CA-1 OB Anesthesia Daily Clinical Guide

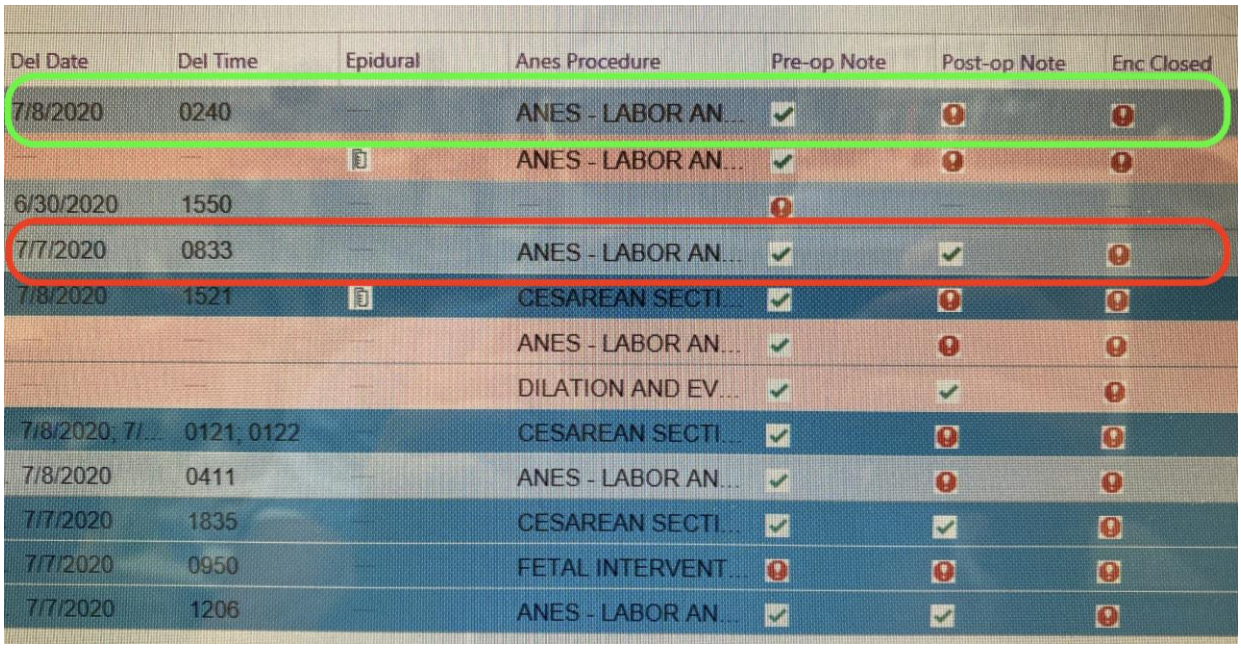
First thing every morning → BOTH ORs need to be checked

MSMAIDS

Machine	Check the machine as you normally would Make sure that there is an ambu bag on the back of the machine
Suction	
Monitors	Pulse ox, BP, & EKG cable with leads attached to them
Airway	Have 5.0 - 7.0 tubes available and functioning blade/handles
IV Kit	
Drugs	Always available should be • Succinylcholine • Propofol • Nitroglycerin • Phenylephrine • Ephedrine • Atropine
Snack Pack & **S**pinal Kit	Have an OG tube, humidifier, temp probe and bite block Have spinal kit, gloves, & chloroprep stick on top of spinal cart

OB Rounding

- Pull up "L&D Grease Board" then click on the "Anesthesia Encounters" tab
- Find patients who delivered (vaginal and C-section deliveries) or had procedures the day before and make a list
    - It will be patients that have check marks under the pre-op notes column but **DON'T** have a check under the post-op notes column
    - See below – The patient marked green needs to be rounded on and the one marked red does not



Del Date	Del Time	Epidural	Anes Procedure	Pre-op Note	Post-op Note	Enc Closed
7/8/2020	0240	—	ANES - LABOR AN...	✓	!	!
—	—		ANES - LABOR AN...	✓	!	!
6/30/2020	1550	—	—	!	—	—
7/7/2020	0833	—	ANES - LABOR AN...	✓	✓	!
7/8/2020	1521		CESAREAN SECTI...	✓	!	!
—	—	—	ANES - LABOR AN...	✓	!	!
—	—	—	DILATION AND EV...	✓	✓	!
7/8/2020, 7/...	0121, 0122	—	CESAREAN SECTI...	✓	!	!
7/8/2020	0411	—	ANES - LABOR AN...	✓	!	!
7/7/2020	1835	—	CESAREAN SECTI...	✓	✓	!
7/7/2020	0950	—	FETAL INTERVENT...	!	!	!
7/7/2020	1206	—	ANES - LABOR AN...	✓	✓	!

