Patient Safety
College of Anaesthesiologists of Ireland

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Safe Anaesthesia Network Ireland

Spring 2026 Edition

Safe Anaesthesia Network Ireland Newsletter

WELCOME!

As spring blooms and we settle into 2026, we are delighted to bring you the latest edition of the Safe Anaesthesia Network Ireland (SANI) Newsletter. Our spring issue is timed just before our National Anaesthesia Conference in UCD, where we will see a showcase of scientific talent from Ireland and beyond.

In this edition, we highlight several important contributions to patient safety. Dr Aoife Driscoll provides a detailed update on the National Audit Project 8 (NAP8), which focuses on major complications of regional anaesthesia and perioperative nerve injuries. With participation from over 50 Irish hospital sites, this project will deliver valuable data to inform clinical practice going forward.

Dr Caolan Abrahams summarises the new Association of Anaesthetists Guideline: Safe Vascular Access 2025, offering practical recommendations on a whole-pathway approach to reduce morbidity associated with this common procedure. Dr Rebecca Keane delivers quick, practical takeaways from the latest Surviving Sepsis Campaign Guidelines 2026, with clear, actionable advice to support faster and more effective care for patients with sepsis and septic shock.

We are also pleased to share a quality improvement project from University Hospital Limerick on the development of an Awake Tracheal Intubation (ATI) guidebook and local anaesthetic dosing tool, designed to reduce cognitive load and enhance safety in difficult airway management. In addition, Dr Laura Walsh announces the launch of new Patient Safety Leaflets, another valuable resource for our network.

Finally, we include key upcoming CAI dates and examination information to support your professional development and continued contributions to national safety efforts.

We warmly encourage you to keep sending us your ideas, projects, and reflections. Your voice keeps SANI strong and relevant.

With best wishes for a safe and fulfilling season ahead,

Dr. Emma May Lyons, SAT 6

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National Audit Project 8: Strengthening Patient Safety in Anaesthesiology

Author: Dr. Aoife Driscoll
NAP 8 Fellow

The National Audit Projects of the Royal College of Anaesthetists have made a sustained and important contribution to patient safety across the UK and Ireland. The forthcoming National Audit Project 8 (NAP8) continues this work and will examine major complications of regional anaesthesia, including both central neuraxial and peripheral nerve blocks, together with perioperative peripheral nerve and spinal cord injuries that are not directly related to surgical trauma.

The NAP8 case registry opened on April 20th and addresses a long-recognised gap in contemporary anaesthesiology practice. Although regional anaesthesia is now widely used and increasingly central to perioperative care, particularly with the routine use of ultrasound guidance, reliable data on rare but serious complications remain limited. This lack of robust, current information makes it difficult to quantify risk accurately, both when guiding clinical practice and when supporting informed consent discussions with patients.

A notable feature of NAP8 is the exceptional level of engagement from Ireland. More than 50 hospital sites have confirmed participation, supported by over 70 anaesthesiologists who have volunteered as local coordinators. This represents one of the strongest national contributions to a National Audit Project to date and reflects the commitment of the Irish anaesthesiology community to audit, quality improvement, and patient safety. The scale of Irish involvement will substantially strengthen the dataset and ensure that the findings are directly relevant to practice across both healthcare systems.

NAP8 will follow the established methodology used in previous National Audit Projects. Baseline surveys have been collected and will explore anaesthesiologists' experience, training, and departmental organisation.

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In June there will be a week-long Activity Survey across all participating sites. This will provide a snapshot of national practice and will provide the denominator data to allow us to contextualise the incidence of complications. The one-year anonymous patient registry will capture major complications of regional anaesthesia and perioperative nerve and spinal cord injury. By combining data from centres across the UK and Ireland, NAP8 will represent one of the largest studies of its kind internationally.

The success of this project depends not only on national leadership and local coordinators, but on the active participation of all anaesthesiology colleagues. Many of the complications under study are rare, and may present after discharge or outside anaesthesiology services. Their identification and reporting rely on collective vigilance, good communication, and a shared willingness to engage with audit.

We are sincerely grateful to all colleagues who have committed time and effort to NAP8, and to those who will contribute through case identification and local engagement. This work would not be possible without such widespread professional support. The findings of NAP8 will help guide safer practice in anaesthesiology, inform follow-up and management pathways, and support more transparent and meaningful consent processes. Ultimately, this collective effort will contribute to improved patient care and safer outcomes. For more information, please see the QR code below.

