ANESTHESIA GAS MACHINE IN ICU PROTOCOL

The initiation of an Anesthesia gas machine for the purposes of volatile anesthetic delivery to a patient within the Intensive Care Unit will follow the protocol as described below.

1. Initiation of volatile anesthetic therapy will be at the discretion of the Attending Critical Care Physician, in consultation with the Anesthesiologist on call.

2. Upon agreement to use this modality, the attending Anesthesiologist will direct an Anesthesia Assistant to initiate the Anesthesia gas machine in ICU, with set parameters including ventilator settings and volatile anesthetic concentration.

3. Only the attending Critical Care physician, Anesthesiologist, Anesthesiology residents (either while on Anesthesiology or Critical Care service) and Anesthesia Assistant will be responsible for changes to the ventilator, flows and volatile levels.

4. Flow levels, volatile anesthetic inspired/expired concentration, etCO2 and spO2 will be charted q1h on a KGH Anesthesia record charting sheet by the Anesthesia team member, MD or AA. RN charting will remain as per ICU protocol for any ventilated patient. An Anesthesia Assistant will remain in house for the duration of volatile therapy. Instructions and relevance of values will be explained by
Anesthesia Assistant, as well as machine shut down procedure in the case of medical emergency requiring bag-mask ventilation, to the Nursing and RT staff.

5. The attending Anesthesiologist, Anesthesiology resident and Anesthesia Assistant will be the primary resource to the ICU staff for all anesthetic machine changes, volatile anesthetic checks/filling and any anesthesia machine related maintenance.

6. A communication loop will be created for the bedside RN to follow including RRT, ICU staff, AA and Anesthesia team members.

7. Weaning and discontinuation of therapy will be at the discretion of the attending Critical Care physician, in consultation with the attending Anesthesiologist and will be performed by the Anesthesia Assistant.

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Dr. Joel Parlow               Dr. John Drover
Head,
Department of Anesthesiology
and Perioperative Medicine

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