SESLHD PROCEDURE COVER SHEET

NAME OF DOCUMENT	Correct Identification of Medication and Solutions for Regional Anaesthetic Procedures
TYPE OF DOCUMENT	Procedure
DOCUMENT NUMBER	SESLHDPR/242
DATE OF PUBLICATION	September 2024
RISK RATING	Medium
LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards: Standard 1 - Clinical Governance Standard 3 - Preventing and Controlling Healthcare – Associated Infection Standard 4 - Medication Safety
REVIEW DATE	September 2027
FORMER REFERENCE(S)	SESLHNPD/123
EXECUTIVE SPONSOR	Clinical Stream Director Surgery, Anaesthetic and Peri-operative
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FUNCTIONAL GROUP(S)	Surgery, Perioperative and Anaesthetic
KEY TERMS	Regional anaesthetic, solutions, skin preparation, medication, injection
SUMMARY	This procedure provides advice for all staff responsible for the ordering, preparation, checking, administration or management of medications for regional anaesthetic procedures to minimise the risk of incorrect identification of medications or solutions.

Correct Identification of Medication and Solutions for Regional Anaesthetic Procedures

SESLHDPR/242

1. POLICY STATEMENT

This document details the procedure to be undertaken to ensure the correct identification of medication and solutions for regional anaesthetic procedures.

2. BACKGROUND

Prior to the introduction of regional anaesthetic, skin decontamination is undertaken. Correct identification and separation of the medications and solutions used is necessary to mitigate the risk of inadvertent injection of skin decontamination solutions.

3. KEY DEFINITIONS

Regional anaesthesia: Loss of sensation in a region of the body produced by application of an anaesthetic agent to all the nerves supplying that region

Skin decontamination: The freeing of the skin of some contaminating substance

Confirmation Bias: defined by *The Oxford Dictionary* as the tendency to interpret new evidence as confirmation of one's existing beliefs or theories. Confirmation bias leads people to see or hear what they expect to see or hear, regardless of the actual information. It is important to follow a strict, structured routine and not vary from the routine to avoid confirmation bias errors. Further information available in NSW Health Policy Directive PD2022_032 - Medication Handling section 6.6 - Principles for Safe Medication Administration.

Labels: AS/NZS 4375: Australian and New Zealand Standards for user-applied labelling in anaesthesia. This Standard sets out requirements for labels which the user attaches to drug-filled syringes so that the contents can be identified just before use during anaesthesia. Labels are colour-coded according to drug class.

4. RESPONSIBILITIES

4.1 Clinical Staff- Medical, Nursing, Midwifery

- Clinical staff will follow the procedure as outlined

4.2 Nursing/Midwifery and Medical Senior Managers

- Will ensure all employees are aware and adhere to the procedure as outlined

4.3 Directors of Nursing and Medical Heads of Departments

- Will ensure all employees are aware and adhere to the procedure as outlined

4.4 Clinical Stream Director/Managers

- Ensure policies are updated as required and changes communicated

5. PROCEDURE

5.1 A protocol must be adhered to for checking the identity of the patient (and any allergies/previous drug reactions).

5.2 Any adverse event associated with regional anaesthetic procedures must be appropriately reported.

5.3 Preparing of the patient's skin **MUST** precede preparation of any medication for injection, as per the Infection Prevention and Control Practice Handbook sections 4.4 Aseptic Technique.

5.4 Once removed from packaging all skin antiseptic preparation solutions used prior to regional anaesthesia should be identifiable in a way that clearly distinguishes them from any fluid for injection.

Strategies could include:

- Use of antiseptic fluid more distinct in colour.
- Use of antiseptic impregnated swab sticks.

5.5 Skin antiseptic preparation solutions must not be present at any time on the procedure sterile field for regional anaesthesia.

5.6 Following skin decontamination, any residual antiseptic solution must be discarded (into the rubbish bin), prior to the commencement of the regional anaesthesia procedure.

