Name of Policy: Care of Patient Receiving Local or No

Anesthesia

Policy Number: 3364-124-16

Approving Officer: Chief Executive Officer

Responsible Agent: Chief Nursing Officer

Scope: University of Toledo Medical Center, Operating

Room/Perioperative Services



Effective date: 10/2025

Original effective date: April 1, 1981

Key wo	ey words: Anesthesia, Local, Operating Room, Safety, Procedure				
	New policy proposal		Minor/technical revision of existing policy		
	Major revision of existing policy	\boxtimes	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 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 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			

- a. The intraoperative RN will document the local anesthetic administered in the intraoperative EMR including:
 - i. Time
 - ii. Medication
 - iii. Strength
 - iv. Route
 - v. Site
 - vi. Total amount administered
- b. 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.

(D) References

https://aorn.org/essentials/local-anesthesia - Retrieved 3/14/2022. Copyright © 2020 AORN, Inc.

Approved by:	Policies Superseded by This Policy: • 4-16
/s/	4-10
7.01	Initial effective date: April 1, 1981
Daniel Barbee	initial effective date. April 1, 1701
Chief Executive Officer	Review/Revision Date:
	1983
10/29/2025	1984
	1985
Date	1986
	1987
/s/	1988
	1989
Kurt Kless	September 1990
Chief Nursing Officer	February 1999
	October 1993
10/29/2025	June 1996
	July 2002
Date	July 2005
	June 10, 2008
	September 10, 2008
	September 2011
	October 10, 2014
	November 29, 2018
	June 1, 2022
	October 2025
Review/Revision Completed by: Operating Room	Next review date: 10/2028