

## STATE OF FLORIDA DEPARTMENT OF HEALTH INVESTIGATIVE SERVICES



**Pediatric General Anesthesia - Initial Inspection** 

			WW	w.FloridaHealth.gov
File # Insp #				
NAME	PERMIT NUMBER		DATE OF INSPECTION	
DOING BUSINESS AS	L			
STREET ADDRESS		TE	LEPHONE #	EXT
CITY	COUNTY		STATE/ZIP	
	000111		OTATE/EII	
	Additional Information			
Basic License Data - PSD	Additional morniagon			
Sedation Procedure Information	-			
Others Auth to Perform Sedation at Loc	I I			
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Pe	ediatric General Sedation Requirements			
OPERATORY - Rule	64B5-14.008(1) The operatory where anesthesia is a	dministered m	ust:	
Be of adequate size and design to permit physical access of	f emergency equipment and personnel and to permit eff	ective emergend	cy management	
Be equipped with a chair or table adequate for emergency tr	reatment, including a chair or cardiopulmonary resuscita	ition (CPR) boar	d suitable for CPR	
Be equipped with suction and backup suction equipment, als	so including suction catheters and tonsil suction			
	RECOVERY ROOM - Rule 64B5-14.008(2)			
If a recovery room is present, it shall be equipped with sucti- emergency treatment. The recovery room shall also be of ac shall be situated to allow the patient to be observed by the	dequate size and design to allow emergency access and	kygen and suffic d management.	ent light to provide The recovery room	
STANDARD EQUIPMENT – Rule 64B5-14.008(3) The fol		peratory and re	covery room and m	aintained in good
	working order:			
A positive pressure oxygen delivery system and backup system, including full face mask for adults and for pediatric patients, if pediatric patients are treated				
Oral and nasal airways of various sizes				
Blood pressure cuff and stethoscope				
Cardioscope – electrocardiograph (EKG) machine, pulse ox	imeter, and capnograph			
Precordial stethoscope				
Suction with backup suction, including suction catheters and	I tonsil suction			
Thermometer (Continuous temperature monitoring device, if	volatile gases are used)			
A backup lighting system				
A scale to weigh patients				
EMERGENCY EQUIPMENT - Rule 64B5-14.008(4) The fo	llowing emergency equipment must be present, rea	dily available a	nd maintained in go	od working order:
Appropriate I.V. set-up, including appropriate supplies and fl	luids			
Laryngoscope with spare batteries and spare bulbs				
McGill forceps, endotracheal tubes, and stylet				
Appropriate syringes				
Tourniquet and tape				
CPR board or chair suitable for CPR				

Defibrillator equipment appropriate for the patient population being treated

Cricothyrotomy equipment

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A Supraglottic Airway Device (SAD) or a Laryngeal Mask Airway (LMA)				
MEDICINAL DRUGS – Rule 64B5-14.008(5) The following drugs or type of drugs with a current shelf life must be maintained and easily accessible from the operatory and recovery room:				
Epinephrine				
A narcotic (e.g., Naloxone) and benzodiazepine (e.g., Flumazenil) antagonist, if these agents are used				
An antihistamine (e.g., Diphenhydramine)				
A corticosteroid (e.g., Dexamethasone)				
Nitroglycerin				
A bronchodilator (e.g., Albuterol inhaler)				
An antihypoglycemic agent (e.g., D50W IV solution)				
Amiodarone				
A vasopressor (e.g., Ephedrine)				
An anticonvulsant (e.g., Valium or Versed)				
Antihypertensive (e.g., Labetalol)				
Anticholinergic (e.g., atropine)	1			
Antiemetic				
A muscle relaxant (e.g., Succinylcholine)	1			
An appropriate antiarrhythmic medication (e.g., Lidocaine)				
Adenosine				
Dantrolene, if volatile gases are used				
EMERGENCY PROTOCOLS – Rule 64B5-14.008(6) The applicant shall provide written emergency protocols, and shall provide training to familiarize office personnel in the treatment of the following clinical emergencies:				
Laryngospasm				
Bronchospasm				
Emesis and aspiration				
Airway blockage by foreign body				
Angina pectoris				
Myocardial infarction				
Hypertension/Hypotension				
Hypertensive crisis				
Allergic and toxicity reactions				
Seizures				
Syncope				
Phlebitis				
Intra-arterial injection				
Hyperventilation/Hypoventilation				
Cardiac arrest				
Cardiac arrhythmias				
The applicant or permit holder shall maintain for inspection a permanent record, which reflects the date, time, duration, and type of training provided to named personnel.				
Has the applicant met all requirements above? If no, do not move forward with technique demonstration.				
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SIMULATION – Rule 64B5-14.007(2)(c) - Were the following simulated emergency responses demonstrated correctly:				
Airway obstruction				
Bronchospasm	<u> </u>			
Aspiration of foreign object				
Angina pectoris				
Myocardial infarction	<del>.</del>			
Hypotension Service of the service o				
Hypertension				
Cardiac arrest				

Allergic reaction

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Insp# File # Convulsions Hypoglycemia Syncope Respiratory depression Required Anesthesia Records – Rule 64B5-14.008(7) Were the following records adequate during administration of general anesthesia: Patient's current written medical history, including known allergies and previous surgery Base line vital signs, including blood pressure, and pulse Continuous monitoring of vital signs taken at appropriate intervals during the procedure Drugs administered during the procedure, including route of administration, dosage, time and sequence of administration Duration of the procedure Documentation of complications or morbidity Status of patient upon discharge, and to whom the patient is discharged Names of participating personnel Rule 64B5-14.008(8) Continuous Monitoring: The patient who is administered drug(s) for general anesthesia or deep sedation must be continuously monitored intra-operatively by electrocardiograph (EKG), pulse oximeter, and capnograph to provide heart rhythm and rate, oxygen saturation of the blood, and ventilations (endtidal carbon dioxide). This equipment shall be used for each procedure. Do the records reflect that the patient was monitored adequately? Anesthesia office team Anesthesia office team - Current CPR - Rule 64b5-14.003(1) Remarks: I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. Inspector Signature: Representative:

Date:

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Date: