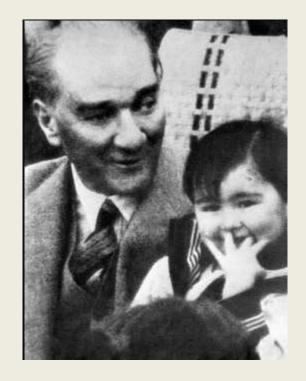
TARD Kardiyak Anestezi Standartları



Prof Dr Aslı DÖNMEZ Dışkapı Yıldırım Beyazıt EAH



- Kılavuz (rehber) tanımı
- Kılavuz hazırlanması, faydaları, sakıncaları
- Anestezi dünyasında kullanılan kılavuzlar
- Ülkemizdeki durum
- Anket sonuçları

Institute of Medicine (2011)

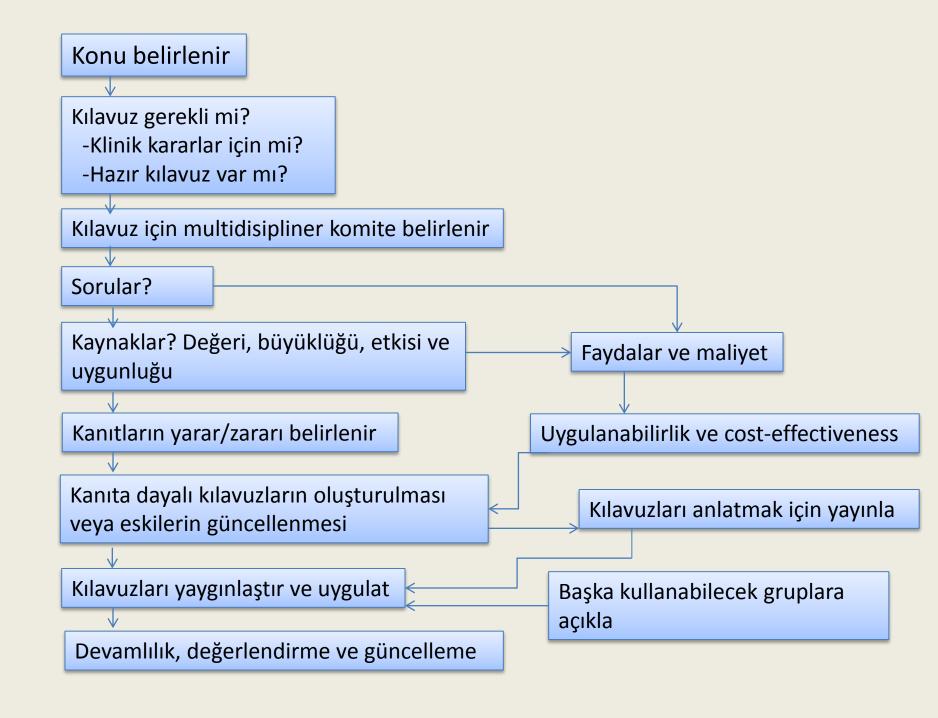
 Kılavuzlar sistematik kanıtların incelenmesi ve yarar/zararlar değerlendirilerek, hasta bakımını optimize etmek amaçlı öneriler sunan bir tür tarif "recipe"

Amaç

- Tanı ve tedavi girişimlerinin kalite ve güvenliğini arttırmak
- Standardizasyon için değerli (denetim ve yasal)
- Deneyimsiz kişilere
- Nadir yapılan işlemlerde
- Araştırma gereken alanları belirlemede
- Klinik pratikte kullanım yararlı
- Malpractice'ten koruma

Sakıncaları

- Hazırdakiler güvenilir değil
 - Teknik olarak hazırlık zor ve yeterince hızlı değil
- Güncelleştirmek zor
- Tıpta "gri bölge" çok
- Popüler uygulayıcılar ve dernekler dirençli olabilir
- Özensiz/detaysız hazırlanmış kılavuzlar yasal standartları olumsuz etkileyebilir
- Doktor otonomisi sınırlı





LAW, MEDICINE & ETHICS

A Journal of the American Society of Law, Medicine & Ethics

Medical Practice Guidelines as Malpractice Safe Harbors: Illusion or Deceit?

