

	<b>VA GYN Anesthesia Guide</b>
<b>TOPIC</b>	<b>ANESTHESIA RECOMMENDATIONS</b>
<b>SIGN-IN ROSTER</b>	<ol style="list-style-type: none"> <li>1. Report to sign-in upon arrival located in anesthesia cart</li> <li>2. Sign-in sheet is located in white binder in anesthesia cart</li> <li>3. Sign-in before counting</li> <li>4. Carry CRNA Medication throughout day. Keep Anesthesia Binder in Anesthesia cart</li> <li>5. Arrive NLT 30 minutes (@0730) before 1st scheduled surgery (surgery start @0800)</li> </ol>
<b>MEDICATIONS</b>	<ol style="list-style-type: none"> <li>1. Roc located in Anesthesia Cart</li> <li>2. Conduct Scheduled Medications (Propofol, Ketamine, Fentanyl, Versed) AM count with Facility personnel as first item to do (with sign-in)</li> <li>3. Waste/ Chart all Scheduled Medications in either OR room (at end of case with Facility personnel) or in PACU</li> <li>4. Chart all non-scheduled medications given for perioperative period to patient on 'CRNA medications log' (no witness needed for waste). Log is located in Anesthesia Binder</li> <li>5. typical Anesthesia meds given intra-op 200mg IV Propofol total for D+C Hysteroscopy (MAC). Keep Patient mask on during entire MAC cases.</li> <li>6. Since IV's are normally 22 or 24G, be generous with Lidocaine before Propofol (if you deem appropriate)</li> <li>7. After determining how many cases are scheduled, make IV bags for each patient (if time permits)- this will help as turnovers are fast</li> <li>8. Count PM meds, re-stock, sign out, sign timesheet (with witness) in this order.</li> </ol>
<b>DOCUMENTATION</b>	<ol style="list-style-type: none"> <li>1. Complete an Anesthesia Preoperative Evaluation, Anesthesia Record, Anesthesia Informed Consent</li> <li>2. Use Anesthesia Health Questionnaires (given at beginning of day) to facilitate completion of Anesthesia Preop Eval (if not done already)</li> <li>3. Ask for all Health Questionnaires, Anesthesia Records, Anesthesia Preop Records for beginning of day.</li> </ol>
<b>INFORMED CONSENT</b>	<ol style="list-style-type: none"> <li>1. Preop personnel should get all patient consent and witness signature. Ensure CRNA signature/time/date</li> </ol>
<b>PRE-OP</b>	<ol style="list-style-type: none"> <li>1. Patient goes to preop area. This is where you go to their preop area and look for patient chart (hanging on side of wall-Anesthesia records/consent)</li> <li>2. Help make IV bags/spiked for half of patients at beginning of day.</li> </ol>
<b>IMPORTANT TIMES</b>	<ol style="list-style-type: none"> <li>1. Ensure all times match on records</li> <li>2. Anesthesia start time=consent time=preoperative vital signs=preoperative evaluation evaluator signature time</li> <li>3. anesthesia stop time= anesthesia record recovery time=postanesthesia note time</li> <li>4. Discharge time below postoperative note is generally 30 min- 1 hour from postanesthesia note time</li> <li>5. In room time= when patient arrives to room</li> <li>6. procedure end time= when patient out of the room</li> </ol>
<b>POST-OP</b>	<ol style="list-style-type: none"> <li>1. Please do not leave until the last patient is discharged or given discharge by surgeon</li> <li>2. While in OR, help other providers get patient into transfer chair (if possible)</li> </ol>
<b>HIGHLIGHTS TO KNOW IN OR</b>	
<b>AGM</b>	<ol style="list-style-type: none"> <li>1. Perform a daily anesthesia machine check: Ohmeda 7800 Ventilator, Excel 210, Gas Module 3 (Analyzer), Mindray Datascope Passport V (VS Monitor)</li> <li>2. Replenish vaporizers (Directions are located on vaporizer)</li> <li>3. Refer to orientation guide for ventilator tips: In general, to avoid the loud ventilator alarm, ensure Large H tank pressure is open, and set at least 50 PSI. If below 50 PSI, then ventilator will alarm no O2 pressure. Remember to switch the bag mask valve to ventilator when placing patient on ventilator (close to bag)</li> <li>4. There is a Baxter INFUS OR pump located in anesthesia cart if needed.</li> <li>5. Cases range between 5-7 cases, mostly MAC cases with possibly 1 or 2 GA cases.</li> <li>6. Crash Cart is the Anesthesia Cart</li> <li>7. Resupply closet next to OR room. Only 1 OR room. 2 Preop areas. The Patient goes back to recover in same preop holding area.</li> </ol>
<b>NPO status</b>	<ol style="list-style-type: none"> <li>1. ASA 2017 Practice guideline supports 1 meal 6 hours before surgery (see attached guideline)</li> </ol>
<b>MAC versus GETA</b>	<ol style="list-style-type: none"> <li>1. D+C Hysteroscopy is about 10 min from start time. 200 mg Propofol (1/2 upfront with Lido usually covers onset and remainder covers closing time)</li> <li>2. For IVR cases, Intraoital And Vagina Relaxation, cases range from 1-2 hours, EBL 100-200ml. Foley is placed, ask for SCD machine placement, Use an LMA (if appropriate), lithotomy, no warming blanket, ask for warm blanket</li> </ol>
<b>We do not have an anesthesia technician so we appreciate your help with restocking and ancillary work to help this flow for yourself and other fellow CRNAs</b>	
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