CRNA Residents

The CNRA's at Northlake Anesthesiologist's (NLA) are employed by the Anesthesiologist's who own and work in the group. We have contracts with facilities but do not work for any facility per se. Therefore, we are focused on getting the cases done so we can go home. If you see something that needs to be done- Do it.

I will send an email out each evening with the entire NLA schedule. You will get cc'd on it usually. The schedule for the OR is at the front desk. When you have a few minutes, check out the schedule for the next day. Pick out your case so you can ask questions for anything you're not familiar with. Please decide on your case and put your name beside it on the board so we know what case your doing.

We expect the following when you to show up:

Set the room for whatever case you're doing (draw up drugs, get pumps, whatever)
Go find your patient and ensure they are pre-op'd
Help/do any invasive line that you need for your case

If you don't do these, then do not expect to do the case.

If you do all that and still have time before your case, go to pre-op and make sure those patients have been seen.

Let the CRNA see the charge sheets before you leave the room. There are 2 sheets, one for the room charges and one for our billing.

If you are grabbing drugs for sedation in pre-op do NOT draw them up until you are certain no one else has gotten drugs yet. Many times we have sedated the patient while you are setting up a room. I always wait to draw up propofol or etomidate until the patient is in the room. Too many things change (case cancel, case gets pushed back, etc.).

Having students here is solely for your benefit. A CRNA or MD will be in the room at all times. We will be there to cover the room; your absence will not affect anyone negatively. Therefore, if you need a day off for some reason, let me know and take it.

On the first day, show up at 0630 and make your way to the Surgery Desk or Lounge. Someone will get you started.

Next I have how I specifically do hearts and CEA's. Other people have minor differences, but these will get you in the ball park.

Scott Wheat Sr
985-259-0619 (cell)

SSH TIPS

- LMA's are NOT disposable!
- Very quick turn overs, when you drop your pt off in recovery go to the board & sign up for the next case to go (Penny can help you if needed). Very rarely will you follow yourself in the same room. So when you have extra time go set up rooms that are waiting to start, because it could be your room. Time & Date drugs you draw up.
- Pre op Versed is given by the Pre-op Nurses. Any MD ordered Pre-op meds should be given by Pre-op RN's.
- Ask the circulating RN to call the MD before sleeping pt.
- All of our EGD/Colonoscopy/Pain Injections should be listed as GA if they get Propofol.

ACCESS CODES

- Anesthesia work room door 0911* Glidescope, LMA's, Gas, Extra drug boxes, and extra cables
- Spectra link # for MDA: 2263 & 2262
- Code for all anesthesia carts 1111 then "ok"
- Code for Pharmacy door is "4321"

BARIATRIC CASES

ALL pts (unless contraindicated) should be given Decadron, Zofran &Toradol. They should have received Scopalamine patch & Pepcid in pre-op holding.

Gastric Sleeve—decompress stomach with OG tube (unless converting from band to sleeve, then wait for DR to ask you), leave tube in place & let Dr know at start of case. You may need to readjust before you discard it. Most bariatric docs use a 34 fr bougie…the rest use a 36 fr. The RN for the room will have them. The bougies are reusable.

Dr Balder has us place an OG and then uses a clamp device. No Bougie, but you will have to slide the OG to ensure it is free once or twice.

Gastric Bypass—the RN will give you a balloon suction cath, place when asked for by DR, you will have to insert & retract it multiple times. Once finished with the stomach pouch they will ask you to insufflate the stomach, hook the end of the device to the suction tubing, connect to the O2 flowmeter & turn it to 2LPM. Once finished hook back to suction empty stomach & discard

Doctor Notes

- Ancef is the only Antibiotic in the drug box. Pre-op should have the ordered antibiotic hanging. If you do not have one, check with the surgeon.
- No Toradol EVER (do not ask) to Clavin or Fong pts.
- Ask before giving Decadron routinely to pts, unless they have Hx of PONV. Then just let the doc know you gave it & why. Some docs complain of decrease healing with Decadron.
- Fong does not want his pts paralyzed.
- Neuro- These cases (except for Kruse) are generally SSEP monitored. That means theMAC is 1 or less. Supplement gas with propofol drip. Use Remifentanil on cases when less than a MAC is requested (neck cases). The cases are long and the patients are freezing so Bair hugger and fluid warmer are a must.
- Otho- Regional for pain control on almost everything. Total Knees are done under spinal. Most people run the patient on a propofol drip for sedation. Decide on this before you get into the room. On Totals: Tranexamic Acid is given on incision AND when implant is cemented.

Charges

- Charge for extra fluids and anything taken out of the Pyxis on the pharmacy sheet. Even if you take it out under the correct patient. Apparently the computers do not talk to each other.
- You do not have to check which drugs you use from the Anesthesia drug box in the top of the cart. The Pharmacy charge sheet will have a patient sticker (or just a patient sticker if you do not have a sheet) and Pharmacy will charge for any drug used out of the box.
- ETCO2 Nasal Cannula & regular Nasal Cannula are separate on the charge sheet; please charge for the correct one.
- List the correct Diagnosis and procedure on the Anesthesia record. Copy the H&P from the chart, Back page of Anesthesia Record (Anesthesia Evaluation), **OR** List the Co-Morbidities at the bottom of the Record. You only need to do one of these three.