Maxwell J. Mehlman

he idea that physicians should accept recommendations from learned colleagues on how to practice medicine is probably as old as medicine itself, but beginning around 1990, it took on new urgency in the face of rising health care costs, widespread, unjustifiable variation in practice patterns, concerns about medical errors and quality of care, and what some perceived to be perverse effects of the malpractice system. One solution put forward was practice guidelines, which the Institute of Medicine (IOM) defined as "systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances."

The Rise and Fall of Practice Guidelines as "Safe Harbors"

In 1991, Clark Havighurst and Mark Hall published law review articles recommending that practice guidelines be used to establish the standard of care in malpractice cases. Hall preferred for guidelines to be irrebutable evidence of the standard of care, giving them "pre-emptive effect that precludes opposing testimo by about the applicable standard of care." Recogevidence, would be expected to issue directed verdicts in the defendants' favor.4 Moreover, Hall thought that guidelines should only have this conclusive effect if the defendant asserted compliance with a guideline as a defense, and not if the plaintiff sought to use the defendant's failure to comply with a guideline as evidence of malpractice. In other words, if a plaintiff produced evidence that a guideline was "authoritatively and indisputably applicable" and that the defendant had failed to adhere to it, then the defendant would be free to bring in opposing evidence, including expert witnesses, while the plaintiff would be precluded from offering similar evidence to dispute a defendant's claim that adherence to a guideline was an absolute defense. Hall rationalized this one-way-street approach by arguing that the "respectable minority" and "two schools of thought" doctrines showed that there often was more than one right way to practice medicine in a particular case:

With this possibility in mind, it makes eminent sense to hold that it is not conclusive for a plaintiff to establish that the defendant violated one



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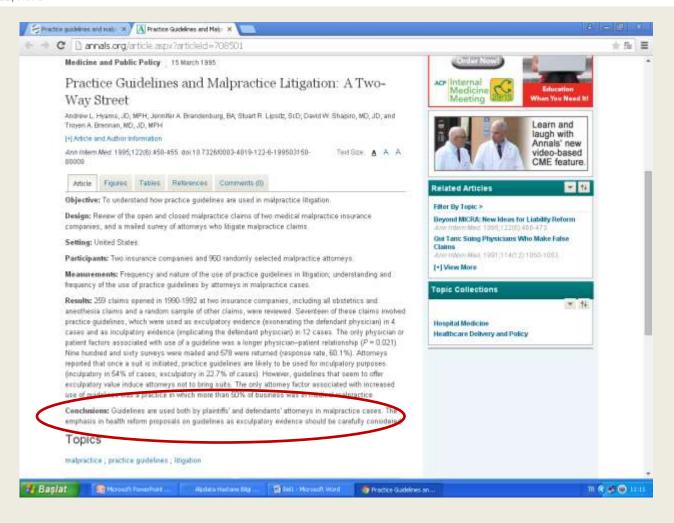
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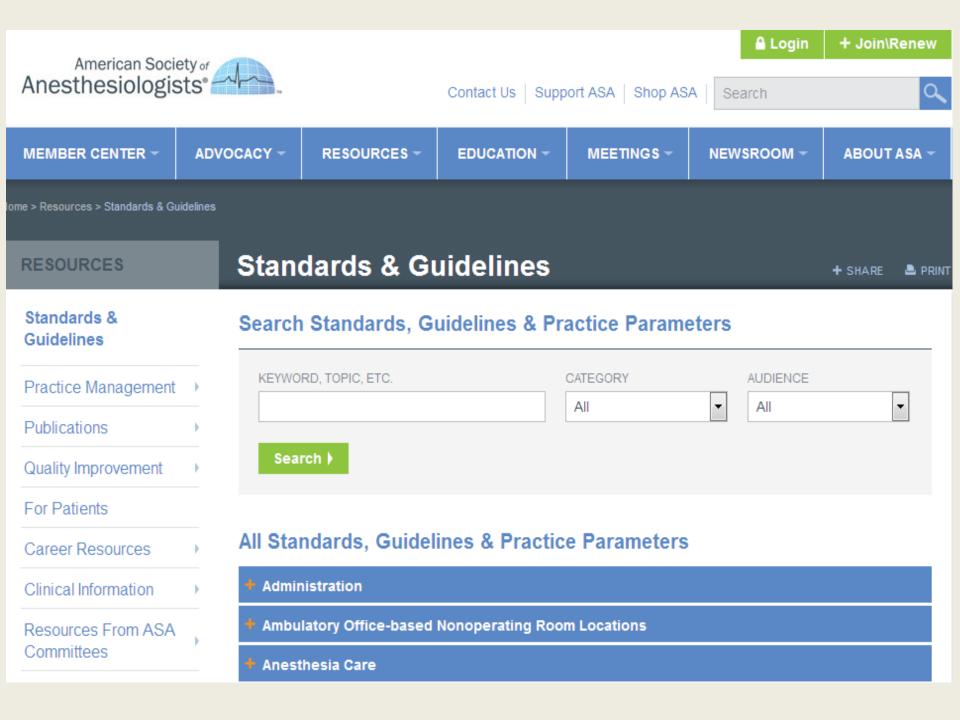
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15 March 1995, Vol 122, No. 6>