- Evaluate them for any headaches, back pain, numbness/tingling/weakness or any neurological issues in the lower extremities, urinary retention or any issues related to the spinal/epidural
- Write a "post evaluation" note under the "post procedure" tab
    - ".obpost" is a smart phrase that you can use
- Assign a cosigner (OB attending for the day)
- If the patient had an epidural, go into the LDA (click into the intraop record) and click "epidural catheter" to see what time the catheter was removed. That time will be used to click ‘anesthesia stop’
- Click ‘anesthesia stop’ with that time

Epidurals

- You will get called by the OB resident or midwife for epidurals
- Look up the patient and put in orders before heading up so pharmacy has time to approve the meds
- Use order set "ANES:LABOR EPIDURAL"
- The only thing under the order set you'll need to do is pick an infusion under "PCEA medications for L&D"
    - Typical infusions would be either "fentanyl 2mcg/ml + bupivacaine 0.125%" or " fentanyl 2mcg/ml + 0.2% ropivacaine"
- Typical settings
    - Rate: 8-10 ml/hr
    - Bolus: 4 ml
    - Lockout interval: 15 mins
    - One-hour limit: 16 ml
    - Boluses/hr: 4
- Things to do before doing epidural: orders, pre-op and consent patient, call attending, gather meds from Omnicell by the epidural cart, gather supplies
- Epidural cart code: **4122**

Supplies

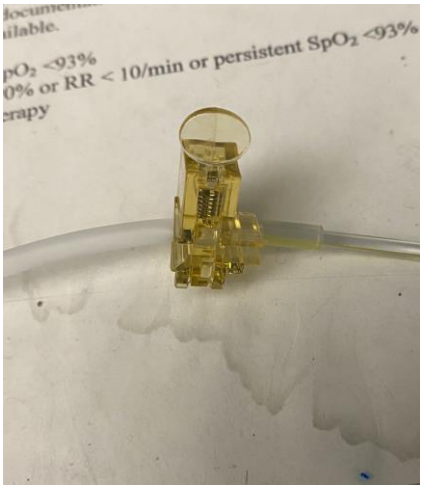
- Epidural kit
- Tegaderm
- Mastisol
- Sterile gloves
- Chloroprep stick
- 10cc syringe with needle tip
- Bolus drugs
- Infusion meds

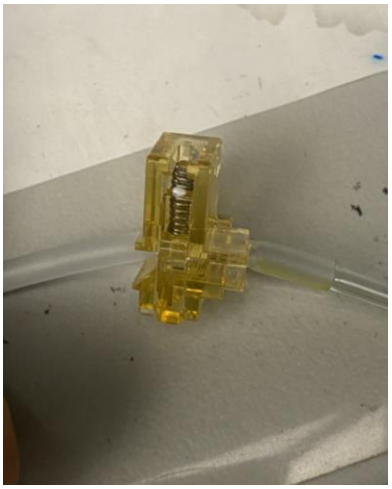
Epidural Charting

- Preoperative eval
- Click "consent completed"
- Procedure note
- Meds given (skin local, test dose, bolus dose, and infusion)

Programming the Epidural Pump

- Spike the bag, take out the air (this will help the infusion bag fit better), then either prime it by hand or hook it up to the pump to prime
    - You have to break off the yellow tab prior to inserting it into the pump





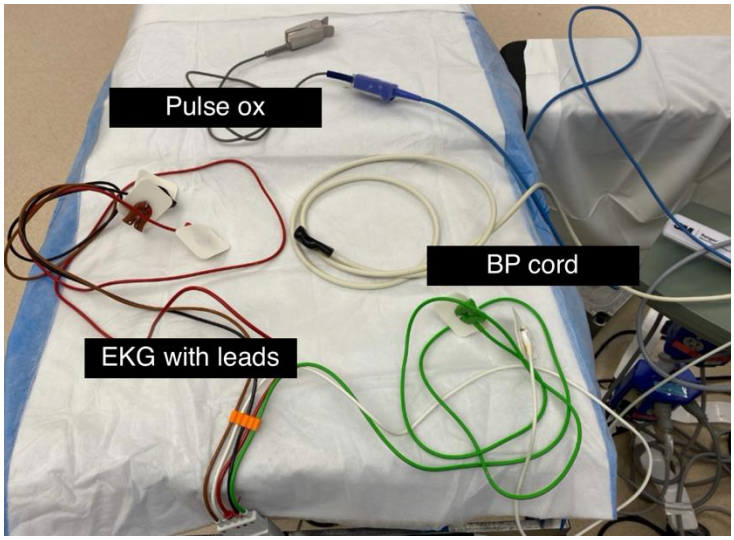
- Select "programs", then new program, then yes to erase previous program

