

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Correct Identification of Medication and Solutions for Regional Anaesthetic Procedures
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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.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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Correct Identification of Medication and Solutions for Regional Anaesthetic Procedures

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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. 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

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 Director of Surgery, Perioperative and Anaesthetic Stream

4.2 Directors of Operations and Directors of Clinical Services

4.3 Directors of Anaesthetics

4.4 Directors of Nursing / Site Managers

4.5 Clinical Staff – Medical, Nursing, Midwifery

4.6 Nurse Managers Operating Theatres

5. PROCEDURE

1. A protocol must be adhered to for checking the identity of the patient (and any allergies/previous drug reactions).
2. Any adverse event associated with regional anaesthetic procedures must be appropriately reported.

Skin decontamination: [SESLHDPR/354 Antiseptics and Disinfectants \(July 2015\)](#)

3. Preparing of the patient's skin MUST precede preparation of any medication for injection.

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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. Skin antiseptic preparation solutions must not be present at any time on the procedure sterile field for regional anaesthesia.
6. Following skin decontamination, any residual antiseptic solution must be discarded (into the rubbish bin), prior to the commencement of the regional anaesthesia procedure.

Regional anaesthesia procedure:

7. Solutions for injection used during regional anaesthesia must be confirmed by a two person check and drawn up directly from ampoule to syringe ([PD2013_043: Medication Handling in NSW Public Hospitals](#))
8. Contents of syringes used for injection during regional anaesthesia procedures must be clearly identifiable once solutions have been drawn up. Ministry of Health Policy Directive [PD2016_058 User applied Labelling of Injectable Medicines, Fluids and Lines.](#)
9. Galipots must not be a component of the procedural tray.
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.
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.
12. Sites can develop business rules for the administration regional anaesthesia if required. Any business rules developed must be reviewed annually and approved by the facility Clinical Council. (NSW Health Policy Directive [PD2013_043: Medication Handling in NSW Public Hospitals](#))
13. Key elements of regional anaesthesia procedures should be standardised within and between sites to reduce risk.
14. All participants in regional anaesthesia should be trained in the standardised practices.

6. DOCUMENTATION

Documentation of procedure in the medical record as per Ministry of 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.

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8. REFERENCES

- [PD2013_043: Medication Handling in NSW Public Hospitals](#)
- National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines 2015 Australian Commission on Safety and Quality in Healthcare
- [PD2016_058 User applied Labelling of Injectable Medicines, Fluids and Lines](#)
- [Australian and New Zealand College of Anaesthetists Position Statement PS03, 2011 Guidelines for the management of major regional analgesia](#)
- Australian and New Zealand College of Anaesthetists Position Statement PS50, 2017 Guidelines for the safe management and Use of medicines in Anaesthesia
- NSW Health Safety Notice: [SN 010/10\) Correct identification of medication and solutions for epidural anaesthesia and analgesia](#)
- [National Recommendations for User-applied Labelling of Injectable Medicines, Fluids and Lines February 2012 Australian Commission on Safety and Quality in Healthcare](#)

9. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
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