

CQI Alerts

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OBSERVATIONS BY THE CONTINUOUS QUALITY IMPROVEMENT PROGRAM FOR UWMC ANESTHESIOLOGY



DOCUMENTING POOR DENTITION

Due to the risks involving intubation, very poor dentition presents many hazards to the patient, including postoperative aspiration of a loosened tooth.

When caring for patients with poor dentition...

- Document dentition both preoperatively and postoperatively.
- Consider a dental consult on how to stabilize teeth for anesthesia.
- If dental injury occurred during your care, examine the UWMC policy on post-injury exam and follow-up care (available at the UW Anesthesiology website URL, www.uwanesthesiology.org/protocols, under the section for post-anesthesia care – dental injuries).



CONSIDERING CASE CANCELLATION? CALL MEDICINE CONSULT SERVICE

Be sure to call the Medicine Consult Service physician when questions arise about the preoperative evaluation of any of their patients, especially if you are considering canceling a case.

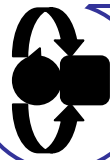
This is a matter of courtesy, but also a matter of good care for the patient, since the Medicine Consult Service physician may have vital information or analysis to contribute to the decision making process.



PROMPTLY CHECK IVs THAT DON'T DRIP

If an IV doesn't drip, there's a reason for it – possibly infiltration. Ignoring it can lead to postoperative complications and corrective surgery.

- Flush the line.
- Check the IV site for swelling.
- If swelling is present, stop the infusion, remove catheter, apply cold compress to IV site, elevate extremity if possible, check pulse and restart IV in another extremity.



REPOSITION THE HEAD DURING LONG CASES

Gel headrests prevent, but do not eliminate the risk of pressure sores during long surgeries.

- If the patient is supine and the head is not immobilized in head pins or tongs, re-position the head occasionally (once / hour) so that a pressure sore does not develop.



TAPE NASAL TUBES DOWNWARDS, NOT UP

Avoiding pressure on nares reduces chance of abrasion.

- Curve a nasal tube down towards the lower face.
- Secure the nasal tube to the cheek to prevent the tube from moving upwards, and putting pressure on the outer nares surface.