Clinical practice guidelines: juridical and medico legal issues in health care malpractice liability



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Perioperative Surgical Home	+ Catheterization
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	+ Pain
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	+ Perioperative Care
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	+ Radiology
	* Regional Anesthesia
	+ Respiratory Care
	+ Sedation
	+ Transplant

Career Resources

Clinical Information

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Perioperative Surgical Home

Ethics and Professionalism

All Standards, Guidelines & Practice Parameters

- **Administration**
- Ambulatory Office-based Nonoperating Room Locations
- Anesthesia Care

10.15.14	Definition of Immediately Available When Medically Directing	f in ୬ ⊠
10.15.14	Statement on Anesthesia Care for Endoscopic Procedures	f in 🥦 🔀
10.16.13	Ethical Guidelines for the Anesthesia Care of Patient	f in 🍑 🔀
10.16.13	Guidelines for the Ethical Practice of Anesthesiology	f in 🥦 🔀
10.16.13	Position on Monitored Anesthesia Care	f in 🔰 🖂
10.19.11	Guidelines for Patient Care in Anesthesiology	f in 🔰 🖂
07.01.11	Standards for Basic Anesthetic Monitoring	f in ୬ ⊠

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Catheterization



GUIDELINES FOR PATIENT CARE IN ANESTHESIOLOGY

Committee of Origin: Surgical Anesthesia

(Approved by the ASA House of Delegates on October 3, 1967, and last amended on October 19, 2011)

I. Definition of Anesthesiology

The guidelines for delineation of clinical privileges in Anesthesiology are detailed in a separate ASA document.

Anesthesiology is the practice of medicine with a primary focus on but not limited to:

- A. The preoperative, intraoperative and postoperative evaluation and treatment of patients who are rendered unconscious and/or insensible to pain and emotional stress during surgical, obstetrical, radiological therapeutic and diagnostic or other medical procedures;
- B. The protection and maintenance of life functions and vital organs (e.g., brain, heart, lungs, kidneys, liver, endocrine, skin integrity, nerve [sensory and muscular]) under the stress of anesthetic, surgical and other medical procedures;
- C. Monitoring and maintenance of acceptable physiology during the perioperative period;



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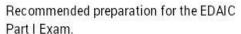
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GUIDELINES



About the Guidelines Guidelines Committee Guidelines in Progress Published Guidelines

ESA Severe Bleeding Guidelines App Guidelines Videos

About the Guidelines

The <u>Guidelines Committee</u> has established several task forces to elaborate guidelines on the related subject. The guideline topics were approved by the Guidelines Committee and the ESA Board after a consultation process within the subcommittees of the ESA Scientific Committee

The task forces are made up of anaesthesiologists nominated by the subcommittee chairs to include expertise from the necessary scientific fields. These individuals are complemented by others with particular interest and enthusiasm both as task force members and part of a wider advisory group.

