Kansas Administrative Regulations

Department of Health and Environment

Article 34.—Hospitals—Part 2. Ambulatory Surgical Centers.

28-34-56a. Anesthesia services.

(a) If there is a department of anesthesia, it shall be directed by a member of the medical staff with appropriate clinical and administrative experience. The clinical privileges of qualified anesthesia personnel shall be reviewed by the director of anesthesia services and the medical staff and approved by the governing authority.

(b) (1) An anesthesiologist or physician shall be on the premises and readily accessible during the administration of anesthetics, whether local, general, or intravenous, and the postanesthesia recovery period until all patients are alert or medically discharged from the postanesthesia area. Qualified anesthesia personnel shall be present in the room through the administration of all general anesthetics, regional anesthetics, and monitored anesthesia care and shall continuously evaluate the patient's oxygenation, ventilation, circulation, and temperature.

(2) The following equipment shall be available as the scope of practice requires:

(A) Oxygen analyzers;

(B) a pulse oximeter; and

(C) electrocardiography, blood pressure, resuscitation, and suction equipment.

(c) The medical staff, in consultation with qualified anesthesia personnel, shall develop policies and procedures on the administration of anesthetics and drugs that produce conscious and deep sedation and on postanesthesia care. These policies and procedures shall be approved by the governing authority.

(d) Before undergoing general anesthesia, each patient shall have a history and physical examination by a physician entered in the patient's record, including the results of any necessary laboratory examination. A physician shall examine the patient immediately before surgery and shall evaluate the risk of anesthesia and of the procedure to be performed.

(e) The anesthesiologist or anesthetist shall discuss anesthesia options and risks with the patient or family before surgery.

(f) Qualified anesthesia personnel shall develop a plan of anesthesia care with the physician or dentist. The patient records shall contain a preanesthetic evaluation and a postanesthetic note by qualified anesthesia personnel. Anesthesia services shall write postanesthetic policies and procedures. Follow-up notes shall include postoperative abnormalities or complications.

(g) Flammable anesthetics shall not be used in the ambulatory surgical center.

(h) Anesthesia shall be provided only by a qualified individual licensed to administer anesthesia by the Kansas board of healing arts, the Kansas board of nursing, or the Kansas dental board. Each certified registered nurse anesthetist shall work in an interdependent role as a member of a physician- or dentist-directed health care team.

(i) All anesthetics shall be properly labeled and inventoried according to the facility's policies and procedures.

(j) All equipment for the administration of anesthetics shall be made available, cleaned with a facility-approved disinfectant and clean cloth, and maintained in good working condition.

(k) Written procedures and criteria for discharge from the recovery service shall be approved by the medical staff. Each patient who has received anesthesia shall be discharged in the company of a responsible adult, unless the requirement is specifically waived by the attending physician.

(l) There shall be a mechanism for the review and evaluation, according to the facility's policies and procedures, of the quality and scope of anesthesia services. (Authorized by and implementing K.S.A. 65-431; effective April 20, 2001.)

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