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**MEDICAL DIRECTIVE**  
**Management of the Acute Onset of Bradycardia by Anesthesia Assistants**

**Approved by/Date: Medical Advisory Committee – June 28, 2011**

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**Authorizing physician(s)**

Anesthetists, Lakeridge Health Oshawa, Department of Anesthesia. The authorizing Anesthetists are accountable to assess the ability of the Anesthesia Assistant to use appropriate knowledge, skill and judgment to implement the medical directive.

**Authorized to who**

Designated Anesthesia Assistants who work within the surgical program throughout Lakeridge Health Corporation and who have the following qualifications:

- Registration with the College of Respiratory Therapists of Ontario (CRTO) or Registration with the College of Nurses of Ontario (CNO)
- Completion of the Post Graduate Anesthesia Assistant Certificate Program at the Michener Institute.
- Current in ACLS (i.e. certification within the last 2 years).
- Competent to perform intravenous and arterial line insertions.
- Competent to perform endotracheal intubation, laryngeal mask insertion, and extubation.

**Patient Description / Population**

This medical directive applies to patients 16 years of age and older.

**Medical Directive Description/Physician's Order**

The Anesthesia Assistant can implement the medical directive for the Management of Bradycardia for patients receiving general, regional, local anesthesia or conscious sedation, who are under the supervision of an attending anesthetist.

**Specific conditions/circumstances that must be met before the Directive can be implemented**

The Anesthesia Assistant can implement the medical directive for patients with an American Society of Anesthesiology (ASA) class score of I - V who have been deemed by the attending Anesthetist to be candidates for the monitoring of general or regional anesthesia by Anesthesia Assistants or the provision of conscious sedation by an Anesthesia Assistant.

The directive should be implemented in the situation where the patient's heart rate measurements meet the parameters specified below:

- Bradycardia, is a type of arrhythmia where the heart beats at a slower than normal rate.
- Bradycardia directive should be implemented for heart rate less than 60 Bpm.

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### Contraindications to the implementation of the Directive

Patients who are deemed to be unstable by the Anesthesiologist.

### Identify relevant Delegated Control Act or Added Skill associated with this Directive

Controlled Act 5 - Administering a substance by injection or inhalation.  
The Respiratory Therapy Act, 1991.  
The Nursing Act, 1991.

### Documentation requirements

Document on Anesthesia Record Sheet

### Review/Evaluation Process (how often/by who)

The Medical Directives for the Management of the Acute Onset of Bradycardia by Anesthesia Assistants should be reviewed annually to ensure the following: current content, appropriateness of use and updating of physician and staff authorization lists. It is the responsibility of the Department of Anesthesia members to monitor quality issues associated with medical directive implementation.