After literature searches and appraisal of papers, the task force experts will be able to produce scientifically robust recommendations for clinical practice.



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THE ESA



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Guidelines - Invitation to members

20 Mar 2015

Dear ESA member,

The ESA aims to commission a new guideline every year. As part of our selection process we invite suggestions from any ESA member.

Suggestions of topics can be sent to guidelines@esahq.org no later than 1 May 2015.

Thank you in advance,

Edoardo De Robertis

Guidelines Committee Chairperson

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- > Full Membership

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Examinations

Guidelines Committee

The ESA Guidelines Committee defines the rules for making ESA guidelines, selects the topics and experts, collects and evaluates available documents throughout Europe, establishes relationships with other Societies to prepare possible collaborative guidelines and define how to implement guidelines.

The committee includes representatives from the ESA Board, SPC, EBA, NASC and experts in the field.

Contact the Guidelines Committee.

Composition

Chairperson

Benefits of ESA Guidelines Committee activities

- To make available a European guideline to be used by individual ESA members and adopted, with any desired modifications, by national societies of anaesthesiology for their own national use, if they so wish.
- Harmonisation of clinical management of anaesthesiology, perioperative medicine and related clinical areas throughout Europe.
- Improvement of standards of care throughout Europe.

Guidelines

2014 ESC/ESA Guidelines on non-cardiac surgery: cardiovascular assessment and management:
 The Joint Task Force on non-cardiac surgery: cardiovascular assessment and management of the European Society of Cardiology (ESC) and the European Society of Anaesthesiology (ESA)

<u>European Journal of Anaesthesiology - October 2014 - Volume 31 - Issue 10 - p 517 – 573</u> doi: 10.1097/EJA.00000000000150



- - Syllabus to the Postgraduate Training Program
- <u>Education and training in anaesthesia revised guidelines by the European Board of Anaesthesiology,</u>
 Reanimation and Intensive Care

Carlsson C, Keld D, van Gessel E, Fee JP, van Aken H, Simpson P.

Eur J Anaesthesiol. 2008 Jul;25(7):528-30. Epub 2008 Apr 16.

· Core curriculum in emergency medicine integrated in the specialty of anaesthesiology

E. De Robertis, J. McAdoo, R. Pagni and J. T. A. Knape

European Journal of Anaesthesiology, Volume 24, Issue 12, December 2007, pp 987-990

- doi: 10.1017/S0265021507002700, Published online by Cambridge University Press 25 Sep 2007
- Guidelines for anaesthesiologist specialist training in pain medicine

A. J. Cunningham, J. T. A. Knape, H. Adriaensen, W. P. Blunnie, E. Buchser, Z. Goldik, W. Ilias and V. Paver-Erzen

European Journal of Anaesthesiology, Volume 24, Issue 07, July 2007, pp 568-570

doi: 10.1017/S0265021507000336, Published online by Cambridge University Press 13 Jun 2007

- Guidelines for safety and quality in anaesthesia practice in the European Union
 - J. Mellin-Olsen, E. O'Sullivan, D. Balogh, L. Drobnik, J. T. A. Knape, F. Petrini and L. Vimlati European Journal of Anaesthesiology, Volume 24, Issue 06, June 2007, pp 479-482

doi: 10.1017/S0265021507000324, Published online by Cambridge University Press 16 May 2007

- Guidelines for sedation and/or analgesia by non-anaesthesiology doctors
 - J. T. A. Knape, H. Adriaensen, H. van Aken, W. P. Blunnie, C. Carlsson, M. Dupont and T. Pasch

European Journal of Anaesthesiology, Volume 24, Issue 07, July 2007, pp 563-567

doi: 10.1017/S0265021507000452, Published online by Cambridge University Press 13 Jun 2007

