

## Interim Policy on Pre-Hospital Emergency Anaesthesia October 2014

BASICS South West doctors have not hitherto provided pre-hospital emergency anaesthesia, as our structure does not currently provide the team approach required to provide safe emergency anaesthesia and we have not yet established the appropriate clinical governance and review processes required.

Our Statement on sedation of April 2012 stated: *BASICS South West, at the current time, does not have the appropriate team structure ... to carry out full pre-hospital anaesthesia with neuromuscular blockade and intubation. We would advise strongly against any doctor, however well trained, attempting this outside the appropriate team structure and clinical governance framework.*

This guidance still holds. However we continue to review the situation and we recognise that as our service develops, together with developments within the Ambulance Service and local Air Ambulance services, there are beginning to be situations when appropriately trained and experienced doctors in very specific circumstances may be able to provide pre-hospital emergency anaesthesia.

The following criteria provide an interim policy on those circumstances unless and until BASICS South West develops the appropriate support and clinical governance structure.

- The doctor should be experienced in, and currently providing, pre-hospital emergency anaesthesia within another pre-hospital emergency care service (for example an air ambulance service) that is recognised by the BASICS South West Committee as providing an appropriate clinical governance structure and support for the clinician's pre-hospital anaesthesia.
- The other pre-hospital emergency care service should have been consulted and have agreed to provide responsibility for the supportive clinical governance processes including review and audit of the doctor's pre-hospital anaesthetics, even those provided during a call as a doctor from one of the BASICS South West schemes.
- The doctor should also provide clinical details of all pre-hospital emergency anaesthetics to the BASICS South West anaesthetic lead (currently Dr David Ashton-Cleary) for review and in order to assist with the development of an internal BASICS South West clinical review process for pre-hospital emergency anaesthesia.
- As for all BASICS South West activations, the appropriate patient records should be completed and copies provided for the doctor's BASICS Scheme and South Western Ambulance Service NHS trust.
- The doctor should follow the anaesthetic standard operating procedures of the pre-hospital emergency care service that is providing clinical governance of his/her pre-hospital emergency anaesthesia.
- Pre-hospital emergency anaesthesia requires a well-organised team. The doctor should have an assistant available at scene who is specifically trained and experienced in assisting in the

administration of pre-hospital rapid sequence induction of anaesthesia. Induction of pre-hospital emergency anaesthesia without a specifically trained assistant is a high-risk procedure. It should only be considered in *exceptionally rare circumstances* where an experienced pre-hospital anaesthetist cannot maintain the airway and ventilation using any simpler measures en-route to hospital. Under no circumstances should a doctor attempt pre-hospital emergency anaesthesia without any professional assistance.

- Any BASICS South West scheme doctor wishing to provide pre-hospital emergency anaesthesia according to this policy should first seek approval from the BASICS South West Committee providing appropriate evidence that they can fulfil the requirements outlined above.

#### Document details

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