# Guidelines on Monitored Care by an Anaesthesiologist

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## 1. INTRODUCTION

1.1 This document is directed to patient care and monitoring provided by an anaesthesiologist with resuscitative effort, if required, for a procedure done under sedation, local anaesthesia or no anaesthesia.

1.2 Monitored care may be requested by a surgeon, dentist, obstetrician, physician, endoscopist, radiologist, radiotherapist, or other proceduralists.

1.3 Because of the general condition of the patient, the location of the procedure, the availability of support staff and, in some cases, poor access, the provision of monitored care may be exacting and time consuming.

1.4 More than 40% of claims associated with monitored anesthesia care involved death or permanent brain damage, similar to general anesthesia claims, according to analysis of the closed malpractice claims in the American Society of Anesthesiologists Closed Claims Database. Patients requiring monitored care may be particularly fragile or in an unstable physiological status, or have a history of difficult sedation and referred for deep sedation. When patients are rendered unresponsive, the state cannot be differentiated from general anaesthesia and would require the same level of care as general anaesthesia.

## 2. GENERAL PRINCIPLES

2.1 Monitored care shall include:

2.1.1 Performance of a pre-anaesthetic consultation and obtaining consent in accordance with College Document '*Guidelines on the Pre-Anaesthetic Consultation* ' (P13).

2.1.2 Monitoring of the patient, as appropriate, in accordance with College Document ' *Guidelines on Monitoring in Anaesthesia* ' (P1). Continuous capnographic monitoring is recommended if patient cannot give **purposeful** response on verbal or tactile stimulation (i.e. more than conscious sedation).

2.1.3 Administration of intravenous sedation or analgesic, if required, in accordance with College Document ' *Guidelines for Safe Sedation for diagnostic and therapeutic procedures* ' (P2).

2.1.4 Preparation to convert to general anaesthesia if the situation demands.

2.1.5 Other therapeutic measures such as the management of any anticipated or actual physiological derangements or medical problems that may occur during the procedure.

2.1.6 Transfer of the patient, if required, to an appropriate recovery area in accordance with College Document '*Guidelines on postanaesthetic recovery care* ' (P3).

2.2 A record of clinical observations and of drugs administered shall be kept; according to College Document '*Guidelines on Minimum Requirements for an Anaesthetic Record*' (T6).

2.3 To ensure that standards of patient care are satisfactory, equipment and staffing of the area in which the patient is being managed should satisfy the requirements in the appropriate College Document regarding Recommended Minimum Facilities for Safe Anaesthetic Practice in :

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| Operating Suites | T2 |
| Organ Imaging Units | T3 |
| Delivery Suites | T4 |

## 3. REFERENCE

ANZCA PS19 Recommendations on Monitored Care by an Anaesthetist- 2006

ASA position on Monitored Anaesthesia Care 2013

ASA Distinguishing Monitored Anaesthesia Care from Moderate Sedation/ Analgesia (Conscious Sedation) 2009 (reaffirmed 2013)

Guidelines for the Provision of Anaesthetic Services (GPAS) 2014 http://www.rcoa.ac.uk/gpas2014

Bhananker SM, Posner KL, Cheney FW. Injury and Liability Associated with Monitored Anesthesia Care-A Closed Claims Analysis. Anesthesiology 2006; 104:228 –34