• Charter on continuing medical education/continuing professional development approved by the UEMS

Specialist Section and European Board of Anaesthesiology

S. Alahuhta, J. Mellin-Olsen, W. P. Blunnie and J. T. A. Knape

European Journal of Anaesthesiology, Volume 24, Issue 06, June 2007, pp 483-485

doi: 10.1017/S0265021507000130, Published online by Cambridge University Press 17 Apr 2007

- <u>Training guidelines in anaesthesia of the European Board of Anaesthesiology Reanimation and Intensive Care</u> European Journal of Anaesthesiology, 2001 Sep;18(9):563-71.
- Guidelines for pre-operative cardiac risk assessment and perioperative cardiac management in non-cardiac surgery

European Journal of Anaesthesiology:

February 2010 - Volume 27 - Issue 2 - p 92-137

doi: 10.1097/EJA.0b013e328334c017

Editorial comment:

A major step forward: Guidelines for the management of cardiac patients for non-cardiac surgery - the art of anaesthesia

Münter Sellevold, Olav F; de Hert, Stefan; Pelosi, Paolo

European Journal of Anaesthesiology:

February 2010 - Volume 27 - Issue 2 - p 89-91

doi: 10.1097/EJA.0b013e32833657cd

Management of bleeding and coagulopathy following major trauma: an updated European guideline



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AAGBI Guidelines App

Introducing the AAGBI Guidelines App which places published AAGBI guidelines in the hands of members

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	Arterial line blood sampling: preventing hypoglycaemic brain injury published September 2014.	
	Assistance for the Anaesthetist 2007 (An Irish Standing Committee	
	Publication) published May 2007.	
	В	
	Best Practice in the Management of Epidural Analgesia in the Hospital Setting published November 2010.	
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Blood Transfusion and the Anaesthetist - Intra-operative Cell Salvage

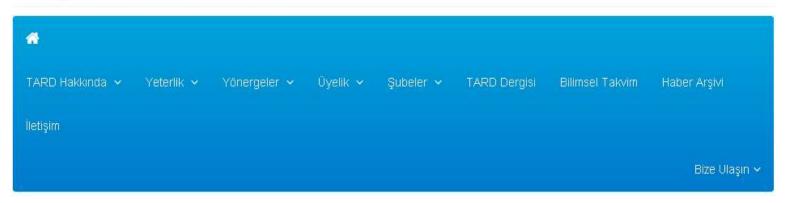
published December 2005.

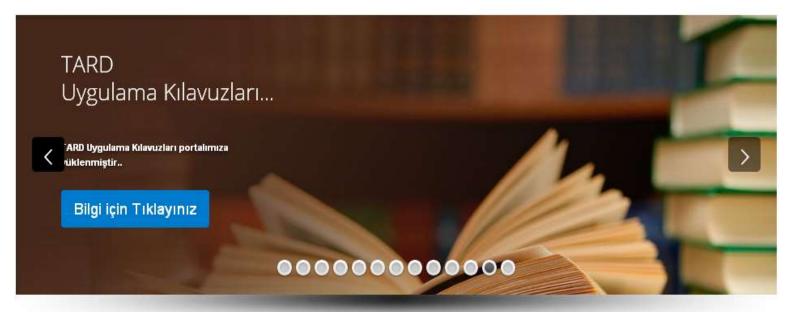
published September 2009.

Dernekler

- Kılavuz kullanımı hasta bakım kalitesini arttırır
- İyi hasta sonucu garanti edemez
- Her anesteziyolog hastaya göre profesyonel kararını kendi vermelidir
- Kılavuzlarda yer alan bilgilerin kullanılmasına bağlı sonuçlar derneklerin sorumluluğunda değildir







TARD UYGULAMA KILAVUZLARI

TARD Anestezi Uygulama Kılavuzlarını PDF formatında aşağıdaki linklerden bulabilirsiniz.

