Subject: PATIENT REQUIRING SEDATION

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I. PURPOSE

To provide organizational framework for anesthesia services

II. POLICY

Pediatric Patients requiring sedation will be scheduled for Thursday mornings for MR procedures.

III. RESPONSIBILITIES:

MR nursing staff, MR technologist, MR Registration staff, MR manager, Anesthesiologist

IV. PROCEDURES/GUIDELINES

1. the MR registrar will provide the referring physician with the required pediatric medical clearance form. This form is to be completed by the referring physician and faxed back to MR suite.

2. The parents or guardian of the child will be instructed to bring the completed form to the anesthesia department on the Tuesday preceding the examination. The patient will be evaluated by an anesthesiologist and cleared for the procedure. The medical clearance form, consent for sedation/general anesthesia, and all financial verifications will be sent to Radiology by the anesthesia dept. Radiology will maintain copies and fax the original forms to Pre-admission testing. The original forms will be placed in the patient's anesthesia record.
3. On the day preceding the day of the procedure, Radiology will forward to The OR booking office, a list of scheduled cases.

4. A Pediatric Cardiac Arrest Crash cart will be available in MR at all times during the procedures.

5. Recovery from sedation will take place in the MR holding area. All appropriate equipment (stretcher, oxygen, suction etc.) is available at all times.

6. The attending anesthesiologists responsible for discharging the patient home. The discharge will be documented and signed by the attending anesthesiologist.

7. On certain occasions, it may be advisable to transfer the patient to the ambulatory recovery room for observation. This decision will be made by the attending anesthesiologist. If necessary the patient may be admitted to the hospital.

8. The anesthetic supplies and equipment will be brought to MR on Thursday morning by the assigned anesthesia team and returned to the OR after each session for restocking maintenance and decontamination.

V. ATTACHMENTS:
None

VI: REASON FOR REVISION:
Review

VII REFERENCES:
The Joint Commission Standards

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<th>Date Reviewed</th>
<th>Revision Required</th>
<th>Responsible Staff Name and Title</th>
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<tr>
<td>10/2001</td>
<td>Yes</td>
<td>James Shanahan, Director Radiology Department</td>
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<tr>
<td>12/2010</td>
<td>Yes</td>
<td>Donna McKenzie, Director Radiology Department</td>
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<tr>
<td>2/2015</td>
<td>No</td>
<td>Vincent Mont Assoc. Director Radiology Department</td>
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