(UMC)

**UMCNO**

**University Medical Center New Orleans**

2000 Canal Street

(504) 702-3000

ORIENTATION TO CLINICAL SITE

Contact: **Robert St. John, CRNA, MN**

Robert's Contact Information:

 Cell: 504-400-6149 or work 504-702-2629

 **Anthony "Jude" Taullie, CRNA, DNP**

 Jude’s Contact Information:

 Cell: 504-400-8025 or work 702-2834

Anesthesia Office: (504)702-3351 -1st office on the right after second double doors from the green elevators, opposite the Operating Room (OR) desk Main OR: (504)702-3355

Trauma CRNA: (504)702-2662

Calling In Sick: (504)702-2662

**General Information**

* Enter the hospital through the front doors on Tulane Blvd & proceed to the OR on the 4nd floor
* OR suites are located on the 4nd floor and are arranged in a Grid fashion increasing in number from the Galvez side to the Claiborne side
* Dressing rooms and lockers are located on the Canal Street side near the patient towers.
* Access to scrubs can be obtained from the OR desk
* Scrubs must be changed prior to entering the OR area
* A white lab coat with the LSUHSC logo must be worn over your scrubs when coming into the hospital and when leaving the 4th floor.
* Day shift students should arrive at 05:45am to set up your room for the day. If you need additional time to prepare your room — you need to arrive earlier.
	+ Required Equipment: Lab coat and ID, stethoscope, scissors, nerve stimulator, earpiece, chest piece, and a completed care plan. Students should have a blank clinical evaluation form available if preceptor is not able to complete the evaluation online.
* You **WILL NOT** be allowed access into the building without an LSU Student ID.
* SRNAs are to sign in and sign out daily in the "student log book" located in the anesthesia office. The SRNA should also put his/her contact information in the back of this book in case any emergencies may arise.
* You will be given a 15 minute break in the morning and a 30 minute lunch break.
* You must let your assigned CRNA know when you are leaving the unit. Leave your cell phone number and/or beeper number with your assigned CRNA and on the dry erase board in the anesthesia office.
* You should seek out the various learning experiences available. If you’re assigned OR case is finished – check with the Charge CRNA for re-assignment.
* **Calling in sick** - you must call the CRNA Trauma Phone (504-702-2662) to notify the CRNA on duty at least one (1) hour prior to the start of your scheduled shift—For Day shift—call by 5:30 am.
* Your CRNA may assign you a hospital phone. If assigned one, make sure you check the batteries and volume on the phone. Note which phone you are assigned on the anesthesia board in the office.
* If you are not actively in a case, check the trauma rooms for proper set ups, and make sure pre-ops are completed.
* Cell phones and the computer for charting should only be used as a resource device and never for personal reasons.

\*\*Always make sure the anesthesia machine & anesthesia cart are restocked completely when setting up your OR at the end of the day. The supply list is attached to each machine & cart.

The shifts are: 7a-3p (UMC), 3p-11p (UM2), 11p -7a (UM3), 7a-7p (UMA), and 7p-7a (UMP). Please see Table 1 below for the appropriate time to arrive for the clinical shifts.

## **Daily Clinical Routines**

When arriving for your shift:

CABG pts. arrive to holding at 5:30AM. Check paperwork, blood availability, start IVs, & start A-line.

