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| **Information for registered mobile anaesthetic services – in an unregistered setting** |
| Mobile health services**OFFICIAL** |

# OFFICIALIntroduction

These guidelines support and provide advice on how to comply with the *Health Services (Health Service Establishments) Amendment Regulations 2018* (the Regulations). They offer advice for registered mobile anaesthetic services on how to provide safe, quality care in the unregistered setting.

These services may only be provided in office settings where the procedures being undertaken are not medical, surgical, or prescribed speciality services as defined in the regulations. For example, a registered mobile anaesthetist or IV-sedationist may provide services to a dental or radiology office settings but not to an office setting in which surgery is performed.

Providing a prescribed speciality health service in an unregistered office setting creates a new regulatory situation in Victoria. In these circumstances, the patient will be considered the responsibility of the health service establishment in which the planned procedure will be performed. However, it will be the responsibility of the registered mobile anaesthetic or IV-sedation service to ensure that certain requirements are met in the unregistered office setting where services will be provided prior to entering into a contract to provide services in each setting.

These are the minimum requirements considered necessary to ensure that safe anaesthetic or IV-sedation services can be performed.

This document outlines the requirements necessary to ensure the mobile anaesthesia or IV-sedation service safely delivered. The accompanying “Agreement for mobile anaesthesia and IV-sedation services provided in an office setting” sets out the specific requirements that must be met for each unregistered office setting in which services will be provided.

**These guidelines were developed with recommendations from:**

* the Australian Dental Association (VIC Branch).
* the Australian and New Zealand College of Anaesthetists (ANZCA).
* educators at the Westmead Centre for Oral Health and the University of Sydney.
* practising anaesthetists and IV-sedationists that provide registered mobile services; and
	+ dentists

The recommendations from these groups have been incorporated into these guidelines.

Clinical Care

## A. Pre-procedure care

In accordance with the regulations:

* a clinical risk assessment must be completed for every patient prior to their procedure and this information supplied to the registered mobile service a minimum of 24 hours in advance (excluding emergency procedures);
* it must be recorded that the anaesthesia or IV-sedation planned has been cross-checked against the scope of practice of the anaesthetist or IV-sedationist providing treatment; and
	+ patients at high risk of adverse events or reactions to anaesthetics or IV-sedation, or that have an unacceptable level of risk and cannot be treated and managed safely at the health service must be treated in an alternate setting.

### Pre-procedure clinical risk assessment

The registered mobile service must complete a clinical risk assessment for each patient prior to the procedure. It is not required that the registered mobile service conduct a clinical consultation, but rather that it ensures that the relevant patient information listed below has been reviewed to assess whether planned anaesthesia or IV-sedation can be safely administered. The clinical risk assessment must be undertaken at least 24 hours prior to the procedure. It is recommended that the pre-treatment clinical risk assessment include (but not be limited to):

* age
* weight
* comorbidities
* medical history including respiratory conditions, cardiac conditions etc.
* results from relevant investigations
* allergies
* current medications (including herbal remedies and birth control)
* any other drugs (including alcohol, cigarettes, marijuana, methamphetamine, methadone or naltrexone)
* known reactions to nonsteroidal anti-inflammatories
* prior experience with anaesthesia or IV-sedation and any resulting complications (such as nausea, vomiting or neurological reactions)
* ASA status
* the presence of false, damaged or loose teeth, dentures, caps or plates or other evidence of potential airway problems
* any gastrointestinal ulcers
* obstructive sleep apnoea, or known/suspected difficult endotracheal intubation or extubating
	+ anxiety about the procedure or needles

 **Please see ANZCA PS07:**
Guidelines on Pre-Anaesthesia Consultation and Patient Preparation.

[https://www.anzca.edu.au/getattachment/d11e9c7e-0825-458a-af47-7a21ddb588a7/PS26(A)-Position-statement-on-informed-consent-for-anaesthesia-or-sedation](https://www.anzca.edu.au/getattachment/d11e9c7e-0825-458a-af47-7a21ddb588a7/PS26%28A%29-Position-statement-on-informed-consent-for-anaesthesia-or-sedation)

[https://www.anzca.edu.au/getattachment/26698a6b-5440-4996-b682-9f9027c6cd23/PG07(A)BP-Guideline-on-pre-anaesthesia-consultation-and-patient-preparation-Background-Paper](https://www.anzca.edu.au/getattachment/26698a6b-5440-4996-b682-9f9027c6cd23/PG07%28A%29BP-Guideline-on-pre-anaesthesia-consultation-and-patient-preparation-Background-Paper)

