



Recommended Minimum Facilities for Safe Anaesthetic Practice in the Delivery Suite

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1. INTRODUCTION

Delivery Suites require the presence of certain minimal facilities for safe anaesthesia and effective resuscitation of mother and baby. This document should be read in conjunction with other documents issued by the Hong Kong College of Anaesthesiologists:

“Recommended Minimum Facilities for Safe Anaesthetic Practice in Operating Suites” [T2]

“Guidelines on Monitoring in Anaesthesia” [P1]

“Guidelines for Postanaesthetic Recovery Care” [P3]

“Minimum Assistance Required for the Safe Conduct of Anaesthesia” [T7]

2. PRINCIPLES OF ANAESTHETIC CARE

2.1. Anaesthesia or regional analgesia in obstetrics should be administered only by medical practitioners¹ with appropriate training in anaesthesiology.

2.2. Every patient presenting for anaesthesia or regional analgesia should have a preanaesthetic consultation by an anaesthesiologist.

2.3. Modern practice demands basic staffing, equipment, drugs, and protocols for the safe administration of anaesthesia, maternal regional analgesia, and the resuscitation of the neonate.

3. STAFFING

In addition to nursing staff required for the obstetric procedure, there must also be

3.1 An assistant to the anaesthesiologist. Please refer to HKCA document *“Minimum Assistance Required for the Safe Conduct of Anaesthesia.”* [T7]

3.2 A medical practitioner¹ with appropriate training to be solely responsible for the resuscitation and care of the neonate.

3.3 Adequate technical assistance to ensure proper functioning and servicing of all equipment used.

3.4 Adequate assistance in handling the patient.



4. EQUIPMENT

4.1. When anaesthetics are given in a Delivery Suite, whether in an Operating Theatre or not, equipment which complies with Sections 4.3 to 4.9 inclusive of the HKCA document “*Recommended Minimum Facilities for Safe Anaesthetic Practice in Operating Suites*”[T2], must be provided.

4.2. Monitoring equipment must also be available according to the HKCA document “*Guidelines for Monitoring in Anaesthesia*” [P1].

4.3. In addition, a wedge for tilting the patient prior to and during anaesthesia is required.

5. DRUGS FOR MATERNAL USE

Drugs for the purposes listed in Section 5 of the HKCA document [T2] must be available².

6. FACILITIES FOR NEONATAL RESUSCITATION

The following facilities specifically and exclusively for neonatal resuscitation must be available:

- 6.1 The means of administering oxygen.
- 6.2 Equipment for intubation and ventilation.
- 6.3 Suction equipment.
- 6.4 Intravenous equipment.
- 6.5 An appropriate range of drugs².
- 6.6 The means of warming the neonate.
- 6.7 Appropriate means to monitor the neonate.

7. ORDERING, CHECKING, CLEANING AND SERVICING EQUIPMENT

7.1. The hospital must designate at least one specialist anaesthesiologist to advise on the choice and maintenance of equipment for anaesthesia and an



appropriate medical practitioner to advise on equipment for neonatal resuscitation.

7.2. The hospital must also designate one or more of its staff to organise, supervise and establish regular routines for the cleaning, sterilisation, servicing and maintenance of equipment.

7.3. All equipment must be checked, cleansed and serviced in accordance with Section 6 of the HKCA document “*Recommended Minimum Facilities for Safe Anaesthetic Practice in Operating Suites*” [T2]

8. RECOVERY

Recovery from anaesthesia must take place under appropriate supervision, in an area equipped in accordance with the requirements of the HKCA document “*Guidelines for Postanaesthetic Recovery Care*” [P3].

9. OTHER CONSIDERATIONS

Many delivery suites are not suitable for the ongoing management of serious maternal or neonatal complications. As the foregoing recommendations only allow patients suffering from complications to be resuscitated and/or supported pending transfer to a more suitable environment, arrangements should exist to enable smooth effective transfer to be accomplished with minimal delay, and under adequate medical supervision.

NOTES

1 Medical Registration Ordinance (Cap 161): “registered medical practitioner” means a person who is registered, or is deemed to be so registered under the provisions of section 29.

2 The hospital or institution should seek the advice of the appropriate specialists working in the institution on the selection of the drugs required in Section 5 and 6.5.