 **Table 1:**

|  |  |  |
| --- | --- | --- |
| **Shift**  | **Arrival Time**  | **SRNA Responsibilities** |
| **UMC 7a – 3p** | 5:45 am (Arrive by 5:45 am regardless of assigned case start time) | Check assignment from the CRNA office and proceed to your assigned room. Set up your room—Check your anesthesia machine and make sure the room is stockedProceed to the Pre/Post area which is located just beyond the double doors to the OR area. The first case of the day is taken to the OR after the surgeon has done a “Meet and Greet”.Upon confirmation of your patient’s arrival, make sure all paperwork is complete (pre-op, consents, etc.) & appropriate diagnostic tests have been done. Check with the blood bank to make sure blood is available if the procedure/pt condition requires the possibility of transfusion. Medications are pulled by the CRNA (SRNAs do not have an Omnicell code). Absolutely **No** medications are to be administered prior to confirming that the patient has signed all of the necessary consents & checking with your assigned CRNA. Do not administer a narcotic or sedative prior to confirming that the circulating nurse has completed his/her patient interview. SRNAs are expected to stay for the entire shift. You must check with the charge CRNA before leaving. You are expected to give a full report to the oncoming CRNA and/or SRNA prior to leaving the OR. Don’t forget to check your assignment for the following day, and pre-op the “in house” patients. All patients need to have a pre-op completed.  |
| **UMC 7a - 7p (weekday)** | 5:45 am  | Same as the 7a-3p shift.  |
| **UMC 7a -7p (Saturday or Sunday)**  | 6:15am (regardless of assigned case start time) | You should be ready to go in your OR by 6:30 am.Check with Charge CRNA for assignment. Check the Trauma rooms. **Promptness is expected.** All of the aforementioned information from the 7a- 3p shift applies.  |
| **UM2 3p-11p** | 2:15 pm  | Check the assignment board, and proceed to your assigned room to get report from the off-going CRNA and/or SRNA. You are expected to relieve by 2:30 pm. **Promptness is expected.** All of the aforementioned information from the 7am-3pm shift applies. |
| **UMP 7p-7a** | 6:15pm | You are expected to relieve in the OR by 6:30 pm.Check the assignment board, and proceed to your assigned room to get report from the off-going CRNA and/or SRNA. **Promptness is expected.** All of the aforementioned information from the 7am-3pm shift applies.  |
| **UM3 11p-7a**  | 10:15pm  | You are expected to relieve in one of the OR by 10:30 pm.Check the assignment board, and proceed to your assigned room to get report from the off-going CRNA and/or SRNA. **Promptness is expected.** All of the aforementioned information from the 7am-3pm shift applies.  |

## **Experiences Available to the SRNA** – UMCNO offers a variety of great experiences including

## anesthesia for a wide variety of surgical and diagnostic procedures.

* Cardiac — open hearts, valve replacements, etc.
* Trauma
* Orthopedics
* Pediatric trauma
* Urology
* Gynecology
* Endoscopy
* Interventional radiology
* Interventional cardiology
* Neuro
* Vascular
* OMFS
* Intrathoracic cases
* Cases utilizing Regional Anesthesia
* Burns

\*\*While open hearts are great experiences, the benefits of seeking out these cases are probably best appreciated after the SRNA has become very comfortable in administering anesthesia in more routine cases.

## **Patient Assignments**

* Assignments are posted in the anesthesia office. The office is the 1st door on the right across from the hall from the OR front desk (Outside of OR 8)
* The surgery schedule for the next day is usually posted after 2:00 pm and is also located in the anesthesia office.
* Prior to ending your day, you are expected to assist with preoperative evaluations on “in house” patients scheduled for surgery the following day. Please check with the Charge CRNA who will assign preop evaluations that need to be completed.
* The anesthesia preop evaluation is completed in EPIC and this includes a thorough physical assessment of all organ systems. Call your CRNA for any questions. If the patient requires additional tests, please call the anesthesiologist. The anesthesia consent must have the patient's medical record sticker on it. The anesthesia consent can be obtained from the CRNA office. Please either have the consent scanned by the unit into EPIC or bring the consent to the Charge CRNA.
* The transport of the patient to the OR and to PACU/ICU is the responsibility of the SRNA and CRNA. All ICU patients must be transported on an anesthesia transport monitor. Upon leaving the OR, these patients' are returned directly to the unit, not PACU. ?
* All patients are to be transported from the OR with portable oxygen via an O2 mask.
* Postoperative assessments are required on “in house” patients within 24 hours.
* Pediatric cases — The pediatric cart is located in the hall outside OR 8 and OR 16. Please bring it into the OR for all pediatric cases. There is a handout attached to the cart with Pediatric Resuscitation Guidelines & Pediatric Drug Dosages.
* Difficult Airways -- The difficult airway cart is located directly outside OR 8 in the Hall Cubby. Fiberoptic bronchoscopes are in clean core between OR's 8 and 12. In addition, the Anesthesia Workroom has Fast Track LMAs.

