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Guidance: In accordance with the Canadian Anesthesiology Society Guidelines, the anesthesiologist shall remain with the patient at all times throughout the conduct of all anesthesia until the patient is transferred to the post-anesthesia care unit. If the attending anesthesiologist leaves the operating room temporarily, care of the patient must be delegated to another anesthesiologist who shall remain with the patient. Anesthesia assistant(s), if present, may only provide care under the direct supervision of an anesthesiologist (e.g. anesthesiologist present in the operating/procedure room at all times). An anesthesia assistant may be a registered respiratory therapist or a registered nurse who has completed didactic and clinical training specific to the competencies required to be an anesthesia assistant.

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	b b	G	U S U OZ U V U E UEV VU S U O U *Guidance: This is verified each surgical day and prior to each anesthetic procedure.*
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	b b	G	a VU E V V @ U U V V U OO E *Guidance: Pulse oximetry equipment is in continuous use throughout the administration of all general anesthesia, regional anesthesia and IV procedural sedation. All monitored parameters are documented at intervals appropriate to the clinical circumstances. Oxygen saturation should be documented at frequent intervals.*
	b	G	O SU VU E V V @ U U V V U OO E *Guidance: Blood pressure monitoring equipment is in continuous use throughout the administration of all general anesthesia, regional anesthesia and IV procedural sedation. All monitored parameters are documented at intervals appropriate to the clinical circumstances. Blood pressure is documented every five (5) minutes as a minimum.*
	b	G	U EU a U E V V @ U U V U OO E *Guidance: Cardiac monitoring equipment is in continuous use throughout the administration of all general anesthesia, regional anesthesia and IV procedural sedation. All monitored parameters are documented at intervals appropriate to the clinical circumstances. Heart rate is documented every five (5) minutes as a minimum.*
	b	G	OE U E E U E V V @ U U V U U O U U S SU E VU O *Guidance: Capnography equipment is in continuous use throughout the administration of all general anesthesia, regional anesthesia and moderate or deep IV procedural sedation. All monitored parameters are documented at intervals appropriate to the clinical circumstances. End-tidal carbon dioxide concentration should be documented at frequent intervals if the trachea is intubated.* *Capnography is required for patients that remain intubated in the initial recovery phase.*
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Guidance: All medications transferred from their original packaging to another container (e.g. drawn-up into a syringe) that are not immediately administered are appropriately labelled even if only a single agent is present. The only exception to requiring a label is if the physician prepares only one syringe of medication which is then immediately administered to the patient without any break in the process (i.e. the syringe may not be placed down on a countertop or on the sterile field or prepared in an area outside the operating/procedure room and then carried to the operating/procedure room with the intent to administer it immediately). The contents of any unlabeled or poorly labelled container are discarded upon discovery. Any medications found unlabeled are immediately discarded upon discovery. Although some physicians may use a colour-

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	b bb	G	S O V U S E U V EV *Guidance: The patient's level of consciousness, heart rate, blood pressure, oxygen saturation and respiratory rate as first assessed in the PACU is documented on the anesthesia record.*
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	b bb	G	E V E EOY aS
	b bb	G	E V E EOY S U E O Ua
	b bb	G	E V E EOY E *Guidance: Medications relevant to the post-anesthesia care are communicated.*
	b bb	G	E V E EOY OOU a V
	b bb	G	E V E EOY E E VU *Guidance: Communication includes information about the anesthetic course including vital signs, any complications, unusual or adverse events.*
	b bb b	G	E V E EOY OY O E *Guidance: Fluid balance includes fluids administered and estimated blood/fluid loss.*
	b bb bb	G	O @ O OZ O S V E U V
	b bb b	G	S U U U U ZU S S E E *Guidance: Pre-printed orders, if used, are made patient-specific by adding the name of the patient, making any necessary changes to the pre-printed order set to reflect the individual needs of the patient and signed by the physician.*
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	b b b	G	U EVUU Ua O OO TVS *Guidance: The non-hospital facility maintains a current list of all anesthesia equipment. The anesthesia equipment inventory list may be either a stand-alone inventory list or included in the facility's inventory list of all medical and patient care equipment. The equipment inventory list includes the name of the item, manufacturer, serial number or other identifier, date of installation (date put into active service), condition of the equipment at the time is was acquired*

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	bb	G	U SU E SU U U SOE UVS U TVS *Guidance: Eventually all anesthesia equipment needs to be replaced as a result of wear and tear, technological progress, changes in clinical practice or end of manufacturer support. Anesthesia equipment needs are to be reviewed annually and equipment replaced or upgraded as necessary. The anesthesia equipment review process is documented and should include the following considerations: the age of the equipment; availability of parts and/or technical support; reliability of the equipment (frequency of service interruptions); clinical obsolescence; type of equipment (critical-life sustaining, non-critical); and the impact of not replacing the equipment.*
H		**N**	**b b b b bb** *Intent: Policies and procedures ensure that activities/procedures are performed consistently and accurately by all personnel within the non- hospital facility.*
	bb b	G	U S OEa SU E VU USU E *Guidance: Anesthesia service policy and procedures outline the pre-anesthetic assessment including preoperative testing and the indications for an anesthetic consultation prior to the day of surgery. The timing of an initial pre-anesthetic evaluation should be based on factors such as patient demographics, comorbidities, type and invasiveness of the procedure and the nature of the non- hospital setting. The Canadian Anesthesiologists' Society Guidelines refer to Choosing Wisely for recommendations related to preoperative testing.*
	bb	G	U S OEa SU E VU U *Guidance: In accordance with the Canadian Anesthesiologists' Society Guidelines, fasting policies should take into account the patient's age and preexisting medical conditions and that fasting policies should apply to all forms of anesthesia including general anesthesia, regional blocks and IV procedural sedation.*
	bb	G	U S OEa SU E VU U EVO U O V *Guidance: Anesthesia service policy and procedures outline management of a difficult airway, management of a failed intubation, management of extubation of the difficult intubation and documentation and notification of the difficult airway (e.g. description of difficulties encountered, the various airway management techniques used and their outcome, informing the patient, documentation in patient's medical chart and report or letter for the patient).*
	bb	G	U S OEa SU E VU U UVE O S S *Guidance: Anesthesia service policy and procedures outline management of suspected obstructive sleep apnea including preoperative screening using a validated tool (i.e. STOP-Bang), guidelines for which patients can be safely managed in the non-hospital setting and those that must be managed in the hospital setting and intraoperative and post-operative management.*
	bb	G	U S OEa SU E VU UOE O E a *Guidance: Anesthesia service policy and procedures*

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