



# National ESMOE guidelines for district and regional hospitals



## PRE-ANAESTHESIA CHECKLIST

### STARTING UP

- Check last and next service date of machine
- Turn on machine and monitors - NIBP, SpO<sub>2</sub>, ECG
- Calibrate O<sub>2</sub> analyser - FiO<sub>2</sub> 0.21 in room air, FiO<sub>2</sub> 0.90 with O<sub>2</sub> flush
- Capnograph should pick up expired breath

### WALL

- Check pipelines – colours/shapes, tug test

### MACHINE

- O<sub>2</sub> cylinder should be more than 5000 kPa
- Pipeline pressures should be 400-500 kPa
- The rotameters should open easily, and the bobbins shouldn't stick
- When FGF is occluded, the bobbins should bounce. (Repeat with each vaporiser open)

### ANTI HYPOXIC DEVICE

- Prevents patient getting hypoxic gas mix
- The O<sub>2</sub> bobbin should rise when the N<sub>2</sub>O is opened
- The N<sub>2</sub>O bobbin should fall when the O<sub>2</sub> is closed

### O<sub>2</sub> FAIL DEVICE

- Disconnect wall O<sub>2</sub>
- The O<sub>2</sub> fail alarm should sound
- Open the O<sub>2</sub> cylinder: the alarm should go off, and the O<sub>2</sub> bobbin should rise.
- Reattach O<sub>2</sub> pipeline and repeat tug test
- Close O<sub>2</sub> cylinder

### VAPORISERS

- Ensure O rings (on the back bar) intact
- Ensure seated securely and locked
- The vaporiser should be at least half full, with the correct agent
- The dials must open easily and ONLY ONE dial should be able to open at a time

### CO<sub>2</sub> ABSORBER

- Must be securely in place
- There should be <50% colour change indicating absorber saturation

### CIRCUIT

- No holes or cracks
- Switch to BAG (or manual) mode
- Check APL valve: close completely and press O<sub>2</sub> flush up to 40cm H<sub>2</sub>O. Compress reservoir bag and the APL valve should open at 65cm H<sub>2</sub>O
- Attach test lung and 'bag': this allows one to check that the tubing has no obstruction and that the valves are working

### VENTILATOR

- Switch onto VENTILATOR mode
- FGF should be at minimum
- Set ventilator and watch that tidal volume and respiratory rate that you have set is delivered.
- Bellows should rise to the top of the casing (if not, increase FGF till bellows reach the top: this FGF is the quantity of the leak in the machine).
- Acceptable leak is <200ml
- Commonest sites of leaks are the circuit, CO<sub>2</sub> absorber, vaporisers and bellows

### AUXILLARY EQUIPMENT

**M** : Masks, Magill's forceps  
**A** : Airways, Assistant  
**L** : LMA, Laryngoscope blades and handle  
**E** : ETT, Emergency drugs  
**S** : Stylet Strapping

- AmbuBag: emergency ventilation device, valve working, bag and tubing attached
- Suction: dedicated anaesthetic suction. Should reach -30 to -50 cm H<sub>2</sub>O
- Scavenging
- Defibrillator checked and available