### Information that should be provided to the patient

It is recommended that patients be provided with written information from the registered mobile service. This information should include:

* a description of the procedure that the patient is able to understand
* the nature and risks of the procedure
* preparation instructions (including fasting and medication modifications if necessary)
* escort instructions for returning home, returning to normal activities, driving, alcohol consumption and medication management
* what to expect during the immediate and longer-term recovery period
* name and details of whom to contact in case of concerns/issues
	+ out of pocket costs

Post-procedure care arrangements should be made during the consultation period and confirmed prior to the commencement of the procedure. In the case of children or people with special needs, there should be two adults to escort them home so that one may be available to monitor the child and prevent it from falling asleep in a position that could obstruct the airway. In the event that no escort can be organised for the day of the procedure, the registered mobile service must have a policy in place for postponing the procedure until an escort can be organised. Patients must not be home alone for the first 24 hours following the procedure. The registered mobile service must ensure that appropriate arrangements have been made.

### Consent

Consent must be obtained prior to treatment. This is a regulatory requirement. Please see Appendix ANZCA PS26 Guidelines on Consent for Anaesthesia or IV-sedation and ANZCA PS07 Guidelines on Pre-Anaesthesia Consultation and Patient Preparation for recommendations of what this should include.

## B. Perioperative care

Recommendations for perioperative care are based on the ANZCA PS18 Recommendations on Monitoring during Anaesthesia for further details.

Additionally, please see the Agreement between a mobile anaesthetic service or IV-sedation and an unregistered office for further information on role delineation and staffing requirements for different clinical scenarios.

### Equipment

In addition to the equipment provided by the office setting, the registered mobile service will be required to provide basic and emergency equipment when providing services or ensure the office setting, they are attending provides the equipment. Equipment must be inspected and tagged by a biomedical inspector. Proof of this inspection must be provided to the department upon registration.

Please see ANZCA guidelines PS09 Guidelines on IV-sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures and PS56 Guidelines on Equipment to Manage a Difficult Airway During Anaesthesia for recommended equipment.

### Clinical monitoring

The clinical monitoring of a patient undergoing any type of anaesthesia should include (but is not limited to) frequent assessment and recording of patency of airway, respiratory rate and effort, audible respiratory noises, circulation, blood pressure, oximetry, heart rate and/or rhythm.

(Please see ANZCA PS18 Recommendations for Monitoring during Anaesthesia, and PS09 Guidelines on IV-sedation and for Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures.)

### Drugs

The proprietor of a registered mobile anaesthetic or sedation service must have a Health Services Permit in accordance with the Drugs and Poisons Legislation. A permit can be applied for here: <https://www.health.vic.gov.au/drugs-and-poisons/online-forms-drugs-and-poisons-regulation>

Please see ANZCA PS55 Recommendations on Minimum Facilities for Safe Administration in Operating Suites and Other Anaesthetising Locations for details on drugs and agents commonly used in anaesthesia. In addition to these, if a drug with reversing agent is being used, the registered mobile service must carry a sufficient amount of the reversing agent.

The proprietor of the registered mobile service is responsible for ensuring that the following are checked before each procedure:

* Are all drugs within their use-by date?
	+ Have all drugs and equipment been checked at the commencement of each working day, and recorded on a dated check list?

## C. Postoperative care

### Recovery

Recovery should take place under appropriate supervision in a properly equipped and staffed area. (Please see the Agreement between a mobile anaesthetic service or IV-sedation and an unregistered office or ANZCA PS04 Recommendations for the Post-Anaesthesia Recovery Room and PS18 Recommendations on Monitoring during Anaesthesia for further details.)

The anaesthetist or IV-sedationist must be physically present during the intraoperative period and immediately available until all patients have been recovered to an agreed upon clinical baseline.

The patient must meet post-anaesthetic/sedation procedure clinical guideline standards prior to discharge. The patient must be alert and orientated, communicating appropriately and have maintained stable observations in the normal range for a certain amount of time that is reasonable depending on airway support used intraoperatively. It is recommended that the mobile anaesthetic or IV-sedation service have a set of observational criteria (i.e. if HR, BP, RR, SpO2 are not within normal range for patients age or weight, at which time the anaesthetist or IV-sedationist asks to be contacted). This must be recorded in the anaesthetist’s or IV-sedationist’s notes. The registered mobile service must retain a copy of these notes and provide a copy to the unregistered office setting where the procedure is being undertaken.

