



[HOME \(../INDEX.HTML\)](#)

[EDUCATION AND TRAINEES \(../EDUCATION-TRAINEES/INDEX.HTML\)](#)

[CLINICAL PRACTICE \(../INDEX.HTML\)](#)

[QUALITY \(../QUALITY/INDEX.HTML\)](#)

[RESEARCH \(../RESEARCH/INDEX.HTML\)](#)

[HR/POLICIES \(../HUMAN-RESOURCES-POLICIES/INDEX.HTML\)](#)

[FILES/DOWNLOADS \(../FILES-DOWNLOADS/INDEX.HTML\)](#)

[Home \(../index.html\)](#) » [Clinical Practice \(../index.html\)](#) » [Practice Guidelines \(index.html\)](#) » [Surgical Specialties EUHM](#)

## Surgical Specialties EUHM

[Complex Head and Neck Cancer Surgery with Free Flap Reconstruction »](#)

[Anesthesia Preop Clinic \(APC\) »](#)

[GI »](#)

[PACU »](#)

[Remote Locations »](#)

IVF

You will likely have another room in the main OR while you cover egg retrieval cases on the 18<sup>th</sup> floor of the MOT building. There are often cases on Saturday morning as well which are covered by the 2<sup>nd</sup> call attending. Cases can be scheduled to start as early as 7:30AM. These cases are considered time-sensitive as retrieval must occur within 1-2 days after the trigger, and patients with PCOS are at increased risk for ovarian hyperstimulation syndrome. These cases are done under MAC and charted on paper records, so be sure to sign and print your name on the records. Patients are preoped and recovered in the same room, and you will be called to sign out the patients. Please help by placing IVs in upcoming patients as the anesthetist may be pressed for time between cases. Turn in all record carbon copies in the main or lobby level pacu document trays.

Currently, patients with BMI  $\leq$  45 are approved for care on the 18<sup>th</sup> floor. BMI 45-50 require APC visit and case-by-case determination of suitability for 18<sup>th</sup> floor. Those patients with BMI  $\geq$  50 require coordinated care in the main OR. (See section on Anesthesia Preop Clinic/APC for further details on Emory-Specific Selection Criteria for treatment in Ambulatory Surgery Center). The rare patient who requires admission after IVF must be admitted through the emergency room; therefore, any patient who you anticipate needing post-op 23-hour observation or admission should be done in the main OR and not on the 18<sup>th</sup> floor.

Radiology

When assigned to IR you may or may not have a room assigned to you in the main OR as well. This depends on the expected volume of cases in radiology. We cover radiology cases from 7AM- 5PM. Radiology includes IR procedures (i.e. nerve blocks, peg tubes, vascular access, etc), CT cases (i.e. tumor ablations), and MRI all located on the ground floor. IR huddle takes place at 7AM in the IR reading room located next to Room 1. During the huddle, the cases requiring anesthesia are discussed, and a plan is made for the day. If the radiologists plan for cases that do not show up on our Surginet schedule, ask the radiology staff to post these with the OR so that the board runner is aware of the volume expected. IR and MRI have completely different radiology staff, so you must be in contact with both teams to coordinate care as you are routinely allotted only one anesthetist. If staffing allows, you may be given another anesthetist to allow IR and MRI to run simultaneously. Outpatients arrive to the Pre-Procedure Care Area (PPCA) 404-686-8989 where they are pre-oped. Historically inpatients would also arrive to the PPCA prior to a procedure, but during the pandemic they often arrive directly to the radiology suite where you will evaluate them. We use paper charts for radiology cases, so be sure to sign the chart, print your name, complete the IR log, and turn carbon copies and log into main or lobby level pacu document trays at the end of the day.

## Travel

As travel doctor you are assigned to travel and often one other room. Travel cases are covered from 7AM-3PM. Contact your anesthetist and endo front desk (404-686-792) shortly after 7 AM to coordinate timing of cases. Travel entails all endoscopic procedures in the ICUs (Peachtree-Surgical, 11-CT, 31-Neuro, 41-Cardiac, 71-Medical) including EGD, colonoscopy, bronchoscopy, and percutaneous tracheostomy. Besides the perc trachs, anesthesia services are usually not needed if the patient is intubated, so check with the proceduralist to be sure. You are required to pre-op the patient and be present for all critical portions but typically the entirety of the case. For Covid-positive patients prior to the case you will huddle with the GI/Pulm teams in endoscopy (lobby level) to discuss the case. As the attending, you will serve as the "clean" person (charting outside the room and passing extra meds/equipment to the anesthetist). The travel anesthetist will be responsible for obtaining drugs and bringing the travel cart which is stored in the OR hallway across from OR 13. We use paper charts for travel cases, so be sure to sign the chart, and print your name. Complete the travel log including patient sticker, anesthesia start, and end times; and turn this in at the end of the day along with the record carbon copies in the main or lobby level pacu document trays.

## **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 \(../patient-care-resources.html\)](#)**

**[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 \(../CLICK HERE FOR ESA RESOURCES AND HANDBOOKS .html\)](#)**

[EMORY HOME \(http://www.emory.edu\)](http://www.emory.edu) | [CONTACTS \(http://www.emory.edu/home/contact-emory/index.html\)](http://www.emory.edu/home/contact-emory/index.html) | [EMERGENCY \(http://www.emory.edu/home/emergency/index.html\)](http://www.emory.edu/home/emergency/index.html) | [CAREERS \(http://www.hr.emory.edu/eu/careers/\)](http://www.hr.emory.edu/eu/careers/) | [GIVE TO EMORY \(http://www.emory.edu/home/giving/index.html\)](http://www.emory.edu/home/giving/index.html)

| [ABOUT EMORY'S WEB \(http://communications.emory.edu/tools/web-guide/about.html\)](http://communications.emory.edu/tools/web-guide/about.html)

Copyright (<http://communications.emory.edu/tools/web-guide/copyright-dmca.html>) © 2019 Emory University (<http://www.emory.edu/>) - All Rights Reserved | 201 Dowman

Drive, Atlanta, Georgia 30322 USA 404.727.6123