

A Day in the Life of an Anesthesiologist

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American Society of
Anesthesiologists[™]



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Different Types of Work Environments

- MD Only Practice
- Care Team Model
- Academic Medical Center

The Night Before – 745pm Tuesday

- Check the Schedule
- Inpatient vs Outpatient cases
- If Inpatient – review the medical record
- If Outpatient – review the types of cases to be done
- Who is the surgeon?

Time to Wake Up – 445am Wednesday

- Snooze
- Snooze again
- Shower
- Get in car and drive 35 minutes to work
- Arrive > 30 minutes early

Arrival – 632am Wednesday

- Park
- Walk to locker room
- Change into scrubs
- Receive sign out from Anesthesiologist on the previous night (which includes the 3 inpatient add ons that were not on the schedule the night before)

Starting to run the board – 648am

- Look at the board and attempt to figure out where the 3 add on cases will go
- Receive a call from Preop that 1 patient arrived late, 1 patient needs an IV and 1 other patient ate this morning

Starting First Cases – 652am until 743am

- Evaluate 2-4 patients, including their medical history, anesthetic history, assuage fears and anxiety about their operations (which vary in severity)
- Update the EMR reflecting the your anesthetic exam
- Speak to your care team (anesthetist or resident) about the plan
- Speak to the circulator to let them know you're done
- Roll back to the operating room and stagger the starts while supervising all 2-4 rooms so they don't all induce anesthesia at the same time
- Sign the EMR in the room

First Down Time – 743am until 8am

- Wait, there isn't a down time even though it seems like it might be...
- Evaluate next set of patients who are ready to be seen for 2nd round of cases
- Document exams in EMR
- Place PACU orders for first set of patients

Break time - 8am until 910am

- Walk through each of your 4 rooms and give 15 minute breaks to the anesthesia provider in the room so they can eat breakfast and use the restroom
- Observe each anesthetic record and adjust as necessary to changes
- Extubate 2 patients while team-member is on break
- Bring patients to PACU
- Don't forget to finalize the record and waste drugs with colleague/pharmacy member
- Walk through rooms after breaks to check on patients and room status

Mid-Morning Status Checks – 9am until 1030am

- Running the board and evaluating the progress of the other 4-16 anesthetizing locations in the hospital
- Answering calls about the add on placements
- Phone rings for 3 epidurals – do yourself or delegate to someone else??
- Assign lunches
- Sign out patients in PACU
- Continue to evaluate patients and start cases

Code is called – 1017am

- Overhead page for a code on the floor
- Stop everything, collaborate with colleagues who watches the ORs and someone else runs to the code
- Watch 7 ORs while colleague is away

Lunchtime – 11am until 1pm

- Make sure everyone is fed lunch and has time to go to the restroom
- Cover cases from induction to emergence
- Spot checks in the OR
- Check board to make sure everyone is fed 😊
- Sign out patients in PACU

Oops...you forgot to eat breakfast

- Since it's lunchtime you just realized you forgot to eat breakfast
- Remind yourself it's time to eat lunch at some point

Add ons starting – 115pm until Way Way Later

- Receive a call for an off-site (out of OR add on) and attempt to figure out where it will go in the queue
- Start one of the initial 3 add ons that were posted the night before after the schedule came out
- Make initial plans about relief for our anesthesiologists who have specific shifts they work

Early Afternoon Status Checks – 130pm until 2pm

- Things have finally settled down....pew
- You get lunch
- 5 minutes into lunch you get called to sign out a patient from PACU
- 2 minutes later you stop to evaluate a patient
- 4 minutes later you walk in to induce the patient
- 6 minutes later you observe an extubation
- Make assignments for 3pm shift changes and realize we are 2 people short
- Start to beg people to stay and arrange pecking order for leaving

Early Afternoon Status Checks – 130pm until 2pm continued....

- Huddle for the next day to review cases and note the inpatients so they can be evaluated prior to tomorrow
- Answer questions about Preop patients from NP staffing Preop Clinic
- Evaluate patients for next cases
- Sign out patients in PACU
- Triage a call from L&D about a patient who received an epidural earlier in the day and is hurting

Shift Change – 3pm

- Huddle with charge nurse to determine how many rooms we can run since it's after 3pm
- Find out the staffing grids don't match today because someone is sick and needs to leave
- Thank your 2 providers who are staying over
- Start the second of the 3 previous add ons
- Answer phone with surgeon asking when their case is going to go (since they posted it last night) and they have been waiting all day

Relief is here....

- The call anesthesiologist has arrived right on time and gets placed into a room because we are short 2, now 1 person
- 3 other rooms come down, day looking better

Early Evening Hustle – 5pm until 630pm

- Only 1 more add on to go
- Convinced the charge nurse to plead with someone to stay and you did the same
- L&D calls with a patient who might need a section and GI called about an emergent patient with a food bolus
- Sign out patients from PACU
- Your Call Anesthesiologist goes to do the GI case
- Evaluate the last set of patients ready for the OR

Turn over the phones – 648pm

- Things finally settled down
- 2 rooms running
- Call Anesthesiologist is free and have both rooms staffed
- You turn over the phones and debate grabbing dinner at the hospital
- Go and change scrubs into plain clothes
- Walk to the car

Check the schedule – 718pm

- You arrive home
- Say hello to family
- Check the schedule and get ready for tomorrow....