

## ANS - Anesthesia

### ANS-C      **COMPLICATIONS**

**OUTCOME:** The patient/family will understand the common and important complications of anesthesia and the symptoms that should be reported.

**STANDARDS:**

1. Discuss the common and important complications of anesthesia, e.g., potential for death, disability, drug reaction, pain, nausea and vomiting, disorientation, as appropriate.
2. Advise the patient/family to report any unexpected symptoms, e.g., shortness of breath, dizziness, nausea, chest pain, numbness.

### ANS-EQ      **EQUIPMENT**

**OUTCOME:** The patient/family will understand and demonstrate when appropriate, the use of equipment to be used post-operatively. The patient/family will further understand, as appropriate, the equipment to be used during anesthesia.

**STANDARDS:**

1. Discuss the equipment to be used during anesthesia, including monitoring and treatment devices.
2. Discuss the function and use of any equipment that will be used postoperatively for monitoring or continued analgesia, e.g., cardiac and apnea monitors, pulse oximeter, and PCA pumps, as appropriate.

### ANS-FU      **FOLLOW-UP**

**OUTCOME:** The patient/family will understand the importance of follow-up care and will plan to keep appointment.

**STANDARDS:**

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments.
3. Emphasize that appointments should be kept.
4. Discuss the indications for returning to see the provider prior to the scheduled appointment.

## **ANS-INT INTUBATION**

**OUTCOME:** The patient/family will have a basic understanding of endotracheal intubation, as well as, the risks, benefits, alternatives to endotracheal intubation and associated factors affecting the patient.

### **STANDARDS:**

1. Explain the basic procedure for endotracheal intubation, including the risks and benefits of endotracheal intubation and the adverse events which might result from refusal.
2. Discuss alternatives to endotracheal intubation, including expectant management, as appropriate.
3. Explain that the patient will be unable to speak or eat while intubated.

## **ANS-IS INCENTIVE SPIROMETRY**

**OUTCOME:** The patient will understand the reason for use of the incentive spirometer and will demonstrate the appropriate use.

### **STANDARDS:**

1. Explain that regular and appropriate use of the incentive spirometer according to instructions reduces the risk of respiratory complications including pneumonia.
2. Explain that the optimal body position for incentive spirometry is semi-Fowler's position, which allows for free movement of the diaphragm.
3. Instruct the patient to exhale normally and evenly inhale maximally through the spirometer mouthpiece.
4. Encourage the patient to hold the maximal inspiration for a minimum of three seconds to allow for redistribution of gas and opening of atelectatic areas.
5. Instruct the patient to exhale slowly and breathe normally between maneuvers.
6. Instruct the patient to repeat this maneuver as frequently as prescribed.

## **ANS-L LITERATURE**

**OUTCOME:** The patient/family will receive literature about anesthesia or anesthetics.

### **STANDARDS:**

1. Provide the patient/family with literature on anesthesia or anesthetics.
2. Discuss the content of the literature.

## **ANS-PM PAIN MANAGEMENT**

**OUTCOME:** The patient/family will understand the plan for pain management.

**STANDARDS:**

1. Explain that pain management is specific to the disease process of this particular diagnosis and patient and may be multifaceted. **Refer to PM.**
2. Explain that short term use of narcotics may be helpful in pain management as appropriate.
3. Explain that other medications may be helpful to control the symptoms of pain, nausea, and vomiting.
4. Explain that administration of fluids may be helpful with pain relief and resolution of symptoms.
5. Explain non-pharmacologic measures that may be helpful with pain control.

**ANS-PO POSTOPERATIVE**

**OUTCOME:** The patient/family will understand some post-anesthesia sequelae.

**STANDARDS:**

1. Review the expected post-operative course with the patient/family.
2. Discuss with the patient/family common or important post-anesthetic side effects.
3. Explain some causes of post-anesthetic side effects and what courses of action might be required.

**ANS-PR PREOPERATIVE**

**OUTCOME:** The patient/family will be prepared for the specific type of anesthetic to be used during a procedure or surgery.

**STANDARDS:**

1. Explain pre-anesthetic preparation, including NPO (nothing by mouth) requirements and the medication(s) to take prior to the procedure.
2. Explain the type of anesthetic that is medically suggested. Discuss risks and benefits to the patient and unborn infant, if applicable.
3. Explain alternative type(s) of anesthetic as appropriate.
4. Discuss common and important complications of anesthesia.
5. Discuss the role of the anesthetic care provider during a surgical/procedure case.
6. Explain the effects of anesthesia on the patient after the procedure is completed.

**ANS-PRO PROCEDURES**

**OUTCOME:** The patient/family will have a basic understanding of the proposed procedure(s), as well as, the risks, benefits, alternatives to the proposed procedure(s), and associated factors affecting the patient.

**STANDARDS:**

1. Explain the proposed procedure (such as spinal, epidural, intrathecal, and regional blocks) and how it relates to effective anesthesia.
2. Explain the specific procedure(s) to be performed, including the risks and benefits of performing the procedure, as well as, the risks and benefits of refusing the procedure.
3. Discuss alternatives to the proposed procedure(s), including expectant management, as appropriate.
4. Discuss the expected patient/family involvement in the care required following the proposed procedure(s).

**ANS-TCB    TURN, COUGH, DEEP BREATH**

**OUTCOME:** The patient/family will understand why it is important to turn, cough, and deep breath, and the patient will be able to demonstrate appropriate deep breathing and coughing.

**STANDARDS:**

1. Explain that it is important to frequently (every 1 to 2 hours) turn, cough, and breath deeply to prevent complications such as pneumonia after a surgical procedure. Explain that turning prevents stasis of secretions and that breathing deeply and coughing helps to mobilize and clear secretions and keep small airways open.
2. Describe appropriate deep breathing and coughing (take a large breath and hold it for 3–5 seconds, exhale, and cough shortly 2 to 3 times).
3. Demonstrate appropriate splinting techniques (e.g., using a pillow held tightly to the abdomen over the surgical site).
4. Have the patient return a demonstration of appropriate deep breathing, coughing, and splinting.