

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: VI-128 PROCEDURE FOR REGIONAL ANESTHESIA, SPINAL	POLICY #: 1163
	VERSION: 2
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DATE APPROVED: 08/10/2018	

PURPOSE: To state expected standards of care for spinal anesthesia.

POLICY: The Ambulatory Surgical Center (ASC) requires qualified anesthesia personnel to be present in the room throughout the conduct of regional anesthesia and that the patient's oxygenation, ventilation, circulation and temperature must be continually monitored.

PROCEDURE:

1. Prepare usual equipment and drugs including emergency airway equipment.
2. Prepare patient according to department policy (#VI-125 Preparation for Anesthesia, all types).
3. Decide on needed sensory level, drugs to be used and amount of drug to administer, depending on operation, surgeon's skills operating under regional and expected duration of operation.
4. Place patient in suitable position, lateral (operative side down unless using hypobaric solution) or sitting (suggested for perineal surgery). Prone position can be used, for rectal surgery, with a hypobaric solution. All monitors should remain ON during the placement of regional anesthesia.
5. Communicate with patient about the procedure.
6. Check spinal tray expiration date and sterility. Wear a mask, sterile gloves and maintain sterility throughout procedure.
7. No opioids should be administered intrathecally.
8. Prep skin (Betadine or CHG product may be used, following the package insert recommendation)
9. Identify landmarks and inject 1% Lidocaine 1-2 cc at site of approach.

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10. Check spinal needle for barbs and movable stylet. Reinsert stylet. Place needle in subarachnoid space (use introducer needle if using 25gauge spinal needle) and check CSF flow, stabilizing needle with hand against patient's back. When flow is brisk and without blood, inject anesthetic solution.
11. Remove and/or reposition needle if persistent paresthesia or return of blood is encountered.
12. Remove needle and position patient for the operation.
13. Monitor blood pressure closely (within one minute of drug administration.) Treat any hypotension and/or bradycardia promptly.
14. Determine sensory level within 3-5 minutes and adjust patient position as needed.
15. Dermatomal sensory levels should be determined and documented.
16. Upon discharge from the ASC, patients will receive the post-operative instructions for spinal anesthesia printed from ORCHID.

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