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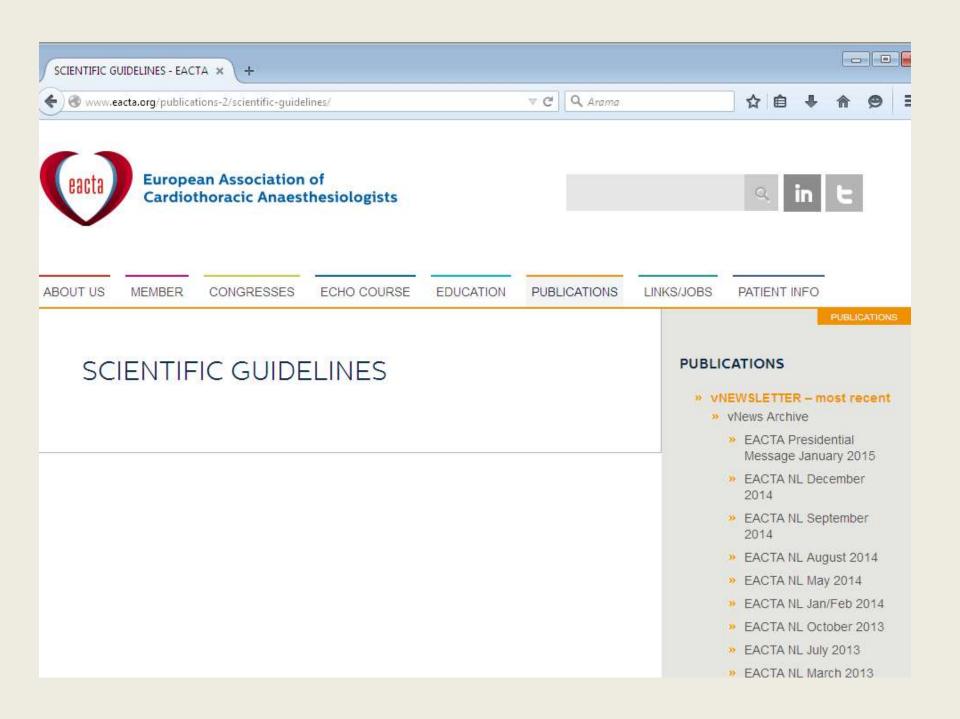
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- 2014 Perioperative Beta Blockade in Noncardiac Surgery
- 2014 AHA/ACC Guideline for the Management of Patients With Valvular Heart Disease
- 2013 Basic Perioperative TOE Examination
- 2012 Guidelines for Performing Ultrasound Guided Vascular Cannulation
- 2007 STS/SCA Perioperative Blood Transfusion and Blood Conservation in Cardiac Surgery



a in







Gögüs Kalp Damar Anestezi ve Yoğun Bakım Derneği

Anasayfa

Hakkımızda

GKDA Dergi

Kongrelerimiz

İletişim









Gogus-Kaip-Damar Anesisza veYoğun Bakun Demeği Denjin

SON SAYI

Mart 2015/March 2015

Göğüs Kalp Damar Anestezi ve Yoğun Bakım Derneği Dergisi Mart 2015 sayısı yayınlandı.

Poster-sözlü sunudan yayına doğru



Sayın Üyeler, Derneğimiz, bilimsel etkinlikleri nitel ve nicel olarak daha yüksek

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Fotograflar



Göğüs Kalp Damar Anestezi-Yoğun Bakım Derneği'nin , 21-22 Şubat

Devamini oku...

Teşekkur



Değerli Meslektaşımız

Devamini oku..

