

Monitoring of patients undergoing procedures requiring Local anaesthesia and/or Sedation

| Issue Date | Review Date | Version |
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| 10 th April 2018 | April 2023 | V2 |

Purpose

To standardise the minimum level of non-invasive monitoring required to record a patients physiological parameters during a local anaesthesia procedure.

Who should read this document?

This policy applies to all employees of University Plymouth Hospitals NHS Trust and Tavistock/ Mount Gould Hospital who are involved inter-operatively for caring for patients who require a surgical procedure under local anaesthesia or sedation.

Key Messages

This policy will ensure a standardised approach to patient monitoring so that all procedures have a minimum safe level of non-invasive monitoring and to ensure these measurements are correctly recorded.

Core accountabilities

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|----------------------|--|
| Owner | Michelle-Jane Smith – Matron, Jenny Pitt - Matron |
| Review | Theatre Policy Committee |
| Ratification | Clinical Governance Lead |
| Dissemination | Senior Matron Theatres and Anaesthetics – Quality, Governance and Strategy, Project Lead NatSSIP's |
| Compliance | Theatre Policy Committee |

Links to other policies and procedures

CLI.THE.PRO.949.1.2 Monitoring of patients undergoing procedures requiring Local anaesthesia

Version History

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|-----------|-----------------------------|----------------------------|
| V1 | September 2013 | |
| V2 | 10 th April 2018 | Revised in to new template |
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The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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Standard Operating Procedure (SOP)

Monitoring of patients undergoing procedures requiring Local anaesthesia and/or Sedation

1 Introduction

The aim of this document is to inform and provide guidance on best practice for the monitoring of patients requiring local anaesthesia (LA) and sedation (SED) to ensure patients are risk managed competently and safely.

2 Definitions

The aim of LA is to:

- Minimise the pain associated with a clinical procedure or intervention.
- Facilitate the operative procedure.
- Provide a low risk alternative to general anaesthesia in selected cases.

The aim of using SED is:

- To produce a rapid response, which can be maintained for the duration of the procedure ensuring patient comfort
- The aim is to avoid prolonged sedation, which may delay the patient's recovery or too deep a level of sedation which may be associated with loss of airway.
- The goal of conscious sedation is a comfortable patient who responds to verbal commands and maintains their own airway.

3 Regulatory Background

This policy is relevant to all staff that assesses risk and undertakes LA procedures; the following list is not exhaustive.

- Anaesthetists
- Anaesthetic Practitioners
- Dental Practitioners
- Endoscopy Practitioners
- General Practitioners
- Midwife
- Nurses
- Operating Department Practitioners
- Physician Assistants (anaesthesia)
- Practice Nurse
- Radiology Practitioners
- Surgical Care Practitioners
- Healthcare Assistants
- Assistant Surgical Practitioners
- Surgeon
- Dermatologist

4 Key Duties

Theatre Policy Group - The body responsible for writing the Policies and Procedures used in Theatres.

Theatre Board - The committee responsible for ensuring that the Theatre Policies and Procedures are adhered to

Theatre Matron Theatres and Anaesthetics – Senior Nurse in overall charge of the day to day running of Theatres, responsible for safety, quality and efficiency

5.1 Before a procedure on a patient can commence a baseline of physiological observations should be recorded. This should include a non-invasive blood pressure, respiratory rate and pulse rate. If available a spO2 sensor should be used in addition to these requirements. Should the clinician require it a 3 lead ECG may be attached to the patient in addition to all other monitoring.

5.2 Once the baseline observations have been taken correctly the LA/SED may be given. Any changes to the patient's baseline observations should be escalated to a responsible senior member of staff within the room. If time allows these observations should be repeated at a minimum of every 5 minutes. This may be changed if the patient is significantly unwell or requires closer observation from staff.

5.3 During short procedures a minimum of 2 sets of observation should be taken. One before the LA/SED is given and one at the end of the procedure

5.4 All observations should be recorded in the patient notes. This may be in the patient's notes or within the patients surgical pathway document.

5.5 Monitoring should continue until the patient meets discharge criteria as laid down by Day case admissions criteria.

5.6 Appendix 1 & 2 list a non-exhaustive list of relevant procedures and types of LA/Sedation.

6 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Theatre Policy committee and ratified by the Director / Clinical Governance Lead.

Non-significant amendments to this document may be made, under delegated authority from the Director / Clinical Governance Lead, by the nominated author. These must be ratified by the Director / Clinical Governance Lead.

and should be reported, retrospectively, to the Theatre Policy committee. Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades that are directly affected by the proposed changes.

7 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director / Clinical Governance Lead and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

8 Monitoring and Assurance

The aim of monitoring is:

- To keep a regular measurement of a patient's Blood Pressure, Pulse and O2 saturation percentage.
- To have these measurements taken before administering the LA or SED to the patient in order to provide a baseline.
- To regularly record these measurements at regular time intervals. These can be varied depending on the length of the procedure and the physical health of the patient. A minimum would be before administration of LA/SED , during the procedure and at the end of the procedure

9 Reference Material

The recommendations for this policy have been formulated by the Association for Perioperative Practice in collaboration with the British Association of Day Surgery.

The recommendations are applicable in healthcare settings where LA is to be used on patients. They have been developed for healthcare organisations to ensure adequate systems are in place for patients to receive safe and competent care when LA/SED is planned. They apply principally where LA is used as the main mode of anaesthetic for a procedure and particularly in settings where there is no anaesthetist available.

AfPP guidelines for Local Anaesthesia and sedation: managing the risk

- Skin tags / Skin biopsy
- Incision & drainage of an abscess
- Warts
- Mole removal
- Biopsy of skin growths
- Verrucae
- Benign skin naevi
- Hairy moles
- Penile & vaginal warts
- Spider veins
- Haemorrhoids excision treatment
- In-growing toenails
- Lipomas / Fatty tumours
- Laceration / Incision / repair of skin & soft tissue
- Leg vein treatment
- Joint injections
- Triggerpoint injections
- Dorsal slit for phimosis
- Breast biopsy / Endometrial biopsy sample
- Bartholins cyst / abscess
- Vulval biopsy / Cervical polyps
- Cervical loop excision biopsy
- Fine needle aspiration cytology & biopsy
- Foreign body removal from skin & soft tissue
- Insertion of contraceptive coils
- Epidural injections

- Injection e.g. lidocaine, bupivacaine, levobupivacaine and ropivacaine. Injection may be used to infiltrate a wide area of skin or other tissue or more specifically directed to block individual nerves.
- Eye drops eg amethocaine used in ophthalmic surgery.
- Topical cream eg EMLA and Ametop, used prior to venous cannulation. This policy any covers this should it be part of a bigger procedure and is not dictated monitoring of patients who only require a venous cannula being placed.
- Gel e.g. lidocaine gel applied to the urethra prior to catheterisation of the bladder. This policy only covers this if the gel is being used as part of a bigger procedure and is not dictating it for normal catheterisation
- Spray e.g. lidocaine spray used on the oropharynx during endoscopy