

Guidelines for Safer Anaesthesia

1.

Patient Safety

- 'AVA recommended procedures and safety checklist' incorporated in to every case.



2.

Anaesthetic Case Planning

- Anaesthesia plan considered for each individual patient, covering patient risk factors, procedure risk factors, suitable anaesthesia drugs, fluids and monitoring aids.
- Consideration given to the limits of anaesthesia care that can be provided, and outside assistance sought or case referral to specialist anaesthesia facilities arranged when required.



3.

Analgesia

- Analgesia should be a top priority of care.
- A range of analgesic therapies should be available and utilised, including full opioid agonists, local anaesthetics, NSAIDs, adjunctive drug therapies and non-drug therapies
- An analgesic plan should be made for each case recognising the expected level and modality of pain.
- Patients should be actively assessed using validated pain scores and results responded to appropriately.
- Patients with known or expected pain should be prescribed ongoing analgesia at discharge and the owners should be informed of pain related behavioural signs.



4.

Staff

- Qualified veterinary staff, who have received anaesthesia training, to monitor every anaesthetic.
- Veterinary students to be supervised by a qualified member of veterinary staff when monitoring an anaesthetic.
- Use of advanced anaesthesia trained staff whenever available or required.



5.

Monitoring

- Dedicated anaesthetist monitoring each case.
- Additional monitoring equipment of pulse oximetry, capnography and blood pressure monitors available and utilised.



6.

Patient Support

- Active temperature monitoring and temperature support, including preventative measures and active warming devices available and utilised.
- Fluid therapy considered for every anaesthetic and goal directed administration provided where indicated. Availability of fluid pumps and/or syringe drivers to ensure accuracy.
- Blood Pressure support considered from outset and managed where appropriate through anaesthetic drug selection, fluid therapy and appropriate drug administration.
- Requirement of ventilation support considered from outset. Availability of manual or mechanical means of positive pressure ventilation utilised when necessary.



7.

Emergency Ready

- All staff to have received CPR training and CPR simulations, to be practiced in house during each year.
- All patients to have IV access during anaesthesia via an IV catheter
- Emergency equipment to be available at all times.



8.

Recovery

- Patient recovery from anaesthesia to be adequately monitored and recorded.
- Recovery to take place in a suitable location.



9.

Training

- All clinical staff involved with anaesthesia to receive regular CPD on anaesthesia and analgesia.
- A dedicated member of staff to oversee practice policies and standards of care.



10.

Records

- Professional records of anaesthesia kept, including; patient details, procedure details, staff involved, drugs, monitoring and recovery.
- Records should be reviewed for morbidity and mortality issues.



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