Surgical Specialties EUHM

Complex Head and Neck Cancer Surgery with Free Flap Reconstruction »

Anesthesia Preop Clinic (APC) »

GI »

Remote Locations

Arrive in the endoscopy preoperative holding area on the lobby level, adjacent to PACU, by 0645.

There is a workroom with 2 computers for the 2 anesthesiologists assigned that day. GI is covered until 5pm (unless our staffing allows going past that time) typically by the 3rd late attending and a "regular OR" attending who will be assigned a room in the main OR til 3pm.

A morning huddle occurs at 8AM at the endoscopy front desk. Be in frequent contact with the charge nurse who should make you aware of any problematic cases or come to you with questions about certain cases. The endo front desk phone number is 404-686-7921.

Look on the ECLH Endo Maint tab of Surginet to see cases posted. Travel cases listed at the bottom are covered by a separate travel team. When you have started to look up a patient, put your initials in the ANES section of Surginet so that the nurses, anesthetists, and other attending know who is seeing which patient. Please let the preop nurse know if you need a blood sugar, pregnancy screen, additional labs (i.e. venous gas if ESRD) or EKG. Once you have seen the patient, put an * by your initials to indicate that the anesthesia portion of the workup is complete, and let the nurse know the patient is ready from your standpoint. Most of the time, the anesthetists will also put their initials behind yours. When the patient is ready from anesthesia, nursing, and proceduralist standpoints, the nurses will turn the Surginet color to orange, meaning the patient is ready to roll back.

We are responsible for all bronchoscopy cases (unless the proceduralist specifies "moderate sedation" in the comments), colonoscopies, flexible sigmoidoscopies, EGDs, PEG tube placements, and ERCPs. Other procedures that do not typically use anesthesia include thoracentesis, chest ultrasounds, micro-laryngoscopies, and pH testing. If they need us for these cases, they will write MAC in the comments. We have also been involved with DISE (drug-induced sleep endoscopy) cases in the past. Bronchoscopies are done under GA with either LMA or ETT with a small footprint anesthesia machine. There is no scavenging

system in that room, so we usually do a TIVA. Bronchoscopy cases are currently being charted on paper, so you will need to sign and print your name on the OR record. ERCPs are usually prone and done either MAC or GETA depending on the provider and your comfort level. Exception is Dr. Fox who performs ERCP supine and prefers GA. The PACU nurse calls us for sign-out. You can always call the PACU attending for help if needed.

Labs/Studies

There are certain guidelines that we follow when dealing with labs and other studies in endoscopy. These are guidelines, not hard and fast rules, so they can be changed depending on the situation. Sometimes a proceduralist or an NP/PA that works with them will call you to discuss a specific case that they have a question about. If it seems reasonable to proceed even though the labs are outside of the guidelines, then do so. Do not cancel cases based on labs alone, unless it will change your anesthetic management or present a danger to the patient.

Labs typically do not need to be drawn for outpatients, unless you have a reason to do so. The most common reason is for ESRD patients that need a potassium drawn the day of the procedure. Put an order for a venous blood gas in ASAP for these patients. We usually do not draw a CBC or BMP for these patients unless there is a reason to do so. For inpatients, typical guidelines that we tell the nurses to use to determine whether or not they should bring a patient down are as follows:

- o K+ should be between 3.0 and 5.9—if it is outside of these values, and the case is not urgent, you may cancel the case at your discretion.
- o Glucose should be below 300—again, this is at your discretion. You can try treating with insulin and rechecking to determine how to proceed.
- o Hgb should be above 7.0. A discussion can be had with the provider if the case is urgent and the Hgb does not meet this goal.
- o INR should be below 1.5 if any biopsies or other major interventions resulting in bleeding will occur. Most of the proceduralists are ok with an INR of 2-2.5 if they are doing diagnostic procedures only. Again, communication is important in these circumstances.
- o EKGs are not routinely done, but if a patient's history warrants it, that is at your discretion.

Vital sign parameters are similar to our OR standards. If a patient has vital signs that you are uncomfortable with, please talk with the endoscopist to determine the best way to proceed.

Equipment/Drugs

There is an omnicell located in each room, which the anesthetists use to get out drugs for each case. There are also other omnicells located near the endoscopy desk and near the PACU desk. Most drugs can be found in these, but for special medications you will need to go to the OR pharmacy.

There is at least one Glidescope available for General cases. Please let the ATA know when you have used it so they can clean it.

If you need an ultrasound for venous access purposes, call the outpatient/lobby level ATA.

Faculty contact: Nikki Carignan

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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