

CQI Alerts

July
2006

OBSERVATIONS BY THE CONTINUOUS QUALITY IMPROVEMENT PROGRAM FOR UWMC ANESTHESIOLOGY



INTRAOPERATIVE CARE FOR ROOSEVELT & PAVILION PATIENTS

Reminder: Patients with pacemakers and difficult airways can be safely anesthetized at Roosevelt or in the Pavilion.

- Patients with pacemakers CAN be managed in Roosevelt and the Pavilion. If the pacer needs to be reset, call the EP lab in advance.
- Difficult airway patients CAN be managed in Roosevelt and the Pavilion. They both have a difficult intubation cart with fiberoptic scopes.

If you still have concerns, contact the Anesthesia Coordinator.



ALWAYS MONITOR TEMPERATURE INTRAOPERATIVELY

ASA STANDARD II FOR BASIC ANESTHETIC MONITORING
During all anesthetics, the patient's oxygenation, ventilation, circulation and temperature should be continually evaluated.

- Every patient receiving anesthesia should have temperature monitored when clinically significant changes in body temperature are intended, anticipated or suspected.

If your patient has a Bair Hugger, you definitely should monitor your patient's temperature to avoid hyperthermia.



DOCUMENTING CARE OUTSIDE OF THE OR

If you provide care outside the OR (medications, cardiac or respiratory support), you MUST document this care. This is not only helpful for future clinical care, it's also helpful for legal reasons.

- Track immediate postoperative care on the anesthetic record or anesthetic continuation record (if you still have it), or a progress note (if you don't).
- If a patient bill will be generated for the care you provide, you MUST track the care on an anesthetic record.
- If you conduct a postoperative visit, you MUST document your findings and decisions on a progress note.
- Remember to fill out a difficult intubation letter for the patient and the hospital's use, if you encounter more than three attempts at intubating a patient during an emergency on the floor.



EPIDURAL HEMATOMAS NEED IMMEDIATE ACTION

Don't adopt a "wait-and-see" attitude with suspected epidural hematomas.

- Get a neurologic consult as soon as possible.
- Be sure to get an MRI.



WHEN TO BILL FOR A BLOOD PATCH

The UWMC Anesthesia Service does not bill for blood patches to correct issues related to a block placed by our service. We only bill for blood patches placed to correct issues unrelated to our UWMC anesthetic service's care.

- For blood patches we DON'T bill, an anesthetic record is not needed. Write a progress note, instead.
- For blood patches we DO bill, you'll still need to document your care on an anesthetic record.