Name of Policy:	**Care of Patient Receiving Local or No Anesthesia**	THE UNIVERSITY OF TOLEDO MEDICAL CENTER
Policy Number:	3364-124-16	
Department:	Nursing Service/Operating Room	
Approving Officer:	Chief Nursing Officer	
Responsible Agent:	Nursing Director, Operating Room	**Effective Date:** -6/1/2022
Scope:	Operating Room/Perioperative Services	Initial Effective Date: 4/1/1981

_____	New policy proposal	___X___	Minor/technical revision of existing policy
_____	Major revision of existing policy	_____	Reaffirmation of existing policy

(A)   Policy Statement

All patients receiving local anesthesia or no anesthesia for a procedure in the operating room (OR) will be monitored by a registered nurse (RN) throughout the perioperative phases of care.

(B)   Purpose of Policy

This policy provides guidance for perioperative registered nurses caring for a patient who is receiving no anesthesia or local injectable anesthesia for a procedure.

(C)   Procedure

1.   The preoperative RN will perform a nursing assessment* for the patient who will receive no anesthesia or local injectable anesthesia for a procedure.
*Concerns should be communicated to the procedural physician and OR charge RN prior to transporting the patient to the OR procedure room.

2.   The intraoperative RN should obtain vital signs at least every 15 minutes or as often as the patient's condition warrants.* Vital signs will be documented in the electronic medical record (EMR). Additional vital signs should be taken:

    a.   Every time local injectable anesthetic is administered and then continued every 5 minutes if:
       i.   Vital signs occur 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 procedural physician.

3.   Local injectable anesthetic medications will be administered by the procedural physician or resident and will be recorded by the intraoperative RN* in the EMR.
*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*		
Local Anesthetic	**Onset**	**Duration**
Bupivicaine	Slow	Long
Lidocaine	Fast	Medium
Adding a vasopressor (e.g., epinephrine) to the local anesthetic will delay absorption and prolong the effect		

    b. The intraoperative RN will 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. The postoperative 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.

Approved by:		Review/Revision Date:	
		1983	7/02
/s/		1984	7/05
Kurt Kless, MSN, MBA, RN, NE-BC Date		1985	6/10/2008
Chief Nursing Officer		1986	9/2011
		1987	10/10/14
Review: Policy & Standard Committee, 9/11, 10/14, 11/18,		1988	11/29/2018
6/2022		1989	6/1/2022
Revision Completed By:		9/1990	
Heidi Pitzen MSN, BBA, RN, CNOR, 11/18, 6/2022		2/99	
Perioperative Educator		10/93	
Reference: https://aorn.org/essentials/local-anesthesia		6/96	
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Policies Superseded by This Policy: 4-16			

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