### Related Documents

#### Appendix A

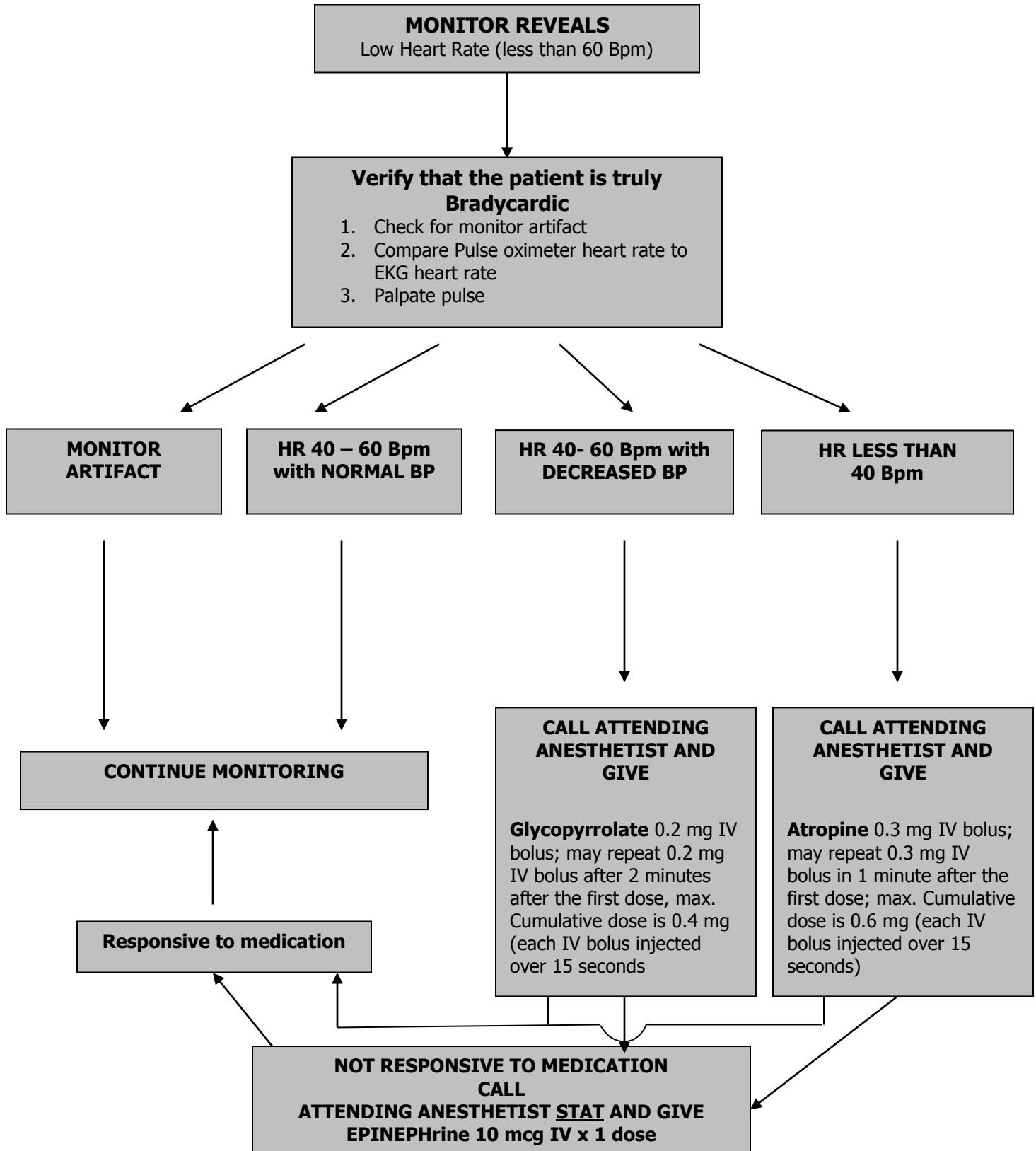
#### American Society of Anesthesiologists (ASA) Classification

*Anesthesiology 1963; 24:111*

Status	Disease State
<b>ASA Class I</b>	No organic, physiologic, biochemical, or psychiatric disturbance
<b>ASA Class II</b>	Mild to moderate systemic disturbance that may or may not be related to the reason for surgery
<b>ASA Class III</b>	Severe systemic disturbance that may or may not be related to the reason for surgery
<b>ASA Class IV</b>	Severe systemic disturbance that is life-threatening with or without surgery
<b>ASA Class V</b>	Moribund patient who has little chance of survival but is submitted to surgery as a last resort (resuscitative effort)
<b>Emergency operation (E)</b>	Any patient in whom an emergency operation is required

**Appendix B**

**Intervention Tree for the Management of the Acute Onset of Bradycardia for Patients Undergoing General/Regional Anesthesia or Conscious Sedation with Monitoring provided by Anesthesia Assistants**



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### **REFERENCES**

Respiratory Therapy Act, 1991

The Nursing Act, 1991.

Public Hospital Act, R.R.O. 1990

College of Respiratory Therapists of Ontario (CRTO), Interpretation of authorized acts, May 1999

The Controlled Acts Model Regulated Health Professions Act (1991)

Anesthesiology 1963; 24:111

Gabe, D. M., (1994). Crisis Management in anesthesiology. Philadelphia: Churchill Livingstone.

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<b>Authorized by:</b>	Anesthetists, LHO, Dept. of Anesthesia Physicians	July-Nov 2011 Date	Contact Medical Affairs Office for details re authorizing physicians & original signature document.

**Approvals and Signatures: (Original signatures document available in Medical Affairs Office)**

<b>Department Chief:</b>	Dr. John Maybee Name	Dr. John Maybee Signature	Nov 15, 2011 Date
<b>Medical Director:</b>	Vacant Name	 Signature	 Date
<b>Program Director:</b>	Leslie Motz Name	Leslie Motz Signature	Nov 14, 2011 Date
<b>Chair of Inter-Professional Advisory Comm.:</b>	Sherida Chambers Name	Sherida Chambers Signature	Nov 23, 2011 Date
<b>Chair of CNAC:</b>	Sherida Chambers Name	Sherida Chambers Signature	Nov 23, 2011 Date
<b>Chair of P &amp; T Comm:</b>	Dr. Ilan Lengua Name	Dr. Ilan Lengua Signature	Dec 5, 2011 Date
<b>Final Approval Chair of MAC:</b>	Dr. Murray Treloar Name	Dr. Murray Treloar Signature	Nov 24, 2011 Date