5.7 Solutions for injection used during regional anaesthesia must be confirmed by a two person check and drawn up directly from ampoule to syringe (PD2022_032: Medication Handling)

5.8 Contents of syringes used for injection during regional anaesthesia procedures must be clearly identifiable once solutions have been drawn up. (PD2022_032: Medication Handling)

5.9 Galipots must not be a component of the procedural tray.

5.10 No drugs or solution for injection (such as saline) are to be either decanted into a galipot or to be drawn up from a galipot.

5.11 As a general principle, during the initiation of regional anaesthesia the same person must select the medication, prepare the medication for administration, administer the medication and record its administration. It is the responsibility of the end user for final checking of a product prior to administration.

5.12 Sites can develop business rules for the administration of regional anaesthesia if required. Any business rules developed must be reviewed annually and approved by the facility Clinical Council. (PD2022_032: Medication Handling)

5.13 Key elements of regional anaesthesia procedures should be standardised within and between sites to reduce risk.

5.14 All participants in regional anaesthesia should be trained in the standardised practices.

6. DOCUMENTATION

Documentation of procedure in the medical record as per NSW Health Policy Directive PD2012_069 - Health Care Records - Documentation and Management.

7. AUDIT

Monitoring of incidents pertaining to identification of medications and solutions for regional anaesthetic procedures.

8. REFERENCES

- NSW Health Policy Directive PD2022_032 - Medication Handling
- NSW Health Policy Directive PD2012_069 - Health Care Records - Documentation and Management
- Infection Prevention and Control Practice Handbook, Clinical Excellence Commission 2020
- National Recommendations for User-applied Labelling of Injectable Medicines, Fluids and Lines, 2015, Australian Commission on Safety and Quality in Healthcare
- Australian and New Zealand College of Anaesthetists Guideline PG03, 2014 Guideline for the management of major regional analgesia
- Australian and New Zealand College of Anaesthetists Guideline PG51, 2021 Guidelines for the safe management and use of medicines in Anaesthesia

9. VERSION AND APPROVAL HISTORY

Date	Version	Version and approval notes
April 2011	Draft	Sheila McCulloch Stream Manager – Surgery/Perioperative and Anaesthetic Services in consultation with SESIAHS Anaesthetic Directors.
November 2011	1	Sheila McCulloch Stream Manager – Surgery/Perioperative and Anaesthetic Services in consultation with Surgical Stream Director, SESLHD/ISLHD Anaesthetic Directors and SESLHD Clinical Governance Unit.
November 2011	1	Approval by SESLHD Clinical and Quality Council
November 2011	2	Minor editing changes made Michelle Bonner Acting Policy Officer
November 2011	3	Minor changes by George Rubin
February 2013	4	Reviewed by Sheila McCulloch and approved by Dr Greg Keogh Director Surgery Peri-Operative Anaesthetic Clinical Stream. Risk rating changed from extreme to high and references updated
March 2013	5	Approved by District Drug Committee
September 2015	5	Feedback provided by SESLHD Theatre Nurse Managers, SESLHD Clinical Stream Committee. Endorsed by Executive Sponsor
September 2015	5	Endorsed by Executive Sponsor
November 2015	5	Endorsed by SESLHD DQUMC
February 2016	5	Endorsed by SESLHD Clinical and Quality Council
May 2018	5	Review undertaken – no changes required
June 2018	5	Endorsed by SESLHD Quality Use of Medicines Committee
June 2021	6	Minor review: no comments from Stream. Hyperlinks updated.

		Endorsed by G Keogh, SESLHD Director Surgery, Perioperative and Anaesthetics
July 2021	6	Minor formatting changes and addition of Confirmation Bias definition. Endorsed by SESLHD Quality Use of Medicines Committee.
13 September 2024	6.1	Minor review. Links updated. Approved by SESLHD Drug and Therapeutics Committee and Executive Sponsor.