

Department of Anesthesia

Title: Policy Number:

Induction of Anesthesia 9101

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The attending anesthesiologist will document the preanesthetic assessment on the patient's anesthesia record in section labeled FINAL ATTENDING EVALUATION.

The attending anesthesiologist will document an immediate pre-induction assessment of the patient prior to anesthesia, sedation or block. This assessment includes pre induction vital signs noted by a member of the anesthesia care team on the Anesthesia Record in the section labeled FLOW CHART.

The attending anesthesiologist may require the surgical attending physician, under whose name the consent for the procedure has been obtained, to be present in the operating room prior to the induction of any anesthetic.

The attending anesthesiologist may, at his or her discretion, proceed with the induction of anesthesia in the absence of the surgical attending physician IF: (See also Hospital Policy # 59, "Timeout")

Non Emergent Situations-

- The surgical resident has personally spoken with the surgical attending physician and assured the anesthesiologist that resident has permission to proceed with the case AND
- The surgical attending physician can respond in person to a call for "immediate" assistance within 5 minutes

OR

Emergency Situation-

• It is necessary to proceed because of a life-threatening emergency

The anesthesiologist assigned to the case may at any time require that the surgical attending physician be present at the bedside before the induction of anesthesia.

DEFINITION

Immediate: Able to respond within 5 minutes to an urgent call for assistance (As defined by HCFA/CMS, CFR 415.110)

Russell T. Wall, MD Chief of Service, Anesthesia