Dr Aoife Driscoll
Regional Anaesthesia and Acute Pain Fellow, CUH
NAP 8 Fellow for Ireland

Click here for more info

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Association of Anaesthetists Guideline: Safe Vascular Access 2025

Author: Dr Caolan Abrahams, Senior House
Officer Affiliation: Cork University Hospital
Supervisor: Dr. Ciaran Doherty

Vascular access is the most common invasive procedure in secondary care, yet it remains a major source of morbidity. This guideline encourages approaching vascular access as a complete pathway, from insertion through maintenance and removal, rather than as a single procedure with the goal of preserving long term vein health, and early identification and escalation of patients with difficult access.

Through a multidisciplinary consensus process, combining literature review, expert input, and a two-round Delphi exercise, 15 recommendations were produced.

It recommends establishing multidisciplinary vascular access teams with designated clinical lead to manage service provision and facilitate regular auditing and review of complications associated with vascular access (catheter blockages, dislodgement, fracture, infection, thrombosis).
It expands on the choice of device recommending that the catheter should occupy no more than one-third of the vessel's cross-sectional area, with a preference for long peripheral catheters or midlines to short cannulae when peripheral ultrasound guided access is needed due to longer dwell times (up to four weeks) and reduced risks of kinking or extravasation. It also recommends selecting the appropriate vein that allows a haemodilution ratio >3 to minimise vessel was damage from irritant agents.

Routine ultrasound use for central venous access, along with early ultrasound use in difficult peripheral access, is recommended as standard practice. Higher procedural volumes are associated with improved catheter and patient outcomes, supporting structured training approaches such as proficiency-based progression (including simulation, supervised practice, and formal sign-off) as currently implemented by the College of Anaesthesiologists in Ireland.

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Specific recommendations regarding coagulopathies and catheter-related thrombosis, IV cannulation in patients at risk of lymphoedema post mastectomy and axillary clearance, short-term use of peripheral noradrenaline under strict protocols are also detailed, as well as the use of locally agreed invasive procedure safety checklists to reduce avoidable complications such as retained guide wires and intra-arterial placement, and improve continuity of care.

References

1. Johnston, A.J., Simpson, M.J., McCormack, V., Barton, A., Bennett, J., Chalisey, A., Crane, J., Curry, S., Laycock, H., Patel, D., See, T., Shubhaker, J., Singh, K. and Thornton, S. (2025), Association of Anaesthetists guidelines: safe vascular access 2025. Anaesthesia, 80: 1381-1396. https://doi.org/10.1111/anae.16727

Surviving Sepsis Guidelines 2026: Quick, Practical Takeaways

Author: Dr Rebecca Keane, SAT 5.5
Affiliation: Children's Health Ireland, Temple Street
Supervisor: Dr. Chris Holmes

The latest Surviving Sepsis Campaign international guidelines (2026) offer clear, evidence-based direction to help healthcare teams deliver faster, more effective care for patients with sepsis and septic shock. Emphasising both clinical judgement and timely action, the guidelines distinguish between stronger Recommendations (supported by higher-level evidence) and Suggestions (good practice statements based on lower-level evidence).

Why This Matters

This summary distils the 2026 Surviving Sepsis Guidelines into the actions that most reliably change outcomes when sepsis is suspected.

The Core Message

Early recognition, timely antibiotics (within 1 hour), decisive source control, and disciplined haemodynamic management save lives. Delays do not.

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The Non-Negotiables

When sepsis or septic shock is suspected, antibiotics should be administered within one hour. In patients with possible sepsis without shock and a low likelihood after rapid assessment, treatment should still occur within three hours. Source control, when indicated, should be achieved within six hours. Mean arterial pressure should be maintained at approximately 65 mmHg, or 60–65 mmHg in patients over 65 years.

Recognise and Assess Early

Sepsis is a clinical diagnosis. No single biomarker rules it in or out. Lactate should be used to support assessment and monitor response, not as a standalone diagnostic test. Early screening is essential in high-risk, acutely unwell patients, including those in pre-hospital settings. A single early warning score such as NEWS, MEWS, or SIRS should be used consistently rather than qSOFA.

Treat Decisively

Initial resuscitation should prioritise balanced crystalloids, with fluid therapy individualised after the first bolus and dosed to actual body weight, unless BMI exceeds 30; in that case, ideal body weight should be used instead. If hypotension persists, noradrenaline remains the first-line, with vasopressin added if required. Peripheral vasopressor administration is acceptable when central access would delay treatment.

Use Adjuncts With Intent

IV corticosteroids may be considered in septic shock. Vitamin C, IVIG, plasma exchange, high-dose haemofiltration or haemoperfusion, probiotics, vitamin D, and antipyretics should not be used solely to improve outcomes, as they have shown no benefit.

Scope

This guidance applies to adult acute care settings and is intended to support rapid, consistent decision-making when time matters most.
By embedding these practical steps into daily practice, teams can continue to reduce harm and improve outcomes for patients with sepsis.

