

THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS

T4 October 1992
Reviewed Feb 2002

GUIDELINES FOR DELIVERY SUITES

RECOMMENDED MINIMUM FACILITIES FOR SAFE ANAESTHETIC PRACTICE IN DELIVERY SUITES

INTRODUCTION

Delivery Suites require the presence of certain minimal facilities for safe anaesthesia and effective resuscitation of mother and baby. This document should be read in conjunction with other documents issued by the Hong Kong College of Anaesthesiologists :

“Recommended Minimum Facilities for Safe Anaesthetic Practice in Operating Suites”(Facilities Theatres)[T2]

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

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

1. PRINCIPLES OF ANAESTHETIC CARE :

- 1.1 Anaesthesia or regional analgesia in obstetrics should be administered only by medical practitioners¹ with appropriate training.
- 1.2 Every patient presenting for anaesthesia or regional analgesia should have a preanaesthetic consultation by an anaesthesiologist.
- 1.3 Modern practice demands basic staffing, equipment, drugs, and protocols for the safe administration of anaesthesia, maternal regional analgesia, and the resuscitation of the neonate.

2. STAFFING

In addition to nursing staff required for the obstetric procedure, there must also be

- 2.1 A person exclusively available to assist the anaesthesiologist
 - 2.1.1 during the preparation for and induction of anaesthesia until the anaesthesiologist indicates that assistance is no longer required,
 - 2.1.2 At any time during the maintenance of anaesthesia if required,
 - 2.1.3 At the conclusion of anaesthesia.
- 2.2 A medical practitioner¹ with appropriate training to be solely responsible for the resuscitation and care of the neonate.
- 2.3 Adequate assistance in handling the patient.

3. EQUIPMENT

- 3.1 When anaesthetics are given in a Delivery Suite, whether in an Operating Theatre or not, equipment which complies with Sections 3.2 to 3.8 (but excluding 3.7.1) inclusive of the Hong Kong College of Anaesthesiologists' document “Facilities - Theatres” [T2], must be provided.

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3.2 Monitoring equipment must also be available according to the Hong Kong College of Anaesthesiologists' document "Guidelines for Monitoring in Anaesthesia" (P1).

3.3 In addition, a wedge for tilting the patient prior to and during anaesthesia is required.

4. DRUGS FOR MATERNAL USE

Drugs for the purposes listed in Section of the Hong Kong College of Anaesthesiologists' document [T2] must be available².

5. FACILITIES FOR NEONATAL RESUSCITATION

The following facilities specifically and exclusively for neonatal resuscitation must be available :

- 5.1 The means of administering oxygen.
- 5.2 Equipment for intubation and ventilation.
- 5.3 Suction equipment.
- 5.4 Intravenous equipment.
- 5.5 An appropriate range of drugs².
- 5.6 The means of warming the neonate.
- 5.7 Appropriate means to monitor the neonate.

6. ORDERING, CHECKING, CLEANING AND SERVICING EQUIPMENT

- 6.1 The hospital must designate at least one senior anaesthesiologist³ to advise on the choice and maintenance of equipment for anaesthesia and an appropriate medical practitioner to advise on equipment for neonatal resuscitation.
- 6.2 The hospital must also designate one or more of its staff to organise, supervise and establish regular routines for the cleaning, sterilisation, servicing and maintenance of equipment.
- 6.3 Where appropriate, major items such as anaesthetic machines and mechanical ventilators must be clearly identified by a serial number to facilitate maintenance and servicing.
- 6.4 Anaesthetic machines and mechanical ventilators must be serviced as stipulated in the Hong Kong College of Anaesthesiologists' document "Facilities - Theatres"[T2], Sections 5.3 and 5.4.
- 6.5 Gas outlets must be checked in accordance with Section 5.5 of the Hong Kong College of Anaesthesiologists' document "Facilities - Theatres"[T2].

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7. Recovery from anaesthesia must take place under appropriate supervision, in an area equipped in accordance with the requirements of the Hong Kong College of Anaesthesiologists' document "Recovery"[P3].
8. Many delivery suites are not suitable for the ongoing management of serious maternal or neonatal complications.

As the foregoing recommendations only allow patients suffering from complications to be resuscitated and/or supported pending transfer to a more suitable environment, arrangements should exist to enable smooth effective transfer to be accomplished with minimal delay, and under adequate medical supervision.

NOTES

- ¹ A medical practitioner is a duly qualified doctor registered with the Hong Kong Medical Council.
- ² The hospital or institution should seek the advice of the appropriate senior practitioners working in the institution on the selection of the drugs required in Section 4 and 5.5.
- ³ A senior anaesthesiologist is one who holds a higher qualification in anaesthesia recognised by the Hong Kong College of Anaesthesiologists and has a minimum of six years postgraduate experience in anaesthesia.