



Grand Canyon Anesthesiology Consultants

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Emergency And Transfer Protocol

In recognition of our responsibility in rendering patient care, the following policies and procedures have been established by Grand Canyon Anesthesiology Consultants. The physicians and staff in all offices where we deliver anesthesia services must review this document prior to our delivery of care.

1. Our anesthesiologist will, prior to delivery of anesthesia, educate the office staff on the location and basic operation of anesthesia equipment such as suction, defibrillator, oxygen tanks, and monitor to ensure that in the event of an emergency the staff is familiar with the needs of the anesthesiologist. The anesthesiologist will perform an emergency drill to ensure that the staff is aware of the steps involved in management of such situations.
2. In the event of cardiopulmonary emergency, the anesthesiologist or his designee will promptly inform the front desk at the office to call 911 and inform them of presence of a critical patient on the premises.
3. In the event of a cardiopulmonary emergency, once 911 has been contacted, the anesthesiologist will be responsible for conducting resuscitative efforts and appointing tasks to the office staff. The anesthesiologist will be in charge of managing the airway and administering emergency medications while he will appoint an assistant who is certified in Basic Life Support or Advanced Cardiac Life Support to conduct chest compressions. The anesthesiologist is also responsible for providing a thorough narrative of all such emergency protocols including the timing and dose of medications, defibrillations, and duration of compressions and cardiac rhythms.
4. In the event of continued cardiopulmonary instability, the anesthesiologist will direct all resuscitative efforts until the arrival of dispatched emergency medical services. The anesthesiologist will then provide a report of the events and make every effort to accompany the patient in the ambulance to the nearest emergency department.
5. In the event of a stable patient who may have sustained an anesthesia related complication that necessitates further monitoring or work-up in a

hospital setting (i.e. aspiration, pulmonary edema, or rhythm disturbances), the anesthesiologist will be responsible to make arrangements for the transfer of the patient by contacting the nearest emergency department and providing a report to the admitting emergency physician. Alternatively, in the event of a surgery related emergency (i.e. excessive bleeding, uterine perforation, etc.) it is the responsibility of the surgeon to make arrangements for the transfer of the patient or act as the admitting physician while the anesthesiologist makes every effort to stabilize the patient.