

THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS

T3 October 1992

Reviewed Feb 2002

GUIDELINES ON ANAESTHESIA FOR ORGAN IMAGING

RECOMMENDED MINIMUM FACILITIES FOR SAFE ANAESTHETIC PRACTICE IN ORGAN IMAGING UNITS

INTRODUCTION

This document should be read in conjunction with the document “Recommended Minimum Facilities for Safe Anaesthetic Practice in Operating Suites”(Facilities - Theatres [T2]) issued by the Hong Kong College of Anaesthesiologists.

Reference should also be made to the following documents of the Hong Kong College of Anaesthesiologists: -

“Protocol for Checking of an Anaesthetic Machine before use”(Checking)[T1]

“Guidelines on Monitoring in Anaesthesia”(Monitoring)[P1]

“Guidelines for Postanaesthetic Recovery Care”(Recovery)[P3]

1. PRINCIPLES OF ANAESTHETIC CARE

- 1.1 Anaesthesia should be administered only by medical practitioners¹ with appropriate training in anaesthesia.
- 1.2 Every patient presenting for anaesthesia should have a preanaesthetic consultation by an anaesthesiologist.
- 1.3 Modern practice demands certain basic facilities, equipment and staff for the safe administration of anaesthesia.

2. STAFFING

In addition to the staff required by the person carrying out the imaging procedure, there must be: -

- 2.1 An assistant available exclusively for the anaesthetic procedure.
- 2.2 Adequate assistance in handling the patient.
- 2.3 Adequate technical/nursing assistance as required.

3. EQUIPMENT

- 3.1 Each hospital must designate: -
 - 3.1.1 At least one senior anaesthesiologist² to advise on the choice and maintenance of anaesthetic equipment.
 - 3.1.2 One or more of its staff to organise and supervise the cleaning, servicing and maintenance of anaesthetic equipment.

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- 3.2 Equipment, which complies with section 3.2; 3.3 and 3.6 of the Hong Kong College of Anaesthesiologists' document "Facilities - Theatres" [T2], must be provided.
 - 3.3 There must be a breathing system (e.g. Bain breathing system) capable of delivering up to 100% oxygen which is suitable for both controlled and spontaneous ventilation for the anaesthetic procedure.
 - 3.4 A manual self-inflating resuscitator bag capable of delivering up to 100% oxygen (e.g. Laerdal, Ambu bags) must also be available.
 - 3.5 Suction apparatus and attachments, complying with AS2120, BS4199, or equivalent, for both pharyngeal and endotracheal suction must be available in both the imaging area and the recovery area. Provision must also be made for an alternative suction system in the event of primary suction failure.
 - 3.6 Monitoring equipment conforming to the Hong Kong College of Anaesthesiologists' document "Guidelines on Monitoring in Anaesthesia"[P1] must be provided.
 - 3.7 Special problems are encountered with magnetic resonance imaging due to the effects on ferromagnetic objects (which include most conventional monitoring and anaesthetic equipment). Alternative arrangements by the individual department/hospital will be required for anaesthesia and monitoring in these areas. A senior anaesthesiologist² should be responsible for supervising these arrangements.
 - 3.8 There must be access to:
 - 3.8.1 A defibrillator,
 - 3.8.2 Central venous pressure sets,
 - 3.8.3 Means of infusing intravenous fluids under pressure,
 - 3.8.4 Blood warming apparatus,
 - 3.8.5 Means of insulating the patient against heat loss,
 - 3.8.6 Intercostal catheter drainage sets,
 - 3.9 Other requirements are:
 - 3.9.1 Adequate lighting for general observation and for the detection of cyanosis,
 - 3.9.2 Emergency electrical power and lighting,
 - 3.9.3 A means of communicating with persons outside the area in an emergency,
 - 3.9.4 A refrigerator for the correct storage of certain drugs,
 - 3.9.5 A tilting trolley or bed,
- 4. DRUGS**
- 4.1 In addition to the drugs commonly used in anaesthesia, drugs necessary for the management of the following conditions which may complicate or co-exist with anaesthesia must be available:
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Adrenal dysfunction,
Anaphylaxis,
Aspiration syndrome,
Bronchospasm,
Cardiac arrest,
Cardiac arrhythmias,
Coagulopathy,
Hyperglycaemia,
Hypertension,
Hypoglycaemia,
Hypotension,
Malignant hyperpyrexia,
Pulmonary oedema,
Respiratory depression.

- 4.2 The hospital or institution should seek the advice of the senior anaesthesiologist designated in 3.1.1 on the selection of drugs for the above purpose.

5. CHECKING, CLEANING AND SERVICING

All anaesthetic equipment must be checked and maintained in accordance with section 5 of the Hong Kong College of Anaesthesiologists document "Facilities - Theatres"[T2].

6. RECOVERY FACILITIES

- 6.1 Recovery from anaesthesia must take place under appropriate supervision, in an area designated for the purpose and conforming to the Hong Kong College of Anaesthesiologists' document "Guidelines for Postanaesthetic Recovery Care"[P3].

- 6.2 Facilities must exist which enable transfer in an emergency to be accomplished smoothly and efficiently, with minimal delay and under adequate medical supervision.

1. A medical practitioner is a duly qualified doctor registered with The Hong Kong Medical Council.

2. A senior anaesthesiologist is one who holds a higher qualification in anaesthesia recognised by the Hong Kong College of Anaesthesiologists and who has a minimum of six years of postgraduate experience in anaesthesia.