

ARTICLE 44:76

AMBULATORY SURGERY CENTER FACILITIES

Chapter

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CHAPTER 44:76:05

PHYSICIAN SERVICES

Section

44:76:05:01	Admissions.
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44:76:05:01. Admissions. Each patient ~~admitted~~ may be admitted only on the order of a practitioner and the patient's health care shall continue under the supervision of a physician who is a member of the medical staff. Before or on admission of a patient, the patient's physician shall provide the staff of the facility with documented information regarding current medical findings, admitting diagnoses, and written orders for the immediate care of the individual.

~~The patient's history and physical examination shall be completed no more than seven days prior to admission; or within thirty days prior to admission with documentation of an update of the patient's current medical status completed within seven days prior to admission~~ The ambulatory surgery center must develop and maintain a policy that identifies those patients who require a medical history and physical examination prior to surgery. The policy must include:

(1) The timeframe for medical history and physical examination to be completed prior to surgery; and

(2) Address:

(A) Patient age;

(B) Diagnosis;

(C) Type and number of procedures scheduled to be performed on the same surgery date;

(D) Known comorbidities; and

(E) Planned anesthesia level; and

(3) Be based on any applicable nationally recognized standards of practice and guidance, and any applicable state and local health and safety laws. The patient's history and physical examination shall be completed and placed in the medical record prior to surgery except in emergency situations. In emergency situations when a completed history and physical examination

cannot be completed prior to surgery, a brief admission note on the patient record is necessary. The note shall include at minimum critical information about the patient's condition, including pulmonary status, cardiovascular status, blood pressure, and vital signs. The history and physical examination shall specifically state the patient and anesthesia choice is appropriate for the ambulatory surgery center setting.

Source: 42 SDR 51, effective October 13, 2015.

General Authority: SDCL 34-12-13(6).

Law Implemented: SDCL 34-12-13(6).

CHAPTER 44:76:10

SURGICAL SERVICES

Section

44:76:10:01	Scope of surgical services.
44:76:10:02	Surgical services.
44:76:10:03	Surgical records.
44:76:10:04	Anesthesia services.
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44:76:10:06	Emergency services.

44:76:10:04. Anesthesia services. Each facility shall provide anesthesia services organized, directed, and integrated with other related services commensurate with the scope and needs of patients. The delivery of anesthesia care to patients shall be provided by qualified persons according to written policies relating to anesthesia procedures approved by the medical staff.

Safety and sanitation controls shall be established. All anesthetizing locations which are not protected against potential explosive hazards shall have a legible sign posted prohibiting the use of flammable gas as anesthetics. The requirements for anesthesia services in ambulatory surgery centers are as follows:

- ~~(1) The anesthesia service shall be under the direction of a physician;~~
- ~~(2)~~ A physician shall be on the premises during the post-anesthetic recovery period until all patients are alert or discharged;
- ~~(3)~~(2) When a general anesthetic is used, at least one registered nurse shall be in the recovery room during the patient's post-anesthetic recovery period;
- ~~(4)~~(3) Policies and procedures on the administration of anesthetics shall be developed by the medical staff and approved by the governing body;
- ~~(5)~~(4) Prior to undergoing general anesthesia, a patient shall have a history and physical examination by a physician, including necessary laboratory examinations;
- ~~(6)~~(5) Before discharge from the facility, each patient shall be evaluated by a physician for proper anesthesia recovery;
- ~~(7)~~(6) No flammable anesthetic is allowed; and
- ~~(8)~~(7) All anesthetics shall be administered by an anesthesiologist or anesthesiologist, except for local anesthetic agents which may be administered by the attending physician.

Source: 42 SDR 51, effective October 13, 2015.

General Authority: SDCL 34-12-13(12).

Law Implemented: SDCL 34-12-13(12).