

8:43G-6.3 Anesthesia staff: qualifications for administering anesthesia

(a) There shall be a physician director of anesthesia services who is a diplomate of either the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or who was made a fellow of the American College of Anesthesiology before 1982.

(b) The physician director of anesthesia services shall participate in the credentialing process and delineation of privileges of all personnel who administer anesthetic agents. Criteria for hospital-wide anesthesia credentialing shall include at least:

1. Objective measures of training and experience in anesthesia care against which all candidates are evaluated; and
2. A requirement for continuing education in anesthesia care.

(c) All anesthesia providers, except for those in accordance with N.J.A.C. 8:43G-12.3(c) who administer and/or supervise the administration of general anesthesia, major regional anesthesia, or conscious sedation anesthesia, shall maintain current training in Advanced Cardiac Life Support.

(d) Anesthetic agents administered with the purpose of creating conscious sedation, major regional anesthesia or general anesthesia shall be administered in any location in the hospital only in accordance with medical staff policies and procedures.

(e) General or major regional anesthesia shall be administered and monitored only by the following:

1. An anesthesiologist;
2. Under the supervision of an anesthesiologist, a physician resident or a dental resident participating in a nationally approved graduate training program leading to a recognized specialty;
3. An APN/anesthesia, in accordance with a joint protocol established in accordance with N.J.A.C. 13:37-6.3, which joint protocol shall require sections governing:
 - i. The availability of an anesthesiologist to consult with the APN/anesthesia on site, on-call or by electronic means; and
 - ii. The presence of an anesthesiologist during induction, emergence and critical change in status; or
4. A dentist who has successfully completed a nationally approved graduate medical education program in anesthesiology and has privileges in accordance with the hospital's policy.

(f) The administration and monitoring of general or major regional anesthesia shall be provided by a qualified individual as set forth in (e)1 through 4 above, who is continuously

present during the operation and is not performing or assisting with the procedure.

(g) The operating room supervising physician may concurrently be responsible for patient care, with the exception of performing major surgery or administering general or major regional anesthesia.

(h) Anesthetic agents used for conscious sedation shall be administered only by the following:

1. A physician or dentist who has privileges in accordance with medical staff bylaws to administer anesthetic agents used for conscious sedation;
2. Under the supervision of a physician who has privileges in accordance with medical staff bylaws to administer or supervise anesthetic agents used for conscious sedation and who is immediately available:
 - i. A physician resident or a dental resident participating in a nationally approved graduate training program leading to a recognized specialty; or
 - ii. A registered nurse who is trained and experienced in the use of anesthetic agents used for conscious sedation shall be permitted to administer supplemental doses, after the initial dose is given by a privileged or supervising physician who remains present; or
3. An APN/anesthesia, in accordance with a joint protocol established in accordance with N.J.A.C. 13:37-6.3, which joint protocol shall require sections governing:
 - i. The availability of an anesthesiologist to consult with the APN/anesthesia on site, on-call or by electronic means; and
 - ii. The presence of an anesthesiologist during induction, emergence and critical change in status.

(i) The monitoring of patients who have been given an anesthetic agent for the purpose of creating conscious sedation shall be provided by an individual who is continuously present for the primary purpose of anesthesia monitoring, and who is separate from the individual performing the operation. This individual shall be currently trained in Advanced Cardiac Life Support and be one of the following:

1. One of the personnel identified in (h) above;
2. A registered professional nurse; or
3. For bronchoscopic procedures only, a licensed respiratory care therapist.

(j) Minor regional blocks shall be administered by the following:

1. A physician, podiatrist or dentist who has privileges in accordance with medical staff bylaws to administer minor regional blocks;

2. Under the supervision of a physician who has privileges in accordance with medical staff bylaws to administer or supervise minor regional blocks and who is immediately available:

i. A physician resident, dental resident, or a student nurse anesthetist participating in a nationally approved graduate training program leading to a recognized specialty; or

ii. A certified nurse midwife or a physician assistant acting in accordance with applicable laws administered by the State Board of Medical Examiners governing the scope of practice; or

3. An APN/anesthesia, in accordance with a joint protocol established in accordance with N.J.A.C. 13:37-6.3, which joint protocol shall require sections governing:

i. The availability of an anesthesiologist to consult with the APN/anesthesia on site, on-call or by electronic means; and

ii. The presence of an anesthesiologist during induction, emergence and critical change in status; or

(k) Minor regional blocks shall be monitored in accordance with the hospital's policy.