The registered mobile service must ensure that the recovery staff have qualifications in basic resuscitative techniques (see ANZCA PS09 Guidelines on IV-sedation and or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures for further details) and should be immediately available until all patients have left the office setting (see the Check list for mobile anaesthesia and IV-sedation in office settings for further details). The registered mobile service can either use staff that are part of the office setting or provide them from the registered mobile service.

### Post-procedural monitoring

The registered mobile service must ensure that the patient is monitored by appropriately trained staff (this will depend on the level of IV-sedation or anaesthesia used and how the airway was maintained intraoperatively. Please see the Agreement between a mobile anaesthetic service and an unregistered dental facility, based on ANZCA PS09 Guidelines. The patient should be monitored by an appropriately trained person such as a recovery nurse or other suitably qualified practitioner with the anaesthetist or IV-sedationist readily available if required. The anaesthetist or IV-sedationist should be satisfied that that patient is stable and safe prior to commencing another episode of anaesthesia or IV-sedation or leaving the office setting.

A system must be in place to enable safe transfer of the patient to appropriate medical care should the need arise.

### Information provided to patients prior to departure

As per the regulations, each patient must be provided with basic information. This will serve two purposes. The patient will have information about aftercare and be provided with the name and contact details of whom to contact in the case of medical concerns relating to the procedure. Secondly, the patient will be able to give this information to another medical practitioner if necessary. The following information shall be provided to the patient from the registered mobile service:

* the full name of the patient
* the date of birth of the patient
* the medical or surgical procedure received by the patient
* post-procedure instructions for patient care
	+ a list of any prescribed medications (including any changes or additions)

The patient must be accompanied home in the care of a responsible adult to whom written instructions must be given, including advice about eating and drinking, pain management, resumption of normal activities, as well as making legally binding decisions, driving, or operating machinery. In the case of children or people with special needs, there should be two adults to escort them home so that one may be available to monitor the person who had the procedure, and prevent him or her falling asleep in a position which could obstruct the airway (please see the Agreement between a mobile anaesthetic service and an unregistered dental facility or ANZCA PS04 Recommendations for the Post-Anaesthesia Recovery Room and PS18 Recommendations on Monitoring during Anaesthesia for further details).

## D. Emergency management

Proper emergency management relies on a number of factors, including building requirements, protocols, staffing, role delineation and equipment. A list for each of these areas is included in the ‘**Information for a registered mobile anaesthetic services in an unregistered setting’** with the exception of the equipment to be provided by the mobile service.

### Role delineation during emergencies

Prior to the procedure, each practitioner attending the patient must have a clearly defined role and responsibility. Please see the “Agreement between a mobile anaesthetic service and an unregistered dental facility” which outlines the possible clinical scenarios and the roles of each practitioner present as per the **ANZCA PS09 Guidelines on IV-sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures.**

It is important that all staff present have allocated responsibilities in the event of a patient’s clinical deterioration or medical emergency, and that these responsibilities are done in a coordinated manner to ensure best outcome in the interest of the patient.

There must be a nominated practitioner to manage and lead the emergency event. This must be clearly agreed upon to prior to the procedure. Most commonly, this will be the anaesthetist or the IV-sedationist, however, there may be times when it is appropriate for the proceduralist to be the leader depending upon the situation. The accompanying ‘**Agreement between a mobile anaesthetic service and an unregistered dental facility**’ identifies who will be the designated leader in the case of an emergency, while acknowledging this may be a general arrangement that will be reviewed on a case-by-case basis.

**Note:** **It is recommended that continuing education in anaesthesia crisis resource management and medical emergency management be undertaken on a yearly basis.**

There must be an additional person present (e.g., a receptionist) to call 000 in the case of an emergency, to meet emergency services and guide them to the patient. Contact with emergency services via 000 should occur in an emergency situation and should be given a high priority as soon as possible. If there are more than two steps that must be taken to extricate a patient, this must be mentioned to the 000 operator when the call is placed.

Proprietors of registered mobile anaesthetic and sedation services must consider how they will manage an anaesthetised or sedated patient in the event of an evacuation at the premises (such as in the case of a fire).

