



National ESMOE guidelines for district and regional hospitals



GUIDELINES TO APPROPRIATE LEVELS OF CARE FOR ANAESTHESIA

COMPETENCIES REQUIRED FOR ANAESTHESIA

All facilities offering anaesthesia should employ staff with the following competencies:

- A nurse trained as an anaesthetic assistant should be available at all times.
- All staff should understand the principles of informed consent, and ethical and legal aspects of surgery/anaesthesia.
- All staff involved in theatre should undertake regular emergency drills.
- Staff should organise regular team and mortality/morbidity meetings to optimise theatre functioning.
- The ability to use and maintain appropriate equipment required for obstetric anaesthesia and patient monitoring.
- An understanding of the provincial equipment and disposable items procurement system, and the ability to identify and assist in the procurement of the correct items, or established links with a knowledgeable individual.

Competencies required L1

General:

One medical practitioner should have expertise in anaesthesia, ideally the Diploma in Anaesthesia (CMSA).

Training capability

- Nurse resuscitation skills
- COSMO anaesthetics

Medical staff should have the following specific competencies:

- Recognise the patients who will require the oversight of a specialist and to refer these patients appropriately
- Provide safe general anaesthesia for elective and emergency surgery to adult patients with ASA class I and II.
- To refer all higher risk patients unless they require urgent, lifesaving surgery.
- Safely administer and reverse neuromuscular blockers
- Establish spinal anaesthesia, especially for Caesarean Section, and to manage the complications of spinal anaesthesia.
- Provide safe single-agent conscious sedation
- Provide safe and adequate post-operative analgesia to patients.
- Monitor and manage the acute post-operative care of patients undergoing level-1 surgery and anaesthesia
- Care for all aspects of a patient's respiratory system including the recognition of problems, the use of supplemental oxygen devices, airway aids and ventilators appropriate to level-1 hospitals
- Stabilise and support critically ill patients, and to arrange for their transportation to the nearest appropriate facility

Support services required:

- ECG available
- Chest X-ray facility
- Haemoglobin measurement
- On-site emergency blood supply

Competencies required L2

General:

The service shall be led by a specialist anaesthesiologist Supported by competent MO's (some with the DA or undertaking training towards the DA)

Training capability (In a specialist-led facility)

- Nurse resuscitation and anaesthetic nurse training
- Intern, COSMO, and DA anaesthetists
- 1st –year registrar in anaesthesia
- Family medicine registrar training in anaesthesia

Medical staff should have the following specific competencies:

- Pre-operative, intra-operative and post-operative care expected of a specialist anaesthesiologist.
- ASA (American Society of Anaesthesiologists) classes I - III for elective surgery
- Higher ASA classes may be cared for in emergency cases

Support services required:

- ECG available
- Chest X-ray facility
- Post-operative high care
- (Post-op ventilation lasting < 48 hours expected)
- Labour epidural pain control
- On-site haematology and chemistry laboratory
- Rapidly accessible blood bank facility

CONDITIONS REQUIRING ANAESTHESIA

Conditions L1

Anaesthesia for:

Caesarean Section (General and spinal anaesthesia)

- Caesarean section for poor progress or foetal distress >35 weeks
- Elective caesarean section at term in uncomplicated (level 1) patient

Postpartum surgery

- Retained placenta
- Postpartum sterilisation and mini-laparotomy ligation.

Ectopic pregnancy

- Ruptured ectopic pregnancy not to be referred

Termination of pregnancy, D&C and manual vacuum aspiration

Anaesthesia for patients with a booking BMI <40

Life-saving procedures

Specific cases that are NOT expected be performed at level-1 hospitals include:

Patients with a predicted difficult airway

Epidural anaesthesia/analgesia

American Society of Anaesthesiologists (ASA) Class III or higher patient unless life-saving procedure

Eclampsia

- Stabilise and refer appropriately

Abruptio placentae

- If diagnosed at level 1 with live, viable baby and foetal distress, do Caesarean section under general anaesthesia (unless GA contraindicated) and refer postpartum for further management.
- Do not transfer a patient that is actively bleeding and haemodynamically unstable

Stabilise and then refer before anaesthesia any

- Comatose patient
- Status epilepticus

Placenta praevia

- Refer if haemodynamically stable

Respiratory

- Refer any maternal patient with respiratory distress (excluding terminal cases)

Conditions L2

Anaesthesia for:

Patients with porphyria

Patients at risk of malignant hyperthermia

Patients with difficult airways

Epidural anaesthesia/analgesia

Patients requiring invasive haemodynamic monitoring

Eclampsia without organ failure

Uncomplicated abruptio placentae

Patients on anticoagulation for non-cardiac reasons (eg DVT)

Pregnant or puerperal patients with deep vein thrombosis (DVT) or pulmonary embolus

Extra-uterine pregnancy <24 weeks, if no complications expected

Placenta praevia

- All anaesthetics for Caesarean sections for placenta praevia must be performed under specialist supervision

Booking BMI 40-49

Stabilise and provide general anaesthesia for delivery if necessary. Then refer

- Comatose patients
- Patients in status epilepticus

Specific cases that are NOT expected be performed at level-2 hospitals include:

Patients with any AHA/ACC major risk factors for myocardial ischaemia

Patients with more than 2 AHA/ACC intermediate risk factors for myocardial ischaemia

Unstable endocrine disorders other than diabetes

ASA IV/V patients