(l) Provision shall be made for remote monitoring of the patient if radiation or another direct hazard necessitates the removal of personnel.

Amended by R.1991 d.451, effective August 19, 1991, operative October 15, 1991.

See: 22 N.J.R. 3470(a), 23 N.J.R. 2527(a).

Recodified from section 6.2. Deleted old (c) through (g). Added new (c) through (k).

Amended by R.1995 d.124, effective March 20, 1995.

See: 26 N.J.R. 4537(a), 27 N.J.R. 1290(a).

Administrative Correction.

See: 27 N.J.R. 1800(a).

Amended by R.2003 d.57, effective February 3, 2003.

See: 34 N.J.R. 232(a), 35 N.J.R. 865(a).

Rewrote the section.

Amended by R.2011 d.055, effective February 22, 2011.

See: 42 N.J.R. 1774(a), 42 N.J.R. 2561(a), 43 N.J.R. 401(b).

In (d), deleted "deep sedation," preceding "major" and a comma following "anesthesia"; rewrote (e)2 and (e)3; in (g), deleted the first sentence, inserted "operating room", substituted "or" for a comma following "surgery", and deleted "anesthesia," following "general"; in (h)1, deleted "or" from the end; deleted former (h)2i and (h)2ii; recodified (h)2iii and (h)2iv as new (h)2i and (h)2ii; in (h)2i, substituted "or a" for a comma, and deleted "or a student nurse anesthetist" following "dental resident"; in (h)2ii, substituted "or" for a period at the end; added (h)3; deleted former (j)2i and (j)2ii; recodified (j)2iii and (j)2iv as new (j)2i and (j)2ii; rewrote (j)2ii; and added (j)3.

8:43G-6.4 Anesthesiologist availability

At all times, an anesthesiologist shall be on-site or on-call and available to reach the hospital within 30 minutes under normal transportation conditions.

Amended by R.1991 d.451, effective August 19, 1991, operative October 15, 1991.

See: 22 N.J.R. 3470(a), 23 N.J.R. 2527(a).

Recodified from section 6.3.

Amended by R.2003 d.57, effective February 3, 2003.

See: 34 N.J.R. 232(a), 35 N.J.R. 865(a).

8:43G-6.5 Anesthesia patient services

(a) A preanesthesia note, reflecting evaluation of the patient and review of the patient record prior to administration of anesthesia, shall be made or certified by the APN/anesthesia or the physician administering or supervising, as applicable, the administration of anesthesia and entered into the medical record of each patient receiving anesthesia at any anesthetizing location.

(b) A record of anesthesia that conforms with policies and procedures developed by the medical staff shall be made for each patient receiving sedation or anesthesia at any anesthetizing location.

(c) Upon arrival in the postanesthesia care unit a post-anesthesia note shall be entered into the patient's anesthesia record by a member of the hospital's anesthesia team.

(d) An anesthesia team member shall make a postoperative discharge note for inpatients prior to the patient leaving the postanesthesia care unit and at the time of discharge for outpatients.

Amended by R.1991 d.451, effective August 19, 1991, operative October 15, 1991.

See: 22 N.J.R. 3470(a), 23 N.J.R. 2527(a).

Recodified from section 6.4.

In (a), added "physician administering or supervising administration of anesthesia".

In (c), stylistic revisions.

Deleted old (d) and (e).

Amended by R.2003 d.57, effective February 3, 2003.

See: 34 N.J.R. 232(a), 35 N.J.R. 865(a).

In (a), added "at any anesthetizing location" at the end of the paragraph; rewrote (c); added (d).

Amended by R.2011 d.055, effective February 22, 2011.

See: 42 N.J.R. 1774(a), 42 N.J.R. 2561(a), 43 N.J.R. 401(b).

In (a), inserted "the APN/anesthesia or" and "as applicable,".

8:43G-6.6 Anesthesia supplies and equipment; safety systems

(a) Diameter index safety systems or equivalent shall be used on all large cylinders of medical gases and wall and ceiling outlets of medical gases.

(b) Pin index safety systems with a single washer shall be used on all small cylinders to prevent interchangeability of medical gas cylinders.

(c) All medical gas hoses and adapters shall be color-coded and labeled according to current national standards, that is, the Compressed Gas Association: Standard color marking for compressed gas containers intended for medical use as well as clear labeling. Publication (C-9) (ed. 3), Arlington, VA, 1988, incorporated herein by reference, as amended and supplemented. That publication may be obtained by telephoning the Compressed Gas Association at (703) 412-0900.