**(Ch)**

**Children’s Hospital**

**200 Henry Clay Avenue**

**New Orleans, LA 70118**

**(504) 899-9511**

**Website:** [**www.chnola.org**](javascript:doWindowOpen('http://www.chnola.org/','new_frame','width=600,height=420,menubar=1,toolbar=1,scrollbars=1,status=1,location=1,resizable=1',0))

**Contact Person: Andy Pitt, Chief CRNA, DNP (504)481-5726**

**OR Desk (504) 896-9478**

**Anesthesia Office (504) 894-5113**

**Orientation to Clinical Site**

* Sheryl Sawatsky M.D. is the medical director of the Anesthesia Department. Stan Hall M.D. PhD. Is the clinical director.
* Andy Pitt CRNA, DNP is the chief CRNA and he is responsible for all matters relating to the SRNA clinical experience at this facility.
* Driving Directions: Take St. Charles Avenue to Henry Clay Avenue. Go left on Henry Clay until it comes to a dead end. Children’s Hospital is on the right.
* Parking – The spaces to the right of where Henry Clay dead ends across the rail road track/levee.
* OR suites are located on the 2nd floor OR# 1-12 (#4 is the Heart Rooms - students are not routinely assigned there). Cases are also scheduled in the Cathlab and in 4 special procedure rooms.
* The Main Anesthesia Office is located on the 2nd Floor, outside of the O.R. Upon arrival to the hospital, you should proceed to the yellow to the rear of the pavillion.
* The men’s and women’s dressing rooms and lockers are located on the right side of the hallway, just past the main entrance to the OR (The motion activated glass doors). The SRNA lockers and keys are assigned at the main OR desk which is located just inside the main OR entrance.
* Required Equipment: ID, stethoscope and a blank student evaluation form. All other equipment is provided by the hospital (i.e., nerve stimulator, laryngoscope and blades, scrubs).

**Experiences Available to the SRNA**

* General surgery, neuro surgery, plastic surgery, dental, vascular, orthopedic, ophthalmic, ENT, EGD, liver and bone biopsy (the latter two are performed in the back of the PACU), LMA’ s and nasal intubations.
* Regional anesthesia – caudal blocks.

**Patient Assignments**

* Assignments are usually made by Andy Pitt, and are located on the clip board at the main O.R.desk.
* SRNAs are not assigned to the heart room – observation may be possible – check with Andy Pitt.
* Many of the patients being cared for at Children’s Hospital are either physically or mentally handicapped, or are afflicted with unusual illnesses or chromosomal abnormalities.
* The surgery schedule for the following day is usually available sometime in the late afternoon, but assignments are not normally made until the next morning.

**Daily Clinical Routines**

**0700-1500 Shift**

* You are expected to arrive at 0645, to set up your room. Cases normally begin at 0730. On Fridays, Stan Hall lectures the med students and you are expected to attend. Cases will begin at 0800 on these days.
* If you are unable to attend clinical for any reason, you should notify the OR Main Desk or Anesthesia Office at least 2 hours before the start of your shift, as well as your faculty advisor.
* The OCCASIONAL (rare) caudal for post op pain control is available. If you have the opportunity, JUMP on it! (Technically it counts as an epidural) Dr. Hall is the only one who will let you do them…. but you have to ask.
* You will not be expected to do pre-ops. A CRNA is assigned to do all pre-ops. Therefore…. You will probably not know your patients history until they roll in to the OR suite.

**0645-1500 Shift**

* Your first day you will receive a brief orientation to the OR (about an hour) after which you will begin doing cases.
* Get your assignment off the board (at the main O.R. desk). If assignments have not been made, ask Andy Pitt or one of the CRNAs, or MDAs and they will be happy to assign you to a room.
* Set up your room and touch base with your preceptor when they arrive.
* Upon your patient’s arrival to the OR, the SRNA should look over the preop in EPIC with the MDA and CRNA. The vast majority of the cases you do will be inhalation inductions with 70% N2O (7 liters) and 30% O2 (3 liters) and sevoflurane unless the patient has preexisting IV access or is old enough to handle having an IV put in without getting agitated. Watch heart rate (HR) -- children are much more heart-rate dependent for their cardiac output than adults. If HR is dropping, lower sevoflurane accordingly. After the patient is asleep, the MDA or CRNA will insert an IV and administer fentanyl and rocuronium **DURING AN INDUCTION YOUR JOB IS TO MANAGE THE AIRWAY!!!!!** Please remember to bring your patient’s airway mask with the patient to PACU. This is helpful should you need to use an Ambu bag in PACU.
* You are allotted a 45-minute lunch break. Lunch times are posted on the assignment board. Ask one of the CRNA’s or MDAs to explain the lunch board, if you are unsure of how it is organized as it can be overwhelming at first glance.
* Your shift ends when your preceptor dismisses you, and you are expected to give a full report to the oncoming anesthetist prior to leaving.

**Updated: 1/25/22 by Jennifer Badeaux CRNA, DNP**