6 months to the American Board of Anesthesia.

Changed to: The UCSF Anesthesia Department reports on resident clinical competence to the American Board of Anesthesia on a regular basis.

 - Allows for changes made to requirements by the ABA
- All check lists updated

- Deleted (p37, appendix F): Audits of anesthesia carts are performed and recorded at least quarterly by the Chief of Service or the Director of Clinical Anesthesia. Irregularities are documented and planned actions described.
 - Obsolete, carts are now self-locking
- Deleted (appendix I 1h): Laryngoscope handles will be exchanged daily and their function checked before placing in the bags.
 - Obsolete, disposable laryngoscopes now stocked in code bags
- Deleted (appendix I 1 l): After the above items are accomplished, the Anesthesia Intubation bags are to be sealed with a tamper evident seal. The seal serial number is to be recorded in a notebook in the Anesthesia Workroom along with the Bag name, time, date and initials of the anesthesia personnel executing the procedure. The notebooks will be kept in the anesthesia workroom for at least 3 years.
 - Sealed, but tags not tracked
- Deleted (appendix J 11 i): Etomidate 20mg/10ml
 - No longer kept pre-drawn
- Deleted (appendix J 12): A second anesthesia cart serves as a back-up cart for the designated Trauma OR.
 - Obsolete, cart revised
- Changed (appendix J): all references to level-1 rapid infuser, to Belmont
- Deleted (appendix J): Aestiva checklist
 - No longer use Aestiva machines
- Changed (appendix K): references to E4 resident, to OB anesthesia resident
 - Terminology change
- Changed (appendix JK 6): 25) Intubation Equipment is placed in a tray on the anesthesia machine. This includes two “stubby” laryngoscope handles, which are exchanged daily between 7AM-8AM by anesthesia technicians; a Miller 2 and a Mac 3 blade are attached and tested. Additional blades in the airway tray include a Mil 3 and Mac 4. Two endotracheal tubes (ETT) size 6.5 & 7.0 with attached syringes and stylets complete the airway tray. ETTs are good for 1 month after the package has been opened. Opening dates are marked on the ETT packages. To: 22) Intubation Equipment is checked and immediately available
 - Specifics regarding equipment change over time, current practice is documented in checklists which undergo frequent revision