



MEDICAL DIRECTIVE

Management of Hypopnea and/or Apnea in the sedated patient by Anesthesia Assistants

Approved by/Date: Medical Advisory Comm. – May 24, 2011

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 Hypopnea and/or Apnea in the sedated patient for patients receiving regional, local anesthesia or conscious sedation, who are under the supervision of an attending anesthetist.

Apnea is defined as a cessation in breathing for greater than 20 seconds. Hypopnea is defined as a respiratory rate of less than 8 breaths per minute.

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 develops Hypopnea and/or Apnea and meets the parameters specified in the Intervention Tree in Appendix B.

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 Hypopnea and/or Apnea in the sedated patient 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

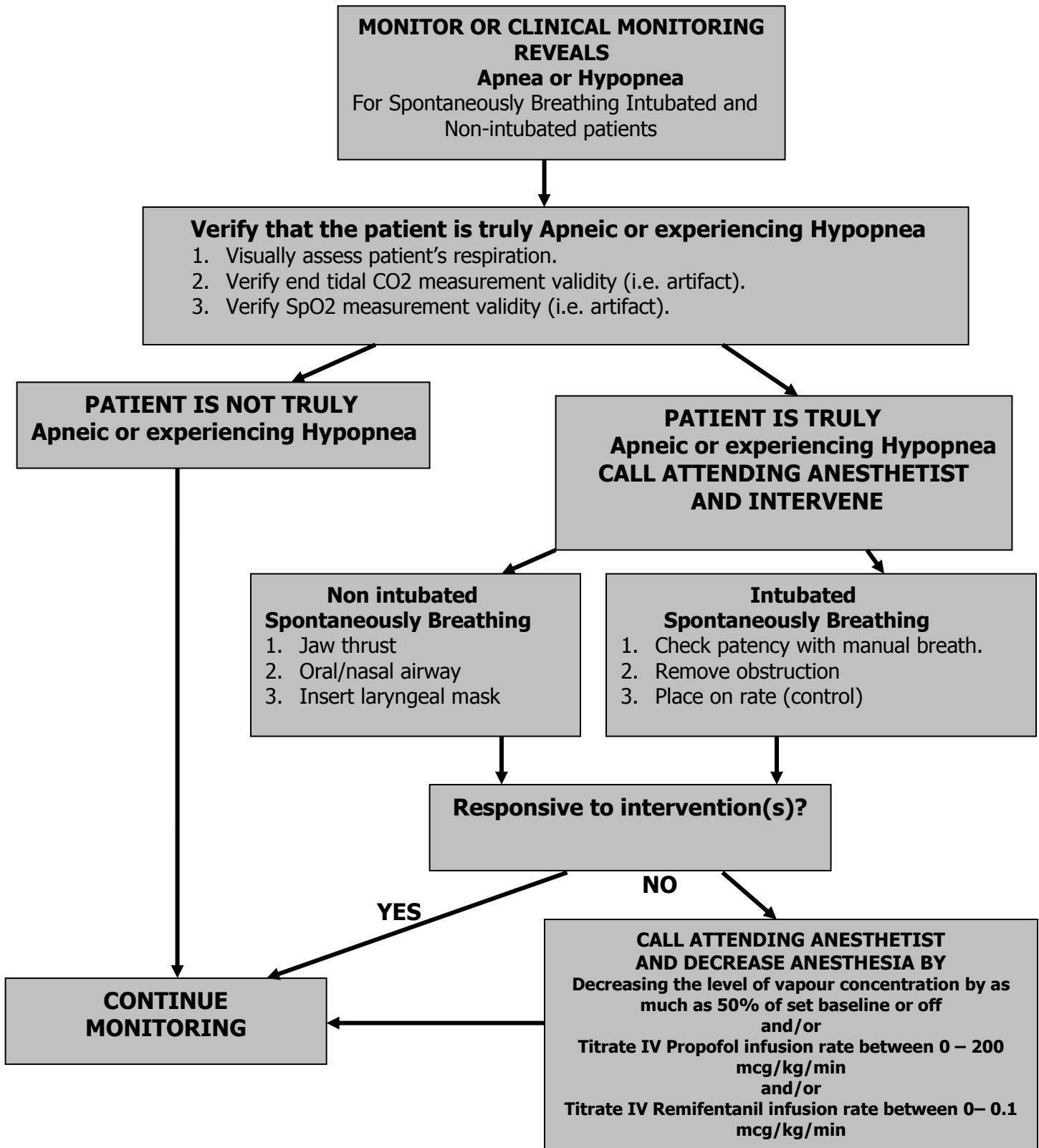
American Society of Anesthesiologists (ASA) Classification

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

Anesthesiology 1963; 24:111

Appendix B

Intervention Tree for the Management of Hypopnea and/or Apnea in the sedated patient for Patients Undergoing General/Regional Anesthesia or Conscious Sedation with Monitoring provided by Anesthesia Assistants



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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Authorized by:	<u>Anesthetists, LHO, Dept. of</u> <u>Anesthesia</u> Physicians	<u>June – August 2011</u> Date	Contact Medical Affairs Office for details re authorizing physicians & original signature document.

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

Department Chief:	<u>Dr. John Maybee</u> Name	<u>Dr. J. Maybee</u> Signature	<u>Sept 14, 2011</u> Date
Medical Director:	<u>Vacant</u> Name	<u></u> Signature	<u></u> Date
Program Director:	<u>Leslie Motz</u> Name	<u>L. Motz</u> Signature	<u>Sept 14, 2011</u> Date
Chair of Inter-Professional Advisory Comm.:	<u>Sherida Chambers</u> Name	<u>S. Chambers</u> Signature	<u>Sept 21, 2011</u> Date
Chair of CNAC:	<u>Sherida Chambers</u> Name	<u>S. Chambers</u> Signature	<u>Sept 21, 2011</u> Date
Chair of P & T Comm:	<u>Dr. Ilan Lenga</u> Name	<u>Dr. I. Lenga</u> Signature	<u>August 9, 2011</u> Date
Final Approval Chair of MAC:	<u>Dr. Murray Treloar</u> Name	<u>Dr. M. Treloar</u> Signature	<u>Sept 8, 2011</u> Date