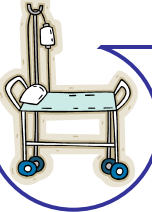


CQI Alerts

Jan-Mar
2007

OBSERVATIONS BY THE CONTINUOUS QUALITY IMPROVEMENT PROGRAM FOR UWMC ANESTHESIOLOGY



PATIENT PLACEMENT PRIOR TO CT SCAN

The patient is already on an OR bed, but can't go to CT scan just yet. Where should the patient go?

- If the patient has not had any medications yet, then the patient can go back to the holding area.
- If the patient has been given any medications, then the patient should be brought to the PACU temporarily, for observation.



PAIN MANAGEMENT FOR CHRONIC PAIN PATIENTS

Complex chronic pain patients need a post op pain care plan by the Acute Pain Service (APS). It must be prepared either preoperatively, or during the intra-operative period.



GET 2 PIECES OF ID

Check the patient's armband for name and birth date prior to transport to OR. Always compare it to another form of ID.

- If you must remove the armband or if the arm will not be accessible for routine viewing, tape the armband to the patient's forehead.
- Be careful that the tape won't tear the patient's skin when you remove it.



BLOOD VOLUME FOR A THORACIC EPIDURAL BLOOD PATCH

Keep the blood volume used in a blood patch to 10 cc or less, if the patient complains of back pressure or if there is distention during the injection.



USING H1 AND H2 RECEPTOR ANTAGONISTS

When treating urticaria from antibiotics, initial use of an H1 receptor antagonist alone is considered adequate.

- There is not enough published data for the UWMC Anesthesia Service to recommend a H1/H2 antihistamine combination as the *preferred* treatment for dermatographic urticaria.



CENTRAL LINE / SPINE AND MRI PROTOCOLS

New/revised UWMC Anesthesia Protocols are available at www.uwanesthesiology.org/protocols

- MRI Unit Anesthesia (*Radiology section*)
- Placement of Central Venous Catheters or Introducers Sheaths (*Lines / Monitoring sections*)
- Spine Surgery (*Neurosurgery section*)