# Documentation

## A. Record of an episode of anaesthetic care

This record provides information that will assist staff involved in the patient’s care and to any subsequent anaesthetists. Copies of the record should be given to the proceduralist (please see ANZCA PS06 The Anaesthesia Record Recommendations on the recording of an Episode of Anaesthesia Care for further details).

### Consent

Consent must be obtained and documented prior to the procedure. This must be documented in the registered mobile service’s patient record. Please see the ANZCA Guideline PS26 Guidelines on Consent for Anaesthesia or IV-sedation for guidance on obtaining informed consent.

### Pre-treatment clinical risk assessment

The regulations require that the proprietor of a health service establishment ensure that a pre-admission clinical risk assessment has been undertaken for patients at least 24 hours prior to their procedures. This must be documented in the patient’s record (please see Pre-treatment clinical risk assessment on page 2 for further details).

### Anaesthesia / IV-sedation information

The information provided regarding the anaesthesia or IV-sedation is the core of the patient’s own health record. It includes information on the techniques, medications and equipment used, the time the episode took and any complications that arose during the procedure. It also includes information regarding the patient’s recovery. The service providers’ record is an essential document in the patient’s own medical record (please see ANZCA PS06 Recommendations on the Recording of an Episode of Anaesthesia Care for further details).

## B. Information that must be provided to the patient

Prior to treatment, it is recommended that patients be provided with the following information:

* the nature and risks of the procedure
* preparation instructions (including fasting and medication modifications if necessary)
* escort instructions for returning home, returning to normal activities of daily living, driving, alcohol consumption and medication management
* what to expect during the immediate and longer-term recovery period
* name and details of whom to contact in case of concerns/issues
* cost

Post procedure, patients must be provided with written information including:

* the full name of the patient
* the date of birth of the patient
* the medical or surgical procedure received by the patient
* post-procedure instructions for patient care
* name and details of whom to contact in case of concerns/issues
	+ a list of any prescribed medications (including any addition or change)

Giving patients a copy of the basic information about their treatment will enable them to give this information to another medical practitioner if necessary. It must be recorded in the patient’s record that this information has been provided to the patient. A copy of this record must be left in the unregistered office setting and a copy must be retained by the registered mobile service.

# Physical requirements of office settings where services will be provided

Before a registered mobile service can enter into a contract to provide services in an unregistered office setting, the proprietor must ensure that the physical environment of the office setting enables the provision of safe and quality patient care. A full list of the physical requirements and equipment office settings must have before contracting services of a registered mobile service is provided in the “Agreement between a mobile anaesthetic service or IV-sedation and an unregistered office”. The agreement should be signed by the proprietor of the registered mobile service and the proprietor of the office setting.

## Specific locations

It is expected that mobile anaesthesia and IV-sedation services will be provided to a range of unregistered office settings. It is likely each setting will have a distinct set of circumstances and challenges for consideration to ensure patient safety and quality of care.

### Dental surgeries

There must be an operating dental chair which will allow the patient to be placed rapidly in the supine position in case of medical emergency.

### Organ imaging locations

Monitoring equipment complying with the ANZCA professional document PS18 Recommendations on Monitoring During Anaesthesia. Although there may be difficulties specific to magnetic resonance imaging facilities, equipment that meets the requirements to provide safe and quality patient care is essential. The assessment of patients prior to their procedure will help ensure safety at all imaging centres. This is paramount with more complex cases treated in services with high-acuity capability. A common example may be pre-screening for non-MRI-compatible pacemakers.

# Data

As per the Regulations, registered mobile services will be required to collect patient experience and staff safety culture data. They will also be required to report sentinel events to Safer Care Victoria.

## A. Patient experience data

It is a widely accepted fact that patient experience is an integral component of the assessment of the quality and safety of a health system. The regulations require that registered private health establishments collect and review patient experience data. As patient experience surveys can be costly, the Australian Commission for Safety and Quality in Health Care is developing a core set of 12 non-proprietary patient experience questions. Once released, services could use these questions free of charge. Services would be required to collect and review this data and make it available to the department upon request. It is recommended that half of all patients be surveyed, noting that not all will respond. Questions could be given to patients with their post-procedure recovery information along with a pre-paid envelope.

