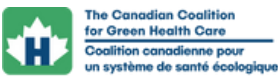


NIX THE NITROUS CHECKLIST



Funded in part by:
Financé en partie par:
Canada

Facility name:

PHASE 1 - ASSESSMENT

AL ORD FL PC

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NITROUS OXIDE UTILIZATION				DATE COMPLETED
Gather central N ₂ O supply system data (annualize).			(kgs)	
Gather clinical N ₂ O use data (annualize).			(litres)	
Convert clinical N ₂ O use data (liters) to kg.			(kgs)	
Calculate % N ₂ O use vs loss:	CLINICAL USE -	(%)	LOSS/LEAK -	(%)
Calculate GHG emissions:	CLINICAL N ₂ O -	(%)	TOTAL N ₂ O -	(mtCO ₂ e)
Calculate Nitrous Oxide Use efficiency.				
Consider – assess individual clinician N ₂ O utilization.				
Consider – estimate E-cylinder exchange frequency per location.				

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FACILITY INFRASTRUCTURE				DATE COMPLETED
			Gather inventory of N ₂ O delivery units (anesthesia machines).	
			Gather central N ₂ O supply system component inventory.	

NIX THE NITROUS CHECKLIST

PHASE 2 - ESTABLISH PORTABLE SUPPLY SYSTEM

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STORAGE

DATE COMPLETED



Confirm room & logistics of primary portable medical gas storage.



Determine dept responsible for ordering & mgmt of portable cylinders.



Determine facility N₂O E-cylinder PAR level for primary storage room:



Do additional N₂O E-cylinders need to be stored in clinical dept(s)?

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HANDLING & EXCHANGE

DATE COMPLETED



Determine dept responsible for N₂O E-cylinder handling & exchange.



Define N₂O E-cylinder handling & exchange protocols.



Design & deliver N₂O E-cylinder management competency program.

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CLINICAL USE

DATE COMPLETED



Identify & engage department(s) utilizing centrally supplied N₂O:

CVOR ☐ Endoscopy ☐ Cath. lab ☐ Radiology ☐ Main OR ☐ Peds OR ☐
Labour/Delivery ☐ Outpatient Surgery ☐ Emerg. Dept. ☐ ICU ☐ MRI ☐ Other



Confirm compatibility of N₂O delivery units with portable N₂O e-cylinders.



Establish criteria to trigger exchange of N₂O E-cylinder.



Define Anesthesiology Dept education module.

NIX THE NITROUS CHECKLIST

PHASE 3 - DEACTIVATION OF CENTRAL SYSTEM

AL	ORD	FL	PC	CONFIRMATION	DATE COMPLETED
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Communicate and confirm with hospital leadership and impacted departments.	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consider a risk assessment for operational and value implications.	
AL	ORD	FL	PC	DISCONNECT	DATE COMPLETED
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Disconnect all delivery units from central supply system terminal units or couplings.	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Trial period (optional): <input type="text" value="Start date:"/> TO <input type="text" value="End date:"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Label each outlet: <i>"Portable N₂O supply trial underway. Do NOT reconnect."</i>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Solicit feedback from stakeholders & address concerns prior to depressurization.	
AL	ORD	FL	PC	DEPRESSURIZE	DATE COMPLETED
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Draft & distribute hospital-wide communication.	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Confirm all zone and supply system alarms are disabled prior to closure of central valve.	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Trial period (optional): <input type="text" value="Start date:"/> TO <input type="text" value="End date:"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Close central valve (immediately downstream from central manifold) and depressurize.	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Solicit feedback from stakeholders & address concerns prior to deactivation.	

PHASE 3 - DEACTIVATION OF CENTRAL SYSTEM (continued)

AL ORD FL PC

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEACTIVATE			DATE COMPLETED
Remove components:	Central N ₂ O supply tanks <input type="checkbox"/>	Central N ₂ O manifold (optional) <input type="checkbox"/>	Drop hoses <input type="checkbox"/>
Disable components:	Alarms <input type="checkbox"/>	Valves <input type="checkbox"/>	Terminal units <input type="checkbox"/>
Label components “INACTIVE” or “DISCONTINUED”:	Alarms <input type="checkbox"/>	Valves <input type="checkbox"/>	Terminal units <input type="checkbox"/>
Consider consultation with medical gas system certifier.			

PROJECT TEAM

ROLE	NAME	E-MAIL	PHONE
Project Coordinator			
Facilities Lead			
OR Director			
Anesthesia Lead			
Hospital Leadership			