References

Prescott, H.C. et al. (2026) ‘Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock 2026’, Critical Care Medicine, 54(4), pp. 725–812. Available at: https://doi.org/10.1097/CCM.0000000000007075

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Development of an awake tracheal intubation guide and medication dosing tool for use at University Hospital Limerick

Authors: Frances Fallon, Emma May Lyons, Saira Asghar, Tara Feeley, Margaret McLoughlin, Cathal McDonncha.
Affiliation: University Hospital Limerick

Awake tracheal intubation (ATI) is a core strategy in the management of the anticipated difficult airway. The Difficult Airway Society guidelines (DAS) recommend using cognitive aids, such as a checklist, before and during ATI, and that the maximum dose of local anaesthetic (LA) should not exceed 9 mg kg^{-1} of lean body weight.[1] It is thought that ATI may be associated with the most operator-related psychological stress of all airway management interventions.[2] Appropriate preparation will mitigate the risk of complications and failure. This was highlighted in NAP4, which recommended that all anaesthesia departments have the skill and equipment readily available for ATI.[3]

University Hospital Limerick (UHL) theatres have a specially designated trolley for ATI medications and equipment. The contents of each drawer were reviewed and listed.

GUIDEBOOOK
Instructions for using the contents and troubleshooting tips were compiled in a laminated guidebook. This guidebook also includes instructions for setting up sedation infusions.

DOSING TOOL
A LA dosing tool was designed and included in the guidebook to ensure appropriate dosing for topicalization and to prevent LA systemic toxicity. This reusable, laminated LA dosing tool is designed for use during the planning phase of airway management, thereby reducing cognitive load when the patient is encountered.

DAS GUIDELINES
DAS ATI guidelines and the DAS ATI checklist were included in the guidebook for use during all ATIs in the department.

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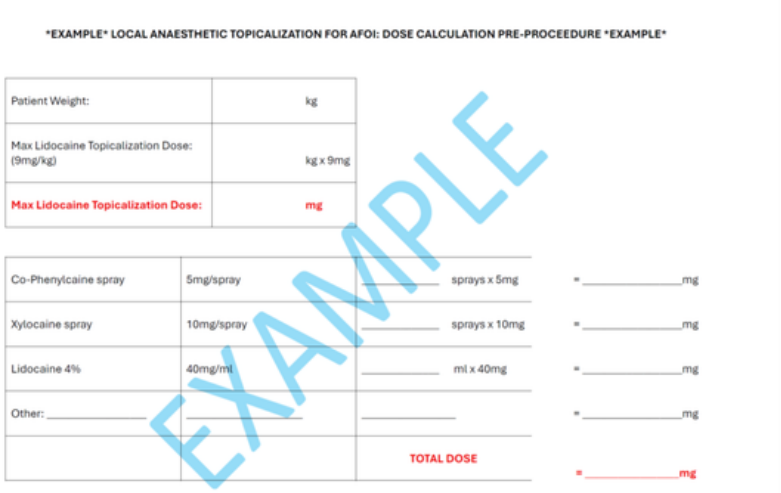
EDUCATION

The guidebook and LA dosing tool were launched during UHL departmental teaching, which included a practical skills session on calculating LA topicalization dosages using the new dosing tool.



EXAMPLE LOCAL ANAESTHETIC TOPICALIZATION FOR AFOI: DOSE CALCULATION PRE-PROCEEDURE *EXAMPLE*

Patient Weight:	kg
Max Lidocaine Topicalization Dose: (9mg/kg)	kg x 9mg
Max Lidocaine Topicalization Dose:	**mg**

Co-Phenylcaine spray	5mg/spray	_____ sprays x 5mg	= _____ mg
Xylocaine spray	10mg/spray	_____ sprays x 10mg	= _____ mg
Lidocaine 4%	40mg/ml	_____ ml x 40mg	= _____ mg
Other: _____	_____	_____	= _____ mg
		TOTAL DOSE	= _____ mg

EXAMPLE

RESULTS

The guidebook, on the ATI trolley, contains an easy-to-navigate contents section. It is located on the ATI trolley.

Included are details on the required equipment and how to use it, how to set up sedation infusions, the DAS guidelines, the DAS ATI checklist, our LA dosing tool, and the DAS ATI documentation sticker for the patient's anaesthesia record.

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CONCLUSION

Here we have outlined the development of a departmental ATI guidebook that acts as a cognitive aid for ATI. We have improved the safety and usability of the existing ATI trolley by adding our novel LA dosing tool. We anticipate that this quality improvement project could be rolled out nationally across all anaesthesia departments as both a cognitive aid and a patient safety innovation.