- Password is "94629", which is the number located on the back of the pump in reverse order
    - If there is a hyphen, the 4 numbers prior to the hyphen can be any number (ex. 1111-94629)
    - Some pumps won't have a hyphen in which case it will only be the 5 numbers

- Keep clicking yes through the next screen

- Program bag volume (usually 240 ml or less so the bag doesn't run dry), rate, and bolus amount and frequency

C-Section

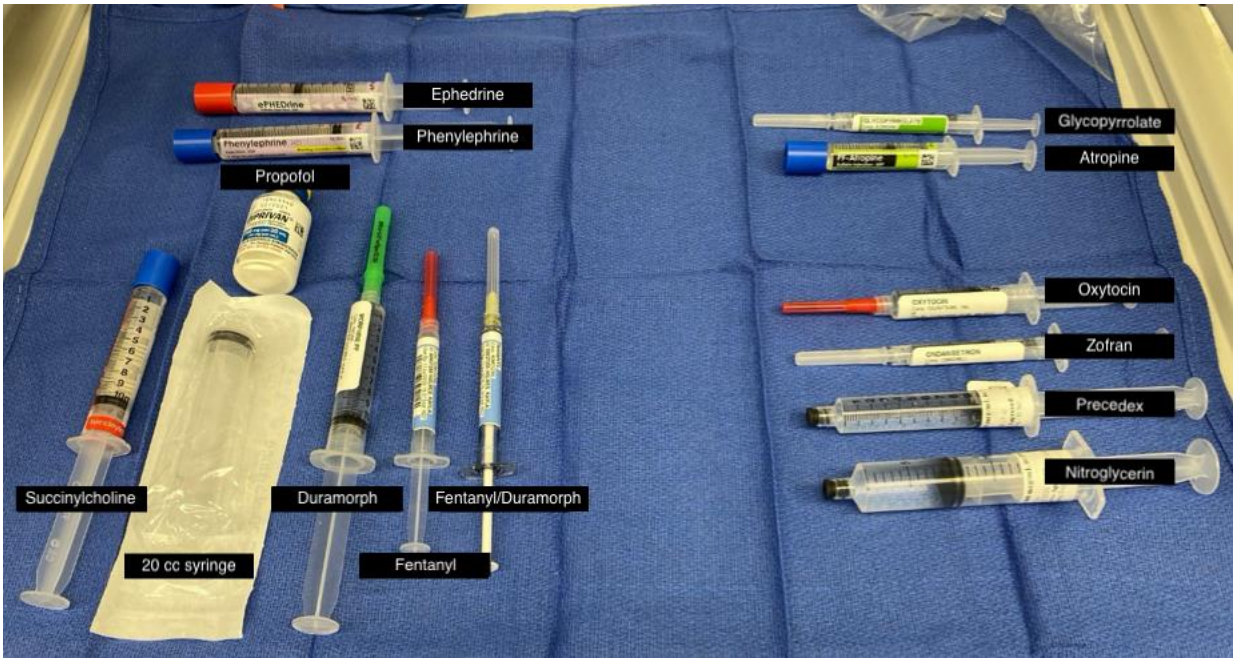


General Set-Up

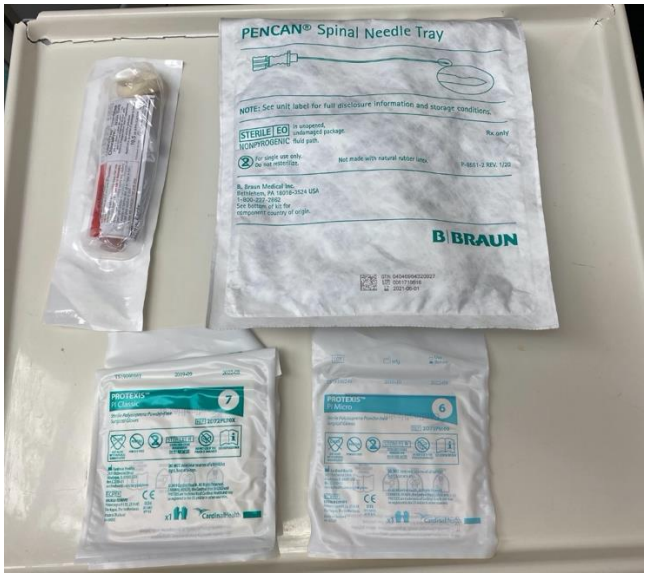
- Machine check
- Suction
- Monitors - have pulse ox, BP cable, and EKG leads with leads attached
- Airway
    - Have tubes (5.0-7.0) and functioning handle/blade
    - Also have nasal cannula with attached b-line hooked up to the auxiliary O_2 port

- IV Kit

- Drugs
    - Pressors: phenylephrine and ephedrine stick. Also have phenylephrine infusion made
    - Uppers: atropine and glycopyrrolate
    - Induction meds: Propofol vial, 20cc syringe, and succinylcholine stick
    - Narcotics: fentanyl, duramorph
    - Miscellaneous: zofran, oxytocin, nitroglycerin, precedex



- Snack pack
- Spinal kit - along with gloves and chloroprep stick



- Miscellaneous - a couple bags of warm saline

- Phenylepherine
    - Take 1 vial of 10mg/ml of phenylephrine and put it into a 100 ml bag of saline (100mcg/ml)
    - Draw up the infusion and attach microbore tubing and an alligator clamp and have it primed on the syringe pump
    - Have the infusion programmed and ready to go
        - Usual starting dose is anywhere from 0.3-0.05 mcg/kg/min.

