



Anesthesiology QI Newsletter

March 2017

Please remember, before taking patients back to their procedure or administering any medications, you must check 2 patient identifiers. Look at wristband and

Patients must have both the surgical/procedural consent AND the anesthesia consent signed before leaving Preop. Please verify checklists, check with Preop RN, or check in the chart that both of these are

Need to get ahold of the IR team on call?

Call **87252**. The IR RN will answer this phone ONLY if there is staff already here on call.

March 12th-18th is Patient Safety Awareness Week. To say thanks for ensuring our patients are safe and to promote provider wellness, the Quality & Wellness teams are offering massages at work! Sign up for a spot here:

<http://www.signupgenius.com/go/10C0944AAA72BA2F58-patient>

CareFusion has identified an issue with the Alaris® Pump Module 8100 (Large Volume Pump) and Air-In-Line (AIL) Sensor Kits. A faulty AIL sensor may generate a false alarm, and cause the module to stop supplying the infusion to the patient. If the AIL sensor is faulty, the false alarm may be repeated and require the health care provider to clear the alarm to restart the infusion. Interruption of infusion could result in severe patient harm.

If an AIL alarm occurs, please pursue the following steps:

1. Determine if there is visible air in the tubing that has caused the alarm to go off. If there is, press the "Restart" key to advance the air bubble past the sensor and/or evacuate the air from the tubing according to your standard practice.
2. If no air is visible, ensure that the tubing is seated correctly in the AIL sensor. When inserting the tubing into the AIL sensor, use a fingertip and firmly push the tubing toward the back of the sensor.
3. If AIL alarms reoccur on the same pump, despite removal of air and the tubing has been installed correctly, the AIL sensor may be faulty. In this case, the health care provider should remove the pump from service, notify Biomed, and clearly mark it for pick up.

What to do if the procedure or surgery is deemed "emergent."

- Section 5 must be filled out by proceduralist.
- Anesthesia consent-per Risk Management
 - Can either write a note in chart stating "Surgeon/Proceduralist declared this procedure an emergency"
 - Or, can write on an anesthetic consent "Surgeon declared emergency" and sign.
- Also, don't forget to make the patient's ASA "E"

CERTIFICATION OF EMERGENCY BY PHYSICIAN:

I have determined that immediate intervention is necessary to preserve life, or prevent serious impairment of physical or mental health. The patient's current mental or physical condition prevents obtaining expressed consent. The Patient's Representative is not available.

Your statement on condition and date of use:

Physician certifying emergency

Equipment Problems

- Some equipment problems are related to the care the cords receive after a case.
- If the cords are placed on the floor, they tend to get run over and can lead to issues with their integrity.

RIGHT



WRONG



• Preop Order Set

- In order to utilize the preop protocol, an order must be placed. You can find this order in the Preop Order Set.

UCH Preoperative Anesthesia

Right click on an Order Set to add to favorites.

- It also includes orders for VS monitoring for nerve blocks.
- These are both Joint Commission and regulatory requirements.

Order Sets

▼ UCH Preoperative Anesthesia

General Collapse

▼ Code Status

Suspend DNAR (For Perioperative and Procedural use only)
Pre-op

Reinstate DNAR (Do Not Attempt Resuscitation) post-op
Post-op

▼ Nursing Orders

Please use the perioperative nurse protocol.
Routine, ONCE First occurrence Today at 15:16
Pre-op, Sign

Insert peripheral IV
Routine, ONCE First occurrence Today at 15:16
Pre-op, Sign

May give intradermal normal saline with benzyl alcohol as needed for IV catheter placement.
Routine, ONCE First occurrence Today at 15:16
Pre-op, Sign

Vital Sign Monitoring for Peripheral Blocks and Neuraxial Procedures:
Routine, EVERY 5 MIN First occurrence Today at 15:16 Until Specified
DURING procedure: monitor and document vital signs every 5 minutes. AFTER procedure: monitor and document vital signs, sedation score, pain score, nausea and sensory monitor check every 5 minutes x 3, every 15 minutes x 2 and every 30 minutes x 1, Pre-op, Sign

Labs Collapse

▼ Preoperative Anesthesia Labs

Cardioversions are only to occur in EP Lab, CVC procedure rooms, CVC pre/post, or ICU. On nights/weekends/holidays/emergencies, EP Staff are on-call *and* will be called in to assist with cardioversion and subsequently recover patients, *or* patient will be transferred to ICU for bedside cardioversion.