(A) Policy Statement

All patients receiving local anesthesia or no anesthesia will be monitored by a registered nurse (RN) in the Operating Room (OR) during surgical intervention.

(B) Purpose of Policy

This policy provides guidance for the intraoperative registered nurse caring for a patient who is receiving no anesthesia or local injectable anesthesia

(C) Procedure

1. The intraoperative RN should perform a preoperative nursing assessment for the patient who will receive no anesthesia or local injectable anesthesia. The following information should be included in the preoperative nursing assessment
   a. NPO status
   b. Allergies
   c. Height, weight, BMI
   d. Medical history
   e. Baseline alert/consciousness level
   f. Baseline vital signs

*Concerns should be communicated to the surgeon and charge nurse prior to transporting to the OR.

2. Vital signs will be taken throughout the procedure at least every 15 minutes or as often as the patient's condition warrants. Vital signs will be documented in the intraoperative electronic medical record (EMR). Additional Vital signs should be taken:
   a. Every time local injectable anesthetic is administered
   b. Vital signs should then be assessed every 5 minutes:
      i. Vital signs outside of the patient's normal range
      ii. Oxygen (O2) therapy administered via mask or nasal cannula (even when O2 Saturation returns to normal range)

*The intraoperative RN will report any significant findings to the physician.

3. Local injectable medications will be administered by the surgeon or resident and will be recorded by the intraoperative nurse in the EMR.
   a. The intraoperative RN should receive initial and ongoing education and competency verification on the local anesthetic recommended dose, onset, and duration
Local Anesthetic, Onset, and Duration

<table>
<thead>
<tr>
<th>Local Anesthetic</th>
<th>Onset</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bupivacaine</td>
<td>Slow</td>
<td>Long</td>
</tr>
<tr>
<td>Lidocaine</td>
<td>Fast</td>
<td>Medium</td>
</tr>
</tbody>
</table>

*Adding a vasopressor (eg, epinephrine) to the local anesthetic will delay absorption and prolong the effect*

b. The intraoperative RN should document the local anesthetic administered in the intraoperative EMR including:
   i. Time
   ii. Medication
   iii. Strength
   iv. Total amount administered
c. The intraoperative RN should know the signs and symptoms of local anesthetic systemic toxicity (LAST) and allergic reactions to local anesthetic. These signs and symptoms will be included in the ongoing education of local anesthetic.

4. Oxygen will be administered as the patient’s condition warrants. This will be recorded in the intraoperative EMR along with the flow rate and O₂ delivery system.

5. If the patient's condition warrants, the intraoperative RN will ask for assistance from the Department of Anesthesiology to monitor the patient.

6. All patients who receive no anesthesia or local injectable anesthesia are transferred to the Post Anesthesia Care Unit (PACU) for post procedure monitoring, post procedure education, and discharge instructions.

*Policy based on 2017 Edition Guidelines for Perioperative Practice*

<table>
<thead>
<tr>
<th>Approved by:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Pewlesland BSN RN</td>
<td>5-2-17</td>
</tr>
<tr>
<td>Nurse Manager, Operating Room</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approved by:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monceca Smith, RN, MSN</td>
<td>4-24-2017</td>
</tr>
<tr>
<td>Director of Nursing/CNO</td>
<td></td>
</tr>
</tbody>
</table>

Review/Revision Date:
1983 7/02
1984 7/05
1985 6/10/2008
1986 9/2011
1987 10/10/14
1988 4/24/2017
1989 9/1996
2/99
10/93
6/96

Next Review Date: 4/2020

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.