

Kansas Administrative Regulations

Department of Health and Environment

Article 34.—Hospitals

28-34-17a. Anesthesia services.

(a) General provisions. Anesthesia care shall be regularly available when the hospital provides surgical or obstetrical services.

(b) Personnel.

(1) The department of anesthesia shall be responsible for all anesthetics administered.

(2) In hospitals where there is no department of anesthesia, the director of surgical services shall assume the responsibility for establishing general policies relating to administration of anesthetics. When there is a department of anesthesia, it shall be directed by a member of the medical staff with appropriate clinical and administrative experience.

(3) The responsibilities of the director shall be established by the governing body and shall include the following:

(A) Establishing criteria and procedures for the evaluation of the quality of all anesthesia care rendered in the hospital;

(B) making recommendations regarding necessary equipment for administering anesthesia and related resuscitation efforts;

(C) developing hospital rules concerning anesthesia safety; and

(D) participating in the hospital's program of cardiopulmonary resuscitation and in consultations regarding management of acute and chronic respiratory insufficiency.

(c) Anesthesia shall be provided only by a qualified individual licensed by the Kansas board of healing arts, the Kansas board of nursing, or the Kansas dental board to administer anesthesia. Anesthesia may also be administered by physicians who are residents in anesthesia or student nurse anesthetists under the supervision of an individual licensed to administer anesthesia.

(d) Policies.

(1) The governing body shall determine the extent of anesthesia services and shall define the degree of collaboration required for the administration of anesthesia. Certified registered nurse anesthetists shall work in an interdependent role with other practitioners.

(2) Each patient requiring anesthesia shall have a pre-anesthesia evaluation by a qualified anesthesia provider regarding the choice of anesthesia.

(3) Each patient's condition shall be reviewed immediately prior to induction. This shall include a review of the patient's medical record with regard to completeness of pertinent laboratory data and an appraisal of any changes in the condition of the patient as compared with that noted on the patient's medical record.

(4) Following the procedure for which anesthesia was administered, the anesthetist or a designee shall remain with the patient as long as required by the patient's condition relative to the patient's anesthesia status and until responsibility for proper patient care has been assumed by other qualified individuals.

(5) A record of events taking place during the induction and maintenance of and emergence from anesthesia, including the dosage and duration of all anesthetic agents, other drugs, intravenous fluids and blood or blood fractions, shall be made.

(e) Safety precautions. The governing body, through the director of anesthesia services, shall adopt rules for safe practice in anesthetizing locations. These rules shall be substantially similar to the requirements prescribed in appendix B of NFPA No. 56A (1973), "standard for the use of inhalation anesthetics," as published by the national fire protection association, Boston, Massachusetts. Separate rules shall be adopted for hospitals having flammable anesthetizing locations, nonflammable anesthetizing locations or mixed flammable and nonflammable anesthetizing locations. Flammable anesthetizing agents shall include cyclopropane, divinyl ether, ethyl ether, fluroxene, ethyl chloride and ethelyne.

(Authorized by and implementing K.S.A. 65-431; effective June 28, 1993.)

***** Authenticated Kansas Administrative Regulation *****