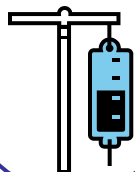


CQI Alerts

Autumn
2004

OBSERVATIONS BY THE CONTINUOUS QUALITY IMPROVEMENT PROGRAM FOR UWMC ANESTHESIOLOGY



OVERLOADING ON NORMAL SALINE

Giving large (>2 liters) amounts of normal saline can lead to hyperchloremic acidosis.

- Providing large amounts of 0.9% normal saline (NS) solution can lead to metabolic acidosis and changes in serum osmolarity

Serum osmolarity = $2(Na^+) + Glucose / 18 + BUN / 2.8$

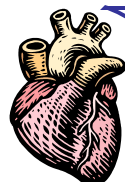
- For the hypovolemic patient, the fluid of choice is normal saline, *however*, if you think you would be giving more than 3-4 liters, consider switching to plasmalyte or lactated ringer's (LR) because of the risk of "expansion acidosis".
- Should your patient become hyperchloremic, sodium bicarbonate is the appropriate treatment.



CAREFUL OF THOSE LOWER INCISORS!

They can bite tongues as well as tubes.

- When positioning the tongue for endotracheal tube placement, don't pull the tongue down away from the tube. The lower incisors can cut the underside of the tongue.
- Consider using a tooth guard any time you plan to pull on the tongue.
- The tongue should be pulled outward, not out and down.



ASYSTOLE? GET A TEE!

The cardiac anesthesia group provides a TEE service.

- Intraoperative cardiac arrests, even brief periods of asystole, call for a TEE.
- Don't wait until the postoperative period. A TEE is useful for intraoperative diagnostic and treatment purposes.



NOTIFY PATIENTS AND FUTURE DOCTORS OF DIFFICULT AIRWAYS

- The UWMC has a medical record form you should fill out if your patient has an unanticipated difficult airway. The original goes to the patient, a copy goes to the billing office and another goes into the medical record
- The form is kept in the PACU offices of the main UWMC OR, Roosevelt and the Pavillion. It's entitled, "*Vital Information about Your Anesthetic*" (medical form # UH1705)

**More Alerts
on Other Side**



VISIT YOUR PATIENT THE NIGHT BEFORE SURGERY

- Don't depend on getting all your questions answered the day of surgery. If the patient is staying overnight before surgery, you should make every effort to conduct an assessment. It cuts down on surprises.



PRE-INCISION "TIME-OUT"

While no longer required pre-induction, a "time-out" is still required pre-incision

- All members of a patient's surgical team, nurses, surgeons and anesthesiologists, must confer about the patient's operative plan. This is also known as the "huddle" or "time-out".
- This must occur before surgical incision.



USEFUL WEB RESOURCES

- UWMC & ASA CLINICAL ANESTHESIA GUIDELINES
www.uwanesthesiology.org/protocols
- UWMC CLINICAL SCHEDULES
www.uwanesthesiology.org/schedules
- MINDSCAPE
mindscape.mcis.washington.edu
- UWCores
cores.medical.washington.edu

**More Alerts
on Other Side**