ZSFG Anesthesia: OR Anesthesia (S-OR)

Goals and Objectives

The OR Anesthesia Resident completes at least 2-weeks of OR at ZSFG spread over the 2-month rotation at ZSFG (excluding the first two months of the academic year). The OR Rotation provides CA-1 Anesthesia Residents with experience in multidisciplinary perioperative care with our unique and diverse patient population. Residents will:

- Perform thorough pre-operative evaluations of outpatient and inpatient surgical patients.
- Participate in a variety of cases from multiple subspecialties, including but not limited to: trauma/acute care surgery, breast surgery, ENT, general surgery, gynecologic surgery, orthopedic surgery, ophthalmology, pediatric surgery, plastic surgery, thoracic surgery, urology and vascular surgery.
- Perform anesthesia in out-of-OR environments, including but not limited to: GI/endoscopy, interventional radiology, MRI, cardiac cath lab, and critical care areas.
- Perform a variety of anesthetics ranging from MAC, general anesthesia, and regional/neuraxial anesthesia
- Communicate effective PACU handoffs when transitioning care from OR to PACU
- Safely transport critically ill patients to and from the OR.

Logistics

- The Resident will arrive to the OR at 06:30, collect a Controlled Substance Drug Box (to be placed in their assigned OR), and prepare their OR for their assigned case. Always keep drug box locked and your key with you at all times.
- The Resident will take a Banana Phone of their choice, typically between #30012 #30030 and write their # on the OR white board next to their name/OR assignment.
- The Resident will meet the patient in the PACU (or ICU) and conduct a pre-operative anesthesia evaluation at 06:55. Nursing will typically place the pre-operative IV but may request Resident assistance if challenging.
- The Resident will participate in the pre-surgical time out at 07:25 with members from anesthesia, surgery, and nursing to review the patients for the day.
- The Resident will bring the patient in to the OR by 07:30 (09:00 on Wednesday).
- Following each case, the Resident will bring the patient to the PACU or ICU and perform a thorough handoff to the receiving team.
- Following each case, the Resident will waste any narcotic and document it before starting the following case. Repetitive failure of the controlled-substances protocol will be reported to the Resident Clinical Competence Committee as unprofessional behavior.
- The Resident is expected to perform pre-ops on their own patients the day before the case and to call their assigned attending to discuss the cases.

Responsibilities

Preoperative

- Ensure OR is prepared appropriately for each case. This includes:
 - ensuring the machine has been checked (typically performed by anesthesia techs, but needs to be double checked by Resident)
 - appropriate airway equipment available, suction
 - o medications drawn up, labeled, dated
 - emergency equipment available
- Any questions regarding how to set up the OR for a specific case should be directed toward your assigned attending.
- Before any patient is brought to the OR, a pre-operative evaluation needs to be completed and documented in EPIC. Once the preoperative evaluation is complete, check the "ready for procedure" tab in EPIC. Ensure OR nursing is ready before bringing patient to OR.
- When bringing a patient from the ICU, bring the patient monitor "brick" and cables from your OR to the ICU and use those for the transport. If the patient is ventilated, you may request RT to aid in the transport, if it is deemed necessary and if RT is available.

Intraoperative

- Upon entering room, resident will sign in on EPIC and ensure that vitals are being charted.
- Ensure intraoperative documentation is accurate and complete.
- Have attending banana phone # and ensure attending is present during induction, emergence, and other vital or emergent times.
 - The banana phone # is how we contact one another at ZSFG; using cell phones or pagers is not a reliable method for contact. Also ensure that your attending has your banana phone #.
- At the end of a case, ensure that "stop data collection" button is clicked in EPIC before leaving the OR.

Postoperative

- The resident is responsible for placing PACU orders in EPIC. It is ideal to place this before dropping the patient off in the PACU. PACU order sets exist in EPIC and can guide you.
- Handoff to the receiving team in PACU or ICU is mandatory and must be documented. This includes but is not limited to: Patient name/MRN, medical history, surgery performed, type of anesthesia, fluid/EBL totals, any important intraoperative challenges, and any anticipated post-operative issues
- Ventilated patients may require RT transport. If this is the case, ensure RT is called in advance (ideally 15-30 minutes beforehand). In some circumstances, RT is not available and your attending will assist you in operating the transport ventilator.
- Click "Anesthesia Stop after the patient is transported to their post operative destination (PACU or ICU) and the handoff to the receiving team is complete.

• Attendings will physically sign out and document the post operative anesthesia evaluation after the patient has fully recovered from anesthesia.

Preparing for cases

• Resident is responsible for completing preops on their assigned cases for the following day. Attendings typically prefer to be called the day prior (or on Friday for Monday cases). If you are unable to reach your attending, email the attending.

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<u>Other</u>

• Many cases at ZSFG will be unscheduled add-ons. The D1 will do their best to do a basic preop of the patient before it is assigned to an OR, however it is still ultimately the job of the primary anesthesia team (Attending/Resident) to do a thorough preop on the patient.

Contacts

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