## **UMCNO Policies**

1. All patients are to be transported to PACU/ICU with portable oxygen.

1. All blood is to be infused via a warming device — Level one or Ranger.
2. All patients, surgery permitting, should have a Bair Hugger or Blanketrol — unless febrile.
3. All patients must have a safety strap on during induction and emergence and throughout the case if surgery permits.
4. Arms must be secured — either to an arm board or securely tucked.
5. Refer to blood policy for hanging of any blood products.
6. You are not to give any medications without checking with the CRNA or anesthesiologist.
7. Before giving a reversal for muscle relaxant — make sure that the lap/needle count is correct.
8. Do not wake up orthopedic patients until the surgeon says it is OK for the patient to move and that the post-surgical x-ray is OK.

10. The CRNA or anesthesiologist is to be notified immediately of any change in patients' status

 or vital signs.

11. Fluid replacement should be calculated on all patients as soon as the patient is stable.

12. If no urine output - check the foley for kinks before giving an additional fluid challenge.

13. The CRNA or anesthesiologist should be immediately notified of any significant blood loss.

14. Please refer to the handout attached to the anesthesia machine & anesthesia cart when restocking. **DO NOT overstock**.

15. Refer to the medication and solution labeling policy for labeling syringes and IV fluids.

## **Trauma Room Set Up**

* It is the responsibility of the SRNAs to set up and maintain two trauma ORS at ALL TIMES.
* Level One — 1000cc NS with tubing stop cock and extension tubing (make sure -plugged in, working, & filled with water)
* 2 Ranger Lines — 1000 cc NS with blood tubing, stop cock, and extension tubing. (Make sure plugged in, working, & filled with water). A pressure bag should be hanging on the pole. (Do not prime these lines till you know a trauma is coming up).
* A-line — 500 cc NS with A-line pressure tubing — not primed.
* On an IV pole: IV pumps.
* Bair Hugger with various blankets.

**Anesthesia Machine Table Top:**

* Do not draw up drugs until we know that a case is coming (Label with date, time, dosage and initial)
* Syringes for — Fentanyl, Versed, Rocuronium, Etomidate, Succinylcholine, Vecuronium, Neosynephrine, Ephedrine, Propofol. Also include a 20cc flush. (these are to be kept in the anesthesia cart & labeled when the drug is drawn up)  ETT — 7.5 and 8.0 with stylet and syringe for cuff
* Esophageal stethoscope
* 90mm airway with tongue blade
* (2) laryngoscope handles and 2 blades (make sure the light works) o Suction set up with yankauer attached. Suction should always be ON
* PSA sensor
* NG tube with lubrication
* Eschmann

**OR table set up with:**

* EKG leads spread out on bed in proper position
* 2 armboards (both armboards attached on side opposite to the door) with gel pads and towels
* Head rest/Donut with head strap
* Tube holder

**Cart stocked as usual but with extra:**

* Arrow kits
* Blood bands
* Tape (especially 3 inch and pink)
* Op-sites small and large
* \*\* \*make sure there is adequate blood gas kits, blood filters, & fluids\* \*\*

**Machine:**

* On top: triple lumen kits and Cordis kit
* Purple and prone pillows
* Portable monitor (plugged in) 

**2nd drawer of machine:**

* + pink airway 90 and 100
	+ expandable extension tube
	+ fiberoptic bronch adapter
	+ ambu peep valve
	+ extra humidifiers
	+ goggles
	+ flashlight

 **3rd drawer of machine:**

* + extra BP cuffs
* disposable finger sat. probes
* extra anesthesia records
* extra module cords
* goggles

# **Trauma Cases**

* Always wear eye protection
* When a patient arrives to the OR (intubated or not) check ABCs
* Check airway, breath sounds, and pulse.
* Monitors are placed in the following order: pulse ox, BP cuff, EKG.  EKG pads are always placed on the patients back unless they are going to operating on the back.
* If the patient is intubated, give the vecuronium, then move them over to the OR table.

Always log roll & slide patient over with the glider

* Organize lines

**Induction:**

* Preoxygenate – O2 10L/min
* All patients are considered full stomachs. Do a RSI with cricoid pressure.
* If the patient is in a c-collar, remember to use in line neck stabilization during induction/intubation.
* Drugs used will depend on the patient's condition, VS, etc.

