

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: II-127 SAFE MANAGEMENT OF PATIENTS: INCAPACITY OF THE OPERATING SURGEON OR THE ANESTHESIA PROVIDER	POLICY #: 1055
APPROVED BY: Aram. Messerlian (CHIEF PHYSICIAN I ANESTHESIOLOGY), Beryl Brooks (ADMR, COMP AMB HEALTH CARE CENTER), Leila Adriano (NURSE MANAGER)	VERSION: 2
DATE APPROVED: 09/12/2017	

PURPOSE: To outline the procedure to be followed if the operating surgeon or anesthesia provider becomes incapacitated during a surgical procedure under anesthesia.

POLICY: If the operating surgeon or the anesthesia provider become incapacitated during a surgical procedure and/or while administering anesthesia, action is taken to ensure the safety of the patient, the surgeon, the anesthesia provider and nursing staff.

PROCEDURE:

If the operating surgeon or the anesthesia provider becomes incapacitated, the following shall take place:

- I. MANAGEMENT OF THE DISABLED PHYSICIAN
 - A. If the surgeon or anesthesia provider becomes incapacitated during a procedure, the capable physician/provider shall continue to monitor the surgical patient and keep the patient stabilized.
 - B. Nursing staff will:
 1. Call ASC Nursing Director or designee and notify ASC Medical Director;
 2. ASC nursing will call Code Blue; the surgeon or anesthesiologist may provide direction to staff assisting the incapacitated surgeon or anesthesia provider;
 3. ASC nursing will call 911, if the situation dictates;
 4. Transport surgeon/anesthesia provider to Antelope Valley (AV) Hospital, if required.

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: II-127 SAFE MANAGEMENT OF PATIENTS: INCAPACITY OF THE OPERATING SURGEON OR THE ANESTHESIA PROVIDER	POLICY #: 1055
	VERSION: 2

II. MANAGEMENT OF THE PATIENT

- A. If the **operating surgeon** becomes incapacitated, the following shall take place:
1. If another surgeon is operating in the ASC, call him/her for assistance;
 2. If not in the OR, call Clinic/Office to locate any available surgeon on staff;
 3. ASC Director will contact and consult with other Department of Health Services facilities and departments.
 4. Anesthesiologist is the Physician-in-Charge until coverage arrives;
 5. Scrub nurse to pack wound and maintain sterility;
 6. Circulating nurse to assist scrub nurse;
 7. Covering surgeon assess patient and decides on management and/or transfer of care.
- B. If the **anesthesia provider** becomes incapacitated because of a heart attack or other problem, the following shall take place:
1. If CRNA incapacitated, anesthesia MD takes over;
 2. If anesthesiologist incapacitated, CRNA takes over;
 3. ASC Director will contact and consult with other Department of Health Services facilities and departments.
 4. Circulating nurse to assist and check vital signs, if necessary, until arrival of coverage;
 5. Surgeon is MD in charge until anesthesiology coverage arrives.
- C. If the patient is awake and alert, they must be notified of the need to switch surgeon/anesthesia provider. If the patient is deeply anesthetized, he/she should be told of the need to switch when recovered completely.

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: II-127 SAFE MANAGEMENT OF PATIENTS: INCAPACITY OF THE OPERATING SURGEON OR THE ANESTHESIA PROVIDER	POLICY #: 1055 <hr/> VERSION: 2
---	--

- D. Safely conclude the surgical procedure, dress incision, recover patient. Patient may be instructed to reschedule the completion of the procedure, if necessary. (Document same).
- E. Enter required information into the medical record and submit a Safety Intelligence (SI) report.

Original Date: 03/25/2009
Reviewed: 09/12/2017
Next Review Date: 09/12/2018
Previous Review Dates: 07/07/13; 06/05/14
Previous Revise Dates: 07/09/13; 06/09/14; 04/10/2017