Policy for Main Operating and Obstetric Room Anesthesia Carts

Rationale: In order to better secure the drugs used by anesthesiology staff in the OR suites the anesthesia carts will be locked on evenings and weekends to protect the drug tray contents.

**Main Operating Rooms**

**Weekdays**
1. During the day shift [7a - 7pm] the carts may remain unlocked.
2. Upon leaving for the day, anesthesia carts will be locked by CRNAs, SRNAs, residents, and fellows. Starting at ~7pm the carts will be locked by anesthesia technicians in rooms between cases and in empty operating rooms.
3. Pharmacy techs make their usual rounds to restock the drug trays daily between 7p and midnight. They will relock the drugs trays after restocking.

**Weekends (Friday 7p to Monday 7am)**
1. All anesthesia carts locked between cases.
2. Carts in empty rooms must remain locked
3. Trauma room drugs must remain locked in the cart between cases.

**Keys**
1. The administrative assistant in the anesthesia control room will distribute keys to CRNAs, SRNAs, anesthesiology residents/fellows, anesthesia technicians and attending anesthesiologists.
2. An extra key will be attached to the code and AIC pagers.

**Obstetric Operating Rooms**

It is necessary and safe practice for non-controlled* medications to be secured for immediate use in emergent situations in the Obstetric Operating Rooms in a tamper-evident device that can be easily broken by authorized persons. Locks requiring knowledge of a combination or possession of a physical key jeopardize patient safety.

**Weekdays and Weekends:**
1. Emergency drugs shall be ready at all times in a readily accessible small drawer and secured with a plastic tab which can be broken in an emergency situation.
2. During regular operating room hours, anesthesia carts may remain unlocked immediately before, during, and after cases.
3. When an operating room is finished and empty of further scheduled cases, anesthesia carts must be locked by the anesthesia provider.
1 Security of Medications in the Operating Room, American Society of Anesthesiologists Position Statement, October 2003
* Medications that are not Schedule 3 or 4 narcotics