Surgical Specialties EUHM

Complex Head and Neck Cancer Surgery with Free Flap Reconstruction »

Anesthesia Preop Clinic (APC) »

As the attending of the day, you will be the expert that our nurse practitioners will rely on for medical decision-making to prepare our patients for their upcoming procedures. The attending is critical to making sure the correct decisions are made and that the clinic runs smoothly. We are a fairly busy pre-operative clinic, averaging ~40-50 patients a day (both phone and in-person) and at times in excess of 50 COVID swabs/lab draws.

Expect to arrive in the APC on the lobby level adjacent to preop anytime before 8:30 AM and to leave when the last patient has been seen usually around 4PM. This is technically a 9-hour shift, so you may receive calls up until 5PM. At current there isn't any handoff system in place for follow-up on patients between the attendings, but the NPs will present abnormal labs and tests to you from previous days in an effort to close out charts from earlier in the week.

Attend the huddle at 8:30 AM to find out the number of patients expected, any new system announcements, and the NP charge for the day. Your name and phone number are listed on the board as you will be called and asked what orders you want for patients.

There is an attending computer in the far left corner of the work area, or you can use your own. It is expected that you will be available for consultation by our team at any point, and that you are familiar with each patient that is being "seen" by our APC. Use the "Scheduling" application in EMR to see the day's schedule and access patient records. The staff often provides a printout with patient names which you can use to make notes. Medical and surgical history used to be obtained by an anesthesia questionnaire, filled out by the patient by hand; but in the virtual world this has disappeared. It is expected that you review each patient being seen by the clinic on that day.

At current, our model is one of tele-health, and all of our visits at this time are being done virtually by our NPs. It is the clinic expectation that upon completion of their tele-health visits the NPs will present each patient to you so that you may assist with any medical decision-making related to their upcoming surgery. In the face of the current pandemic, this presentation is critical as we seek to avoid unnecessary hospital visits for labs and diagnostic tests.

The attending completes any pre-operative inpatient consults when assigned to APC. The list of patients for that day will be emailed to you by our admin staff. At very minimum this should include a chart review and consultation note. If time permits and you feel an in-person visit is necessary, then please do so. These consults are critical to uncovering unknown patient issues that

could lead to delays (i.e. lab abnormalities, inadequate workup, lack of type and screen, etc.), and this includes ensuring our inpatients are COVID tested 24-48hrs before their surgery.

If you are uncertain about any decisions, we have a reference manual available for consults that is located by the attending computer. Feel free to call us so that we can assist your decision-making and most importantly offer insight on "Midtown-exclusive" protocols which may be unfamiliar.

Please note the following change in work flow for IVF patients evaluated in the APC as of 3/2021:

In an effort to ensure that we provide the safest anesthetic environment for our IVF patients who may have more complex medical problems, the APC attending and APC NP will need to identify where these patients would be best managed on their day of surgery – In the main OR or on the 18th floor.

When evaluating patients scheduled for IVF or egg retrieval, please utilize the attached criteria to determine whether the patient meets criteria to undergo her procedure on the 18th floor. Going forward, for all of the IVF patients, we must state whether the patient is a candidate for the 18th floor or for the main OR in the "Comments" section of the anesthesia consultation. If you find that a patient's medical history is too complex, BMI is too high, or there are difficult airway concerns, you should recommend that the patient undergo their procedure in the main OR in the "Comments" section of the anesthesia consultation. Additionally, the anesthesia consultation should be forwarded to the REI attending and to Jimmy Ma, so that main OR scheduling can be initiated as soon as possible.

