

Fire Risk Assessment for Anesthesia Regional Block (Electronic Documentation)

Anesthesia Regional Block Out of OR Time Out

Fire Risk Assessment

Fire Risk Assessment Date/Time

Procedure site or incision above the xiphoid Yes No

Open oxygen source (face mask/nasal cannula) Yes No

Ignition source (cautery, laser, fiberoptic light source) Yes No

Fire Risk Score

SCORE 0, 1 or 2: Initiate Routine Protocol Yes

SCORE 3: Initiate High Risk Protocol Yes

Instructions for the Fire Risk Assessment (Electronic Documentation)

Fire Risk Assessment

* Routine Protocol

1. FUEL

A. When an alcohol based solution is used, use minimal amount of solution and allow sufficient time for fumes to dissipate before draping. Observe drying time (minimum 3 minutes). Do not drape patient until flammable prep is fully dry.

B. Do not allow pooling of any prep solution (including under the patient).

C. Remove bowls of volatile solution from sterile field as soon as possible after use.

D. Utilize standard draping procedure

2. IGNITION SOURCE

A. Protect all heat sources when not in use. (cautery pencil holster, laser in stand by mode, etc.)

B. Activate heat source only when active tip is in line of sight.

C. De-activate heat sources before tip leaves surgical site.

D. Check all electrical equipment before use.

* High Risk Protocol (includes all of routine protocol)

A. Use appropriate draping techniques to minimize O₂ concentration (i.e., tenting, incise drape).

B. Electrical Surgical Unit (ESU) setting should be minimized.

C. Encourage use of wet sponges.

D. Basin of sterile saline and bulb syringe available for suppression purposes only.

* A syringe full of saline will be available, in reach of the anesthesia care provider, for procedures within the oral cavity.

* Documentation of oxygen concentration/flows. Use of "MAC Circuit" for oxygen administration.