



**MEDICAL SCIENCES COUNCIL
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

ANAESTHETIC TECHNICIAN - SCOPE OF PRACTICE AND SEDATION GUIDELINE

OCTOBER 2021



SCOPE OF PRACTICE

(as outlined in the NZ Gazette Notice)

The AT scope of practice allows for flexible work practices including assisting with the sedation of patients.

The Anaesthetic Technician Scope of Practice is defined as:

- Utilises technical and clinical judgement to assess peri-operative requirements and provide patient care and assistance during all aspects of anaesthetic administration and during anaesthetic related procedures.
- Cannot independently prescribe or administer agents used for general anaesthesia and/or sedation. Administration of anaesthetic agents can only occur in an assisting role under the direction of a medical anaesthetist¹ or intensive care specialist.

¹ In this context 'medical anaesthetist' includes anaesthetists in training

- Provides support to the medical anaesthetist or intensive care specialist and collaborates and works alongside other health professionals during peri-operative, interventional and investigative procedures.
- Provides anaesthetic assistance in operating departments, radiology and MRI units, intensive care, obstetric and emergency departments, and any other areas where anaesthesia is administered.
- Provides support for the safe transportation of patients, both within the hospital environment and/or between other hospitals or healthcare facilities.
- Works as a team member alongside other health workers¹.

¹ This may include working alongside people who are unregistered

- Provides physical and emotional support to the patient to enhance the safe outcome of anaesthetic procedures.
- Anticipates and prepares the equipment, monitoring and other requirements specific to each anaesthetic procedure.

As defined in the scope of practice, an anaesthetic technician cannot prescribe medications.

Responsibilities of an AT administering conscious sedation:

- 1.** While the prescriber must be present and take full responsibility for the prescription of the drug, including correct dosage, medication and patient, the anaesthetic technician can take responsibility for any checking of the medication, route, dose, and patient in accordance with local policy prior to administration.
- 2.** There must be a written record of the medications administered. The anaesthetic technician may administer on verbal orders and must keep a record of the medications given, and those verbal orders must be signed by the prescriber.
- 3.** The anaesthetic technician must be working within their skill set, and be credentialed by their department for the administration of medications. Direct supervision is to be provided by the medication prescriber (which means being in the same room and being able to directly observe). The anaesthetic technician must take all measures to ensure the health and safety of the patient.
- 4.** To follow the Medical Sciences Council's policy on *Expanded Practice*¹ and the *PS09 Guidelines on Sedation and/or Analgesia for diagnostic and Interventional medical, Dental or Surgical Procedures 2014* (The Australian and New Zealand College of Anaesthetists).

¹ It is noted that anaesthetic technicians working in the expanded practice of PACU, may administer medications under the direction of an anaesthetist or intensive care specialist, which during the recovery phase from anaesthesia may produce sedation.

In the absence of an anaesthetist or intensive care specialist, sedation is limited to the provision of conscious sedation. This is a condition where patients are able to respond purposefully to verbal command or light tactile stimulation. This must be made at the request of an authorised prescriber as described in the Medicines Regulation Act 1984 and Medicines Amendment Regulations 2011.



The administration of anaesthesia medications MUST ONLY occur under the direct supervision of an Anaesthetist or an Intensive Care specialist.

These anaesthesia medications include but are not limited to:

- All intravenous induction agents with the exclusion of midazolam
- All depolarising and non-depolarising muscle relaxants
- All volatile anaesthesia agents
- The high potency narcotics:
 - Alfentanil
 - Remifentanil.

IV or oral medications used for sedation cover a wide spectrum but are generally considered to include:

Benzodiazepines (midazolam most frequently)

Narcotics:

- Morphine
- Pethidine
- Fentanyl.

And by inhalation

- Nitrous Oxide in no more than 50% concentration.

LINKS AND REFERENCES

- ANZCA: (PS07) recommendations for the pre-anaesthesia consultation
- ANZCA: (PS09) Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures.
- ANZCA: (PS18) Recommendations on Monitoring During Anaesthesia
- ANZCA: (PS19) Recommendations on Monitored Care by an Anaesthetist
- ANZCA: S51 Guidelines for the Safe Administration of Injectable Drugs in Anaesthesia
- Medicines Regulation Act 1984
- Medicines Amendment Regulations 2011
- Expanded Practice Policy