Ambulatory Surgical Center: Emory Specific Selection Criteria

	Should **Not** Be Performed in Ambulatory Surgery Center	Considered **But** Needs Evaluation By Anesthesiologist Before Scheduling
Weight/BMI	BMI>50 for procedures requiring general anesthesia or deep sedation.	Weight >300lbs or BMI >40
Airway	Severe OSA (AHI >30 or CPAP +15 or more or CPAP w/home O2) or patients who will not be able to use CPAP post-operatively.	Patients with moderate OSA (AHI 15-30), w/home O2, tracheostomy, or known/anticipated difficult airway.
General Health	Severe debilitation or severe CP with restrictive lung disease. Acutely ill or unstable patients.	Patients being evaluated for heart, lung, or liver transplant.
Cardiac	- EF <25% or LVAD or patients on milrinone or other inotropic infusions requiring general anesthesia or deep sedation. - Decompensated CHF or uncontrolled HTN (SBP >200, DBP >110) - Severe aortic stenosis - Patients with recent MI or recent cardiac stent <3 mos. - Patients with new onset or undiagnosed arrhythmias including, a. fib, severe bradycardia, tachycardia.	- EF <25% or LVAD or patients on milrinone or other inotropic agents in need of mild or moderate sedation. - Patients with stents or recent MI who need to discontinue anti-thrombotic, and should have approval from a cardiologist. - Patients with a history of decompensated CHF, unstable angina, moderate aortic stenosis, or congenital heart disease.

Pulmonary	- Severe pulmonary HTN (PASP/RVSP >50mmHg or mPAP >30) or on Flolan. Except for those presenting for topical MAC. - Patients on home O2 with O2 saturation <90% before procedure.	Patients with moderate pulmonary HTN, uncontrolled asthma, COPD, or with home O2 use.
Neurologic	Patients who have had stroke, CVA, or TIA in the last 3 months.	Patients on anti-thrombotic therapy for DVT, CVA, TIA or A Fib, should have approval from cardiologist or PCP to d/c anti-thrombotic tx.
Renal	Patients who have had hemodialysis on the day of the procedure.	All dialysis patients should receive dialysis the day before their scheduled procedure.
Metabolic	Patients with diabetes and BG>350 or have signs of DKA or HNKH.	
Vascular		Pt with aortic aneurysms >5.0 cm.
Hematologic		Patients with severe anemia, thrombocytopenia, thrombophilia/hemorrhagic disorders, or vascular tumors.
Pediatric		Children with syndromes associated with airway abnormalities or congenital disease.

Faculty contacts: Jay Sanford and Wendy Nunlee

GI »

PACU »

Remote Locations »

Section 6 »

EUHM OB Anesthesia Cognitive Aid »

EUHM OB Anesthesia Oxytocin Protocol »

Gynecologic Surgery ERAS Protocol »

EUHM Same Day Joint Protocol »

ERAS-Bariatric Surgery Protocol »

Perioperative Management of Implantable Cardiac Devices »

HIPEC Protocol »

EUHM COVID OR Protocol »

Clinical Practice (../index.html)

Practice Guidelines (index.html)

- Ambulatory Surgery Anes (ambulatory-surgery-anes.html)
- Cardiothoracic Anesthesiology (cardiothoracic-anesthesiology.html)
- Obstetrical Anes (obstetrical-anes.html)
- PACU (pacu.html)
- Pain Medicine - Acute (pain-medicine-acute.html)
- Pain Medicine - Chronic (pain-medicine-chronical.html)
- Pediatric Anesthesiology (pediatric-anesthesiology.html)
- Perioperative Clinic (perioperative-clinic.html)
- Surgical Specialties EUH (surgical-specialties-euh.html)
- **Surgical Specialties EUHM (surgical-specialties-euhm.html)**
- Transplant Anesthesiology (transplant-anesthesiology.html)

OR Emergency Manual (../or-emergency-manual.html)

EeMR and SA Anesthesia Resources (../eemr-and-saanes-resources.html)

REQUEST CHANGES to documents, EeMR, or SA Anesthesia (../eemr_change_request.html)

Departmental IT Request Form (../departmental-it.html)

Phone Numbers (../phone-numbers.html)

Patient Care and Hospital Resources (../patent-care-resources.html)

Technical Resources and User Manuals (../technical-resources-user-manuals.html)

Difficult Airway Resources (../difficult-airway-resources.html)

Vascular Access Resources (../vascular-access-resources.html)

Antibiotic Prophylaxis for Surgery Guidelines EHC (../antibiotic-prophylaxis-for-surgery.html)

Adverse Event Info (../adverse-event-info.html)

Useful Links (../useful-links.html)

ESA RESOURCES AND HANDBOOKS (../CLICK HERE FOR ESA RESOURCES AND HANDBOOKS .html)

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