



### APPENDIX 3

#### Pre-Anesthetic Checklist

With the advent of modern electronic anesthesia delivery systems, it is recognised that a single checkout recommendation is not applicable to all systems. Not only does equipment design differ, but the automated checkout procedures built into these systems may or may not check all of the items that require attention.

Consequently, the guidelines below describe the items that should be checked prior to use, rather than how each item should be checked. The actual checklist to be used is dependent on the actual equipment and resources available at a specific anesthetising location. Departments of Anesthesia should consider developing checklists tailored to the actual equipment that is used in their department. As new anesthesia delivery systems are adopted, revised checkout procedures will be required.

TABLE 1 Pre-Anesthesia Checkout Procedure: **Item to be completed daily, or after a machine is moved or vaporizers changed**

Verify availability of special equipment (defibrillator, emergency drugs, difficult intubation kit, malignant hyperthermia kit, portable oxygen supply)
Confirm that MAINS (AC) power is available and anesthetic machine activates on AC power.
Complete and confirm success of internal check systems in electronic anesthetic workstations.
Verify that pressure is adequate in the auxiliary oxygen cylinder mounted on the anesthesia machine and a manual ventilation device (manual self refilling resuscitation bag) is available & functioning..
Verify that the piped gas pressures are $\geq 47$ psi.
Verify that there are no leaks in the gas supply lines between the flowmeters and the common gas outlet. Note: In electronic anesthesia delivery systems, this is usually performed by the system internal self check.
Ensure that the waste anesthetic gas scavenging system is functioning correctly.
Calibrate, or verify calibration of, the oxygen monitor and check the low oxygen alarm. Also calibrate or verify the calibration of the capnometer and anesthetic agent analysers.
Document completion of checkout procedures.

**TABLE 2 Pre-Anesthesia Checkout Procedure: Item to be completed daily AND prior to each anesthetic procedure**

Verify availability of routine equipment: (airway: functioning laryngoscope with back-up, appropriate tracheal tubes, appropriate oropharyngeal airways, stylet, Magill forceps, alternate airway management supplies as appropriate) (medications: routine and for resuscitation) (intravenous supplies and solutions)
Verify patient suction is immediately available and is adequate to clear the airway.
Verify availability of required monitors, including alarms. Ensure that the alarms are enabled, that limits are set appropriately and that the volume is sufficiently loud.
Verify that vaporizers are adequately filled and if applicable that the filler ports are tightly closed.
Verify carbon dioxide absorbent is not exhausted.
Verify breathing system pressure and leak testing.
Verify that gas flows properly through the breathing circuit during both inspiration and exhalation.
Document completion of checkout procedures.
Confirm ventilator settings and evaluate readiness to deliver anesthesia care (briefing section of the Surgical Safety Checklist).

Based on 2008 ASA Recommendations for Pre-Anesthesia Checkout of the American Society of Anesthesiologists. A copy of the full text can be obtained from ASA, 520 N. Northwest Highway, Park Ridge, Illinois 60068-2573 USA.