- Anti-emetics - can have Zofran out

- Oxytocin - vials found in the 4th drawer of the McKesson
    - Draw up 4 10u/ml vials into a syringe then inject 35u (3.5 ml) into a 1L LR bag
    - Put an orange "medication added" sticker and label it with oxytocin and set it aside
    - This will leave you with 5u (0.5 ml) to bolus after the baby is out
- Spinal meds
    - Draw up fentanyl into a 3cc syringe and morphine PF into a 10cc syringe with a **FILTER** needle and have a TB syringe (1cc) to put both meds in
        - A typical dose is 0.2mg duramorph (0.2 ml) and 20mcg fentanyl (0.4 ml) which will give you a total of 0.6ml
    - Attach a small needle (ex. 20g) to inject into the syringe with bupivacaine which is drawn up in the spinal kit
        - The amount of 0.75% hyperbaric bupivicaine used will depend on their height (typical dose is anywhere from 1.6-2.0 ml or 12-15mg bupivacaine).

C-Section

- Set up room
- Pre-op and consent patient
- When OB is ready and scrub tech is opened in the back, meet nurse beside to roll patient back
- Patients with epidurals or on Mag drips will not be able to walk in when in the OR
    - Take the bed in and help them transfer onto the OR table
    - If the patient is not on mag or doesn't have an epidural, park the bed outside the OR and help them walk in
- Sit them up facing the wall on the OR table
    - Attach pulse ox and blood pressure and cycle the BP
    - Make sure BP is cycling every 1-2 mins
    - EKG leads will go on after spinal is in
- Unlock McKesson and have fentanyl/duramorph on top for the attending
- Position patient and raise the bed up to appropriate height
- Have fluids wide open
- Open spinal kit
- Prep the back, then glove up
- Draw up skin local into the 3cc syringe and bupivacaine in glass syringe

- Hold up glass syringe for the attending to put the fentanyl/duramorph into the bupivacaine
- After spinal is in, lay the patient down supine
    - This is an important part of the case
    - Watch out for symptoms of a high spinal or LAST
    - Keep a close eye on their BP (nausea will be the first sign of hypotension)
    - Monitor their respiratory status and if they complain of any neuro symptoms, weakness in the upper extremities or difficulty breathing
- Put nasal cannula on patient, put EKG leads on, place the patient in left uterine displacement, hook up phenylephrine infusion, and start it
- EKG leads: green - R hip, white - R arm, black - L arm, brown - L lateral chest, red - L hip
    - Clouds over grass & smoke over fire (white above green & black above red)
- Check a level either with a red blunt needle or alcohol swab
    - Desired level is T4 for a C-section
    - Once the level is good, allow the OB team to prep the belly
- Start antibiotics
- Once the patient is prepped and draped, they will do a timeout and then their own test for your spinal (allis test)
    - If that is negative, they will call the father in
- During this portion of the case, make sure mom is doing ok and that her BP is stable
- Listen for when they tell you hysterotomy → This will mean they're close to delivery
- Once baby is out, they will ask you to tell them what the time of delivery is
- After that, bolus Pitocin (usually no more than 5 units) and start the drip
- Listen out for OB to tell you how the uterine tone is
    - They may ask you for more Pitocin or give methergine or other drugs to help with tone
- After tone is good, they will be closing in which you can prepare for your next case or cleaning up to turn over the room
- At this point, if the patient is bothered by the nasal cannula you can take remove it as well as decrease the frequency of the blood pressure to every 3-5 mins
- After the case is done, drop off your patient, give sign out and make sure they're stable
    - The nurse will put them on a monitor
    - They won't need the EKG wires since you put them on, so you'll take that back and put it in the drawer under the anesthesia machine.
- You have to turn over the room yourself
    - Use a wipe to clean the pulse ox, BP, and EKG cables, keyboard, mouse, and top of McKesson
    - Replace EKG leads, nasal cannula, spinal kit, choloroprep stick, gloves
    - If you used anything else like suction, then change the tubing and canister

- In the hallway outside the ORs there is a glidescope, ultrasound, code cart, O2 tanks
- The malignant hyperthermia box is on top of a shelf in the back by OR2