

A day in the life

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A day in the life: days to weeks before the day of surgery

- Patient preparation and optimization via:
 - Surgeon's clinic
 - Health forms
 - Phone consultation with surgery center
 - Phone consultation with anesthesia group rep
 - Anesthesia preoperative clinic

A day in the life: the day before surgery

- Schedule is made (coordinator or administrator)
 - Available personnel assigned to rooms
 - Incorporates specialization if needed
 - Cardiac
 - Regional anesthesia
 - Pediatrics
 - Footprint of sites of service may vary by day of the week (office, ASC, hospital)
- Schedule is disseminated to physicians, nurse anesthetists, anesthesia assistants

A day in the life: the afternoon or night before surgery

- Clinicians may:
 - Review charts
 - Discuss cases with anesthesia care team (CRNA, AA)
 - Begin preoperative documentation
 - Contact surgeons
 - Consult other clinicians

A day in the life: the morning of surgery (pre-patient)

- Early awakenings (4:30-5:30am)
- Room setup
 - Machine check, verify room
 - Draw up medications
 - Prepare various equipment (monitors, ultrasound)

A day in the life: the morning of surgery (Preop area)

- Meet patient ~ 6:30am to 7:15am
- Conduct preoperative evaluation (history, physical, risk, benefit, alternatives discussion)
 - Is patient's risk maximally reduced if elective procedure
 - Medical issue optimization, NPO, ride home, responsible caretaker
- Answer questions
- Close the loop with surgical team if unresolved issues
- Handshake

A day in the life: the morning of surgery (Preop area)

- After surgical consent, surgical site marking, and surgeon, nursing, anesthesia have interviewed patient.
- Possible anxiolytic (benzodiazepine)
- May proceed with nerve block in preop area, fully monitored
- Proceed to procedure space, anesthesia will mobilize patient
 - Small talk while in transit

A day in the life: pre-procedure, in the procedure room or operating room

- Patient transfers to procedure bed or remains on gurney if prone case
- Monitors placed on patient or monitors connected to anesthesia machine monitors if already placed in preop
- Patient notified of each step prior to proceeding
 - Possible preoxygenation with mask
 - Induction of general anesthesia or sedatives given
 - Airway management
 - Additional intravenous access or monitors obtained

A day in the life: During the procedure

- Timeout by perioperative team
- Vitals monitored continuously
- Table position adjusted as needed throughout
- Vigilance
 - Situational awareness
 - Recognizing signs of an impending crisis, prevention
- Open communication with procedural team
- May leave room to start another case or to address a critical issue if providing medical direction to AA, CRNA, SRNA, fellow or resident

A day in the life: Intraoperative crisis management

- Call for help (may receive a call for help as well)
- Notify surgeon
- Team leader, closed loop communication
- Differential diagnosis
- Cognitive tools
- Make decision to complete or abort procedure
- May involve: CPR, resuscitation, additional surgical intervention, additional monitors, bypass, hospital transfer

A day in the life: Post procedure in the procedure room

- Discontinuation of anesthesia
- Patient emergence
 - Delirium
 - Clinical Instability
- Removal of airway devices (tube, supraglottic airway)
- Interaction with patient
- Disconnecting monitors when appropriate
- Transfer to bed

A day in the life: In the recovery room

- Sign out of operative course and patient history during handoff to nursing
- Order additional specialized monitoring, medications (nausea, pain, anxiety)
- Discuss plans for discharge and methods for contacting if issues
- Nursing monitors for recovery from anesthesia and return to baseline (Aldrete score, modified white)
- Discharged to home or hospital bed when criteria met (PADSS)
- Instructions provided by nursing to responsible adult, may need prescriptions, follow up appointment, how to contact service

A day in the life: Post discharge from procedure

- If inpatient, postoperative check by anesthesia team
- If outpatient, possible phone call follow up by surgery center rep or anesthesia provider
 - Pain
 - Nausea
 - Resolution of nerve block
 - Other concerns (patient or procedure specific)

A day in the life: Repeat this process for the day

- Preop, intraop, postop, follow up
- Provide direction and coordinate care for upcoming patients in preop
- Provide support for postp patients in recovery room
- Prepare for next days cases when schedule available

A day in the life: Bio breaks

- In between cases
- Anesthesia care team allows for breaks
- Float system (available personnel for this purpose)

A day in the life: When does the day end?

- Call schedule
 - In-house
 - Home call
 - Pin system

A day in the life: Labor and delivery

- Typically busy
 - Operative deliveries (scheduled and unscheduled)
 - Labor analgesia (epidurals)
 - Assistance with other medical issues on the ward
- 24-7 care

A day in the life: Off-site services (non-OR)

- Endoscopy labs (stand alone, office-based, hospital based)
- Interventional radiology or interventional cardiology (EP, cath)
- MRI
- Interventional pulmonary medicine
- Pain clinic

A day in the life: Intensive Care Unit (ICU) coverage

- May be run or staffed by anesthesiologists
- Rounding, procedures
- Commonly 7 days of service
- In-house vs. pager coverage
 - Night coverage by in-house trainees vs. PA/APN vs faculty
- Multidisciplinary teams
- Closed vs open model
- Palliative care

A day in the life: Emergency airway mgmt (Non-OR)

- Cardiac arrest
- Respiratory failure
- Unpredictable
- May not be proximate to OR
- May be staffed by ER or intensive care physicians

A day in the life: Pain services

- Consultation for pain management (inpatient or outpatient)
- May occur for part of the day or before, after, during clinic or OR cases
- May require operating room time for advanced or basic procedures
- Nurse practitioners, clinical nurse specialists, (extenders), physician assistants
- Potential service line within the anesthesia department
- Addiction services

A day in the life: Leadership or administrative roles

- Group, section, procedural site, departmental, institutional, regional, national, international
 - Emails, emails, emails
 - Committee meetings or 1:1
 - Teleconferences
 - Off site meetings
 - Policy and procedure review
 - Site visits

A day in the life: Weekends

- Beeper call schedule
 - Cardiac
 - Pediatrics
 - Pain
 - Trauma
 - ICU
- In house call schedule
- Family, wellness

Key personnel

- Administrative assistants
- Executive admin, business admin, practice managers, clinical coordinators
- Hospital leadership (VP, AVP, directors, managers)
- Billing specialists

Questions?