TÜRK YOĞUN BAKIM

Arama

Journal of Cardio-Vascular-Thoracic

Anaesthesia and

Intensive Care Society



Editörden



L I

Değerli Meslekdaşlarım,

Son Haberler

Guidelines and cardiac anaesthetists Not in my back yard

R. P. Alston

Department of Anaesthetics, Royal Infirmary of Edinburgh, 1 Lauriston Place, Edinburgh EH3 9YW, UK

Summary

Guidelines for cardiac anaesthesia could reduce irrational variation in practice and so improve cardiac surgical outcome. In October 1994, a postal survey was undertaken to determine the views and attitudes of consultant cardiac anaesthetists in the United Kingdom towards guidelines. One hundred and forty correctly completed questionnaires were returned (minimum response rate 64%). Eighty-nine per cent believed that guidelines were of value in medicine whilst only 21% wanted national guidelines for cardiac anaesthesia. Responses to other parts of the questionnaire showed that those against guidelines for cardiac anaesthesia were less positive towards their advantages and more negative to their disadvantages compared with those in their favour. The majority of cardiac anaesthesis, although believing them to be valuable in medicine, do not want guidelines for cardiac anaesthesia because they are concerned that guidelines would be inflexible and would neither reduce variation in, nor improve the quality of, cardiac anaesthesia.

Keywords Anaesthesia; cardiac, guidelines, attitudes.

Kılavuz kullanımı ile ilgili anket

- 127 Anesteziyolog (Ankara)
 - % 16 Eğitim Görevlisi/Öğretim Üyesi
 - % 29 Uzman
 - % 55 Araştırma Görevlisi
- Kılavuzların klinikte kullanımı yararlı mı?
 - 123 kişi yararlı
- Halen kullanılanlar yeterli mi?
 - % 39 evet, % 58 hayır
 - Ülke koşullarına uygun değil, güncel değil, yaygın değil
- Kullanılan kılavuzları biliyor musunuz?
 - 106 kişi biliyor / 42'si kullanıyor
- Sizce anestezi pratiğinde kılavuzların kullanılması uygun mu?
 - Evet
- Neden? Standardizasyon 56 kişi

- Kardiyovasküler anestezide kılavuza ihtiyaç var mı?
 - % 91 evet
 - % 2 hayır
- Evet
 - % 8.6 bilgi paylaşımı şart
 - % 25 standartizasyon için
- Hangi konularda kılavuz hazırlanmasını istersiniz?
 - % 9.4 pediyatrik ve konjenital cerrahi
 - % 7.9 KPB ile ilgili konular

Kardiyak Anestezi ile ilgili kılavuz istenen konular

```
önerim yok (1)
pediatrik resusitasyon / yoğun bakımda kan transfüzyonu / yoğun bakımda sedasyon (1)
perop komplikasyonlar (2)
postspinal postepidural baş ağrısı yönetimi (1)
obstetrik anestezi (1)
pediatrik cerrahi (3)
check list (1)
postop analjezi / algoloji (3)
usg eşliğinde bloklar (1)
peroperatif beslenme (1)
sedasyon ve postoperatif bulantı kusma profilaksisi ve tedavisi (1)
Transplantasyon (1)
aort cerrahisi (2)
acil müdahale gerektiren durumlar (1)
peroperatif hazırlık (1)
kalp akciğer pompasına girme ve çıkma, pompa sırasında anestezi yönetimi (4)
toraks cerrahisi (1)
TEE (1)
minimal invaziv kapak replasmanları (1)
pediatrik kvc de hedef hemodinamik parametreler (1)
total sirkulatuar arrest yönetimi (1)
KAH hastalarında indüksiyon (1)
fast track uygulamaları (1)
kan ve ürünleri transfüzyonu (1)
konjenital kalp hastalıkları cerrahisi (1)
heparin / protamin gibi ilaç uygulamaları (1)
```

Sonuç

Kılavuzlar

- Standardizasyon için değerli (denetim ve yasal)
- İhmale sebep olabilir
- Deneyimsiz kişilere
- Nadir yapılan işlemlerde
- Araştırma gereken alanları belirlemede
- Kardiyak anestezi kılavuz için komplike bir alan değil ancak sorunlar kılavuzlarla çözülemeyecek kadar komplike olabilir
- Hastaya göre davranma esnekliğini azaltır
- Her derde deva değil!

faydalı

Sonuç

 Standart yaklaşımlar klinik kılavuzların desteğinde uygulanmalı, doktorun deneyimleri de dikkate alınarak her hasta ayrı ayrı değerlendirilmelidir

Kılıç mı kalkan mı?