References

1 Ahmad I, El-Boghdadly K, Bhagrath R, et al. Difficult Airway Society guidelines for awake tracheal intubation (ATI) in adults. Anaesthesia 2020; 75: 509-28
2 Weinger MB, Vredenburgh AG, Schumann CM, et al. Quantitative description of the workload associated with airway management procedures. Journal of clinical anesthesia 2000; 12: 273-82
3. Cook T, Woodall N, Frerk Co, Project FNA. Major complications of airway management in the UK: results of the Fourth National Audit Project of the Royal College of Anaesthetists and the Difficult Airway Society. Part 1: anaesthesia. British journal of anaesthesia 2011; 106: 617-31

Launch of Patient Information Leaflets

Author: Dr. Laura Walsh, SAT 6
Supervisor: Dr. Aislinn Sherwin
Affiliation: College of Anaesthesiologists of Ireland

The patient education working group is delighted to announce the launch of its first set of patient information leaflets this May on the College of Anaesthesiologists (CAI) website. Established in 2025, the working group aims to develop clear, accessible educational resources on anaesthesia and related areas of care for patients. The group includes anaesthesiologists and patient representatives, ensuring that all materials are both clinically accurate while being grounded in patients' needs and perspectives.

Over the past six months, the group have met regularly to develop an initial set of five patient information leaflets, with additional topics already in progress.

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The first five information leaflets being launched are:

- General anaesthesia information
- Preparing for your surgery
- Frequently asked questions (FAQs)
- Peripheral nerve blocks: patient information
- Your anaesthetic for heart surgery

Each leaflet has been designed with a strong emphasis on inclusivity, diversity, and patient-centred communication. These materials will provide reliable and accessible sources of information for patients.

The leaflets will also be available for download in PDF format. This enables them to be printed and distributed in pre-assessment clinics around the country, which will support informed discussions and enhance patient care.

This launch marks an important step in strengthening patient engagement and understanding in anaesthetic care. The working group looks forward to continuing to expand this resource to support patients throughout their healthcare journey.

Upcoming CAI Dates & Opportunities

Save these key dates for your diary!!

CAI Annual Congress 2026
Dates: 20–22 May 2026 at University College Dublin (UCD)

Theme: The Evolution of Anaesthesia and Critical Care.

A great opportunity to explore the latest in safety, quality, and innovation.

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Euroanaesthesia 2026

Dates: June 6th - 8th in Rotterdam, The Netherlands

Euroanaesthesia is recognised worldwide as one of the most important and influential annual congresses in anaesthesiology and intensive care.

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National Patient Safety in Anaesthesia Conference (NAPSAC) 2026
Date: Friday, 6 November 2026
Radisson Blue Golden Lane, Dublin 8

Ireland's flagship patient safety event, watch for abstract submissions and workshop details.

Conferring Ceremony 2026

The Annual Conferring Ceremony 2026 will take place on Friday, June 19th in O'Reilly Hall, UCD, Belfield, Dublin 4.

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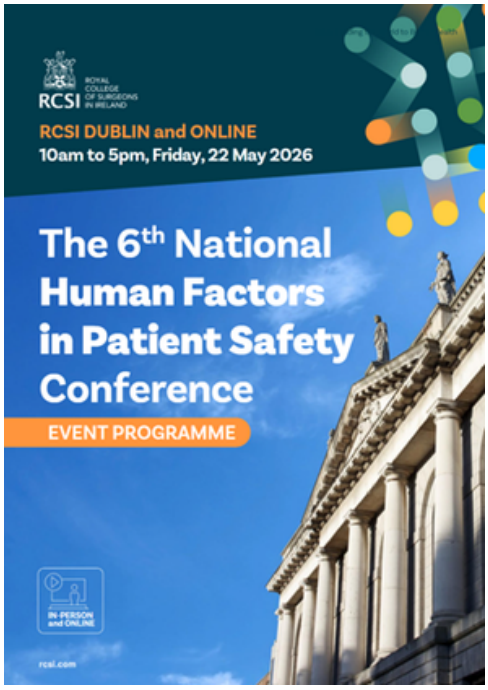
Patient Safety & Human Factors
National Human Factors in Patient Safety Conference

Venue: RCSI – Friday, 22 May 2026.



Examinations 2026 (Membership & Fellowship)

MCAI
MCQ: 11 June & 17 September 2026
OSCE/SOE: 24–26 March & 3–5 November 2026 (Grand Hotel, Malahide)

FCAI
Written: 26 February & 1 October 2026
Clinical SOE: 14–15 April & 24–25 November 2026

****Tip**: *Early application is strongly recommended as places are limited. Full details and application links are available on the College website.*