**If the patient is unstable and intubated:**

* Ketamine with a NDR
* Versed/Fentanyl (ask)
* Lidocaine
* Zemuron (pre-treat)
* Etomidate (decreased dose if pt is unstable)
* Anectine
* 20cc Flush
* As soon as pt is intubated, place the NG or OG tube (If not sure of the injuries, place an OG)
* If the patient has a chest tube, make sure the set-up is at the head of the bed so you can monitor the drainage.
* You are responsible to get the labs/ABG results after they have been sent.
* Make sure to get ABGs as soon as a-line is started. Repeat as needed.
* Never announce to the room that you need something---know your circulator---ask by name for that person to do something for you.
* If it is an orthopedic case, make sure you have an x-ray gown.
* Continuously observe your field. Know what is going on. Keep up with blood loss, urine output, and chest drainage.
* Check volume in cell saver, then subtract irrigation & citrate. You can spin it down at 800cc.
* Obtain Blood from blood bank
* Always request temp dots and igloo
* Always keep blood in igloo with ice on top and bottom of blood—if you are not using the blood.
* All blood is administered via a fluid warmer.

**Check Charting:**

 Chart relief

 Make sure you have your record:

* + Pre-op vital signs
	+ Time out
	+ Post-op Dx and surgery
	+ All narcotics — totaled and signed for
	+ Total blood given

**Transport:**

* + Make sure all IVs, A-line, central line, and ETT are secured.
	+ Make sure PACU or ICU is aware of the transport and that a ventilator is needed.
	+ Have ready: a 02 tank with a venti mask or ambu bag, transport monitor, and IV medications.

**Relief in a trauma case:**

* + Be sure to look over the pre-op and ask any questions
	+ If you expect blood to be given: ask if any blood available and if pt. is typed and matched
	+ If any drips are infusing, check dose given (Epi is given mcg per min not mcg /kg/min)
	+ Calculate blood loss. Know how many suctions are in use. Check operative field for blood loss.

**Major Trauma:**

* + 1 anesthesia team leader
	+ 1 anesthetist per infusion line
	+ 1 anesthesia provider to document 2
	+ Keep all infused fluid containers for post-op totals
	+ Anticipate needs: massive transfusions, ICU bed, etc. 
	+ AVOID HYPOTHERMIA

**Severe Shock:**

* + 100% 02
	+ Muscle relaxant
	+ Analgesic as tolerated
	+ Amnesic as tolerated
	+ Then anesthesia as tolerated

**Mild-Moderate Hypotension:**

* + 100% 02
	+ Etomidate or Ketamine
	+ Muscle relaxant
	+ Titrate opioid
	+ Low dose inhalation agent

**Intracranial Hypertension:**

* + 100% 02
	+ Propofol 2-3 mg/kg
	+ Opioid as tolerated
	+ Lidocaine 1.5 mg/kg
	+ Avoid N20

# BASIC SETUP FOR HEARTS AT UMCNO

Please check with preceptor prior to getting narcotics (fentanyl). Confirm patient has ICU bed or plan for bed has been established, before calling for patient.

I. Room Setup

 A. Anesthesia Machine

 1. Syringes

1. 20cc Fentanyl
2. 5cc for Midazolam
3. 10 cc for Etomidate
4. 10cc for Lidocaine
5. 10cc for Succinylcholine
6. 10cc for Vecuronium

 30cc for Heparin

Extra Night Duties (can also be performed throughout the other shifts)  Check trauma rooms. Restock if necessary  Check set-up in heart room.

* Check to see if any pre-ops need to be done. There are often add-ons.
* Check rooms for any syringes drawn up---Throw them away.
* Check room for dirty laryngoscope blades. Wash them off & put them in the sterilizing solution in the clean-up room.
* Check drug boxes.
* Make sure to label bags and tubing with tags.
* Set-up A-line and IV lines for "big" cases in the A.M.
* In A.M.: be in the Pre/Post area to check in patients. Make sure to ID patients according to policy rules.
* Check pre-ops and fill in necessary info that is missing.
* Start any needed IVs and A-lines.

Updated: 11-12-2019

Updated: 11-12-2019, Call-ln Sick Policy per Laura Bonanno, PhD, DNP, CRNA

Updated: 09/ 2022