Woman’s Hospital

Welcome to Woman’s Hospital. This document is intended to provide some basic site information to make your transition to Woman’s easier. We want you to have a good clinical experience. Please review and familiarize yourself with the following information, and email, text or call with any questions.

SRNA Site Coordinator:

Mario Perez, DNP, CRNA

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Cell: (225) 955-5565

Office Manager:

Jamie Hunt

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Office: (225) 924-8149

When you are **scheduled to work OB**, please arrive to the hospital **no later than 6:00am**, get dressed, and **report to the CRNA OB workroom**. Dial 4918 on the phone and see how you can assist the evening CRNAs (epidurals, preops, IV starts, etc.)

Scheduled C-sections will go back 30 mins before scheduled time. Ex: 0700 C/S go to the OR at 0630. OR 1, 2, 3, and 12 are reserved for C-sections.

Numbers/extensions to know:

OB1: 4918 OR MD: 4916

OB2: 4919 OB MD: 4917

OB3: 4926

\*These numbers are listed in the OB call room on the bulletin board

Obstetrics:

\***ALWAYS** read your medication labels to make sure that any medication you plan to give via the epidural catheter says **FOR EPIDURAL USE** or at the very least says **PRESERVATIVE FREE**. If you are unsure, **ASK YOUR CRNA**.

Please review and be familiar with anesthetic management of the obstetric patient. You should be able to discuss basic concepts with your CRNA.

Epidurals

* You will be called to assist MD with epidural placement; Patients are preloaded with 1L LR in most cases.
* CRNA will show you how to securely tape epidural catheter the first time
* You will remain with the patient post epidural. Take a minimum of 3 BP readings to ensure hemodynamic stability as the local anesthetic takes effect. Your CRNA will show you how to chart the necessary components of the epidural. Neo & Ephedrine are available on the L&D unit if needed – ask your CRNA to show you where these meds are located.

Epidural Pumps

* **0.1% Bupivacaine/Fentanyl** bag for epidural infusion (L&D RN will have it ready for you)
* Infusion rate:

o 15-16 ml/hr if < 5’0”

o 18 ml/hr if 5’ – 5’8”

* + 20 ml/hr if > 5’8”
* PCA dose:
  + 4ml every 8 min (will be pre-programmed in the pump, but verify the setting)
  + Max 30 ml/hr
* Have your CRNA show you how to prime the tubing and program the pump the first time you assist with labor epidurals.

Epidural re-dosing/reinjection:

* Check epidural level before any re-dose
* Always discuss your re-dose plan (what meds you’re giving and how much) with your CRNA first to make sure they agree
* Test dose (3ml 2% lidocaine w/ epinephrine 1:100,000)
* 10 ml of **0.25% Bupivacaine** for contraction pain
* Any other pain (shoulder blade pain, baby position/back pain, rib pain) give Fentanyl 2 ml via epidural
* Multi par? If so, how dilated?
  + May deliver quickly – so may need to give 2% lidocaine instead of bupiv
    - Start w/ 5-6 ml 2% lido and give up to 10 ml

C-Sections

* Pull spinal **Bupivacaine (0.75%)** 2ml vial and **Bupivacaine 0.5%** 30 ml vial for MD to place CSE in the OR.
  + Dr. Thomas and Dr. Abraham add fentanyl to the spinal dose, so you will need to pull this, too.
* Most CRNAs give antiemetic meds prior to CSE placement (Zofran, Reglan, etc.)
* Pitocin 30 units/500 ml (pull from the OR pyxis and prime through IV tubing)
  + Begin Pitocin infusion immediately after baby is delivered
  + Give 150-200 ml wide open, then slow the rate
  + If uterus appears boggy and/or MD is requesting IM pitocin or methergine, leave the Pitocin wide open
* Other Drugs
  + Duramorph: Give 4 mg via epidural after baby is delivered; waste remaining 1mg or give IV
  + Dilaudid 1-2 mg IM (may be given at the end of the case if pain not well controlled); check with your CRNA first
  + Ketamine 10mg/ml vials and 50mg/ml vials
  + Ephedrine and neosynephrine available in OR Pyxis
* All C/S get 2L preload unless contraindicated for a medical reason (CHF, HTN, etc.)
  + - Once in OR, should be infusing 3rd Liter
* Epidural catheter usually d/c’d after c/s
  + - Don’t need as much tape on the c/s epidural catheter

**Dosing an existing epidural for C/S level**

* + Test dose (2% lido w/ epi 3 ml)
  + Check level ➔ if at T10:
    - **0.5% Bupivacaine** 5-10 ml (10-15 min onset)
    - **2% lidocaine** 5-10 ml (5-10 min onset)
    - **Check level prior to each dose – goal is T4 level (1-2 ml/segment)**
    - Fentanyl 2 ml can also be added

**CODE 2:**

* Emergency C/S called for mom or baby in distress
  + Need to be prepared for general: RSI w cricoid pressure if no epidural
* If epidural is already in place ➔ **Move quickly**; Check level; Give 10ml 2% lidocaine on the way to the OR, and have another 10ml available. (These meds are always kept in the CRNA workroom for quick access in this situation.) You will charge for and replace these meds after use when applicable; **Have your CRNA show you where to find them on your first OB day.**
* If already in OR and lidocaine not given, give 12-15 ml of 3% Nesicaine

**Main OR Surgery** – **Arrive to hospital no later than 6:00am**

* You will pick up your case assignment in the morning at the OR desk
* Preop
  + **After getting dressed, please preop your own patients, and then set up for case**
  + Almost all pts get 0.2 mg Robinul IV
  + ERAS Protocol:
    - ERAS protocol consists of the following meds: Xanax 0.5mg, tramadol 50mg, Tylenol 1000mg, Celebrex 400mg, Neurontin 600mg, and Decadron 8mg (given post induction)
  + PONV Protocol:
    - All laparoscopic cases, hx PONV/motion sickness/GI problems
    - Zofran 4mg IVP given in preop and pacu (pts don’t require an Intraop dose unless long case) + Claritin PO; May give an adjunct antiemetic intraoperatively (Reglan, Decadron, etc.)
  + If you preop a patient that is not yours, be sure to inform the patient’s CRNA of any concerns prior to going to the OR (i.e. difficult airway, concerning medical history or assessment findings, etc.

**In Closing**

* We ask that you all bring your best attitude and work ethic with you when you come to Woman’s.
* **If for some reason you are running late or cannot make it to your clinical day, please contact both the clinical coordinator, Mario Perez, and your assigned CRNA.**
  + *Between 9pm-6am, please text.*
* We sincerely want to give you the best clinical experience we can. While you all may be new to anesthesia, doing small things like reading up on obstetric risk factors (i.e., accreta, placental previa, etc.) or jumping in on a C/S (even though it’s not your turn), goes a long way in showing us your maturity and willingness to learn.
* We look forward to working with you all soon.