## B. Staff safety culture

Staff perception of safety culture is recognised as an indicator of the safety culture and the quality of services provided by a health service. The regulations require that registered private health establishments collect and review staff safety culture data. This is usually done on an annual basis. It is acknowledged that some mobile anaesthesia and IV-sedation services may be a single owner-operator or have only one other staff member. However, other services will be comprised of more staff. The People Matter Survey that is currently used in the public sector has eight questions that evaluate staff views on quality and safety reporting culture within their facility. These questions could be used by registered mobile services to collect staff safety culture.

## C. Sentinel events

As per the regulations, proprietors of mobile health services will be required to report sentinel events to Safer Care Victoria: <https://www.bettersafercare.vic.gov.au/notify-us/sentinel-events>

# Governance

The mobile anaesthesia or IV-sedation service should have a medical director or governing body that establishes policy and is responsible for the activities of the service and its staff (in some cases, a registered mobile service may be comprised of a sole owner-operator, while others will have more than one practitioner and may employ nurses).

The proprietor of the registered mobile service is responsible for ensuring that the service’s personnel are adequately and appropriately trained for the anaesthetic or IV-sedation services being delivered. Registered services are required to meet on a quarterly basis to ensure that safe and quality patient care is being provided by the registered service. Sole practitioners must still undertake and document these issues so that they can be reviewed by the department.

The proprietor of the mobile anaesthetic or IV-sedation service will be responsible for:

* patient quality and safety as a standing agenda item of every meeting
* oversight of clinical governance, scope of office setting and credentialing processes
* oversight of the quality and safety culture within the registered mobile service, including documented patient experience and staff safety culture data (see section IV. Data)
* enforcement or adherence to by-laws that govern the actions of all credentialed medical practitioners while they are working as part of the registered mobile service
* documentation of the meetings
	+ review of the results of morbidity and mortality reviews

At a minimum, recommendations and escalations resulting from the reviews should be reported to the proprietor of the registered mobile service. Records must be kept of these reports and the actions undertaken to address the issues raised. Meetings shall be held once every quarter.

## Credentialing

Mobile anaesthetists and IV-sedationists will be required to be credentialed by the registered mobile service once every three years.

For services that consist of a sole owner-operator that practitioner will need to be credentialed by a peer. This is a legislative requirement for all registered private health services.

### Qualifications for IV-sedationists

Anaesthetists must demonstrate current registration with the Medical Board of Australia and compliance with CPD requirements.

Dentists providing IV-sedation must be endorsed by the Dental Board of Australia. This endorsement must be maintained and renewed every 12 months.

## Scope of practice

Proprietors of registered mobile services will be responsible for ensuring that all registered medical practitioners working at the registered mobile service have their scope of practice clearly defined.

## By-laws

Registered mobile services will be required to have by-laws that set out the requirements for every health practitioner working within the registered mobile service. The department provides model by-laws that can be adopted or adapted according to the service needs. Please contact the department for a copy of these.

## Policies and procedures

Registered mobile services will be required to have the following policies and procedures:

* infection control
* management of deteriorating patients
* patient exclusion policy
* open disclosure (This is part of the National Safety and Quality Health Service Standards – Standard 1: Governance for Safety and Quality in Healthcare Organisations)
	+ health services permit

Please see the “Agreement between a mobile anaesthetic service and an unregistered dental facility” for a list of the policies that mobile anaesthetists or IV-sedationists must ensure is in place at each office setting where services will be delivered. The registered mobile service will be required to have these policies and procedures and must satisfy themselves that the office setting in which they are providing services has these policies and procedures.

## Other regulatory requirements

Practitioners employed by a mobile anaesthesia or IV-sedation service must have a Working with Children Check if they are treating children under the age of 18 years old.

Staff of a mobile anaesthetic or IV-sedation service must comply with the Drugs and Poisons Legislation.
<https://www.legislation.vic.gov.au/in-force/statutory-rules/drugs-poisons-and-controlled-substances-regulations-2017/006>

## Staffing during procedures

The ANZCA PS09 Guidelines on IV-sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures forms the basis for the staffing ratios. Appendix III of PS09 outlines the necessary personnel required for five procedural sedation and analgesia scenarios. The five scenarios are defined by increasing depth of anaesthetic/sedation administered and clinical complexity and risk.

It is expected that the registered mobile service will provide at least one of the following models of care. However, in the case that more than one model will be provided, the highest risk setting/clinical risks model to be implemented should be reflected in the contract and the guide the completion of this form.

