

## **MIEC ANESTHESIOLOGY RESTRICTIVE ENDORSEMENT**

MIEC agrees with INSURED that neither defense nor indemnity insurance coverage is available under Parts I or II of the COVERAGE PROVISIONS of this policy for claims, civil lawsuits, arbitrations, legal or administrative proceedings, incidents, accidents, or events resulting from the administration of regional or general anesthesia by INSURED unless:

1. Except as provided in Paragraphs 3, 6 and 7 below, the INSURED shall be physically present in the operating room at all times during the course of such regional and general anesthesia, provided, however, that in the event the INSURED is required to leave the operating room during the course of such regional or general anesthesia, a physician trained in anesthesiology or certified registered nurse anesthetist (CRNA) shall replace the INSURED and remain in the operating room at all times during such absence.
2. At no time will the INSURED supervise more than four CRNAs.
3. In the event of a bona fide emergency requiring the temporary absence of the INSURED and a physician trained in anesthesiology is not available, a physician trained in advanced cardiopulmonary life support and a trained licensed nurse may replace the INSURED only if (1) the condition of the patient is stable and (2) the replacements remain in the operating room and monitor the patient at all times during such absence.
4. Except as provided in Paragraphs 6 and 7 below, the following means of monitoring shall be mandatory during the course of such regional and general anesthesia, including anesthesia for cesarean section, at whatever location in the facility. Blood pressure and heart rate should be recorded every five minutes; respiratory rate and oximeter reading every 15 minutes; carbon dioxide recordings every 15 minutes only if the endotracheal tube is placed.
  - (a) Use of continual blood pressure monitoring with appropriate equipment which will give at a minimum periodic checks at regular intervals;
  - (b) Use of continuous electrocardiographic display;
  - (c) Use of an oximeter (reflective or transmissive);
  - (d) Use of end tidal carbon dioxide monitor when an endotracheal tube is in place. A transcutaneous CO<sub>2</sub> monitor may be used instead of end tidal CO<sub>2</sub> monitor in small infants.

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5. Except as provided in Paragraphs 6 and 7 below, the following equipment shall be available during the course of regional or general anesthesia;
  - (a) Equipment to measure temperature;
  - (b) An audible device that detects disconnection of any component of the breathing system when an automatic ventilator is used;
  - (c) An oxygen analyzer that will detect the concentration of oxygen and has a low concentration of oxygen alarm.
  
6. During the course of regional analgesia for pain during childbirth (other than birth by cesarean section), the INSURED shall remain with the patient until vital signs are stable; if the INSURED leaves the presence of the patient during the course of such regional analgesia, the patient must be observed at regular intervals by a CRNA or a licensed, trained and competent obstetrical nurse.
  
7. During the course of regional analgesia for pain during childbirth (other than for cesarean section) the INSURED shall remain available on call within 10 minutes of the hospital premises unless replaced by a physician trained in anesthesiology.
  
8. A complete record of anesthesia shall be maintained by the INSURED which shall contain periodic entries of all monitoring data.

This restrictive endorsement shall apply during the term of this policy or any renewal thereof, unless this restriction is removed by endorsement to the policy.

I have read and understand this endorsement and agree to leave it attached to and made part of my MIEC policy

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_