Please note that the regulations require that, “at least one registered nurse for every 10 patients or fraction of that number during day and evening shifts”. This means that as a registered service, the mobile anaesthetic or IV-sedation service will need to have a Registered Nurse.

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| **Scenario 1 : Three personnel – sedation by proceduralist**For cases in which low dose opioids (e.g. fentanyl) or benzodiazepines (e.g. midazolam) in ASA P 1-2 patients. This scenario requires three personnel and **the sedation may be administered by the proceduralist**. There must be :a medical or dental practitioner proceduralist with airway and resuscitation skills, and training in administration of nitrous oxide or low dose oral sedation techniques ;an assistant with training in monitoring patients post-sedation (Division 1 nurse with peri-anaesthetic or critical care training) ; andan assistant to assist both.This scenario excludes the use of :the use of propofol and thiopentone ; and other intravenous anaesthetic agents. |
| **Scenario 2 : Three personnel – sedation by medical or dental practitioner**For cases in which low dose opioids (e.g. fentanyl) or benzodiazepines (e.g. midazolam), or propofol, thiopentone, and other intravenous anaesthetic agents may be used in ASA P 1-2 patients **by a medical or dental practitioner trained in their use. These may not be administered by the proceduralist.** There must be : a proceduralist ;a medical or dental practitioner with airway, resuscitation skills, and training in administration of sedation ; andan assistant to assist both. |
| **Scenario 3 : Four personnel– sedation by medical or dental practitioner**For cases in which low dose opioids (e.g. fentanyl) or benzodiazepines (e.g. midazolam), or propofol, thiopentone, and other intravenous anaesthetic agents may be used in ASA P 1-3 patients **by a medical or dental practitioner trained in their use. These may not be administered by the proceduralist.** There must be :a proceduralist ;a medical or dental practitioner with airway and resuscitation skills, and training in administration of sedation ; &an assistant to assist each practitioner. The assistant to the sedationist must be trained to monitor patients post-sedation (Division 1 nurse with peri-anaesthetic or critical care training). |
| **Scenario 4 : Three personnel – sedation by anaesthetist**For cases in which any anaesthetic drugs may be used. The level of sedation/anaesthetic targeted can range from light sedation to general anaesthesia in all patients. **The sedation/anaesthesia must be administered by an anaesthetist.**There must be :a proceduralist ;an anaesthetist ; andan assistant to both. The assistant must be trained to monitor patients post-sedation (Division 1 nurse with peri-anaesthetic or critical care training). |
| **Scenario 5 : Four personnel – sedation by anaesthetist**For cases in which any anaesthetic drugs may be used. The level of sedation/anaesthetic targeted can range from light sedation to general anaesthesia in all patients. This scenario applies to cases in which assistance is likely to be required of the majority of the case (e.g. complex or emergency patients.) **The sedation/anaesthesia must be administered by an anaesthetist.** There must be :a proceduralistan anaesthetist ; andan assistant to each. The assistant to the sedationist must be trained to monitor patients post- sedation (Division1 nurse with peri-anaesthetic or critical care training.) |
| Which model of care will you be providing ? **Please circle one :****Scenario 1 2 3 4 5** |
| Are there any circumstances in which a different scenario might be undertaken? Please describe: |

# Further information

**For further information, please see the following ANZCA guidelines:**

* PS04 Recommendations for the Post-Anaesthesia Recovery Room
* PS06 The Anaesthesia Record Recommendations on the recording of an Episode of Anaesthesia Care
* PS07 Guidelines on Pre-Anaesthesia Consultation and Patient Preparation
* PS09 Guidelines on IV-sedation and or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures
* PS15 Guidelines for the Peri-operative Care of Patients Selected for Day-Surgery Procedures
* PS18 Recommendations on Monitoring during Anaesthesia
* PS26 Guidelines on Consent for Anaesthesia or IV-sedation
* PS55 Recommendations on Minimum Facilities for Safe Administration in Operating Suites and Other Anaesthetising Locations
	+ PS56 Guidelines on Equipment to Manage Difficult Airway During Anaesthesia

**All documents can be found on the ANZCA website:** <https://www.anzca.edu.au/>

To receive this publication in an accessible format, email the Private Hospitals & Day Procedure Centres Unit at privatehospitals@health.vic.gov.au

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