

WELCOME OSC 2022-2023 ANESTHESIA ATTENDINGS AND REGIONAL AND PAIN FELLOWS & RESIDENTS!

We have composed this letter to help you transition into the OSC as seamlessly as possible- please don't hesitate to ask for assistance- we look forward to working with you on our team for the next year.

- All OSC personnel must wear fresh black scrubs with your badge visible above your waist. Please check in with our Office Assistant for temporary scrubs & ScrubEx access forms, as well as for badge access to OSC. Please contact Pia Castillo, who sits in the OSC front office - piaariannecastillo@stanfordhealthcare.org
- Parking is on site. ATTENDINGS (INCLUDING CLINICAL INSTRUCTORS): Please call Parking to secure badge access to on-campus garage parking – 650-736-8000.
- **Following C-I-CARE expectations is the norm in our unit, for our patients & each other.**
- **Please familiarize yourself with the Difficult Airway cart and the MH and crash carts.**
- **If you need “extra hands” for a difficult airway or other patient issues, the Anesthesia Medical Director and/or the Regional Attending are your resources.**
- **CALL FOR HELP EARLY!!**
- **All of your passwords for EPIC, Omnicell, ETC work in the OSC. The monitors and anesthesia equipment are substantially the same. We no longer have Pyxis' and have Omnicells at all locations**
- **Only newly laundered black scrubs are allowed in the OSC OR's. NO blue scrubs from the MOR.**

PRE-OP

- Please introduce yourself to the nursing staff & provide your contact phone number
- **Patients are due into the OR by 0715 Tues- Fri & 0815 Mon** (due to OSC staff in-svc/ mtg time)
- Preventing delays is important- please arrive early enough to ensure we have all necessary orders/ instructions for our patients & the time to carry them out
- Check the daily patient schedule at the Pre-Op desk; your patients' bay(s) & assigned/ primary admitting RN(s) are listed.
- *Always* check in with the primary RN to verify your patients' readiness & your readiness.
- We do not take verbal orders- those are for urgent/ emergent situations only.
- Surgical consent *always* precedes a regional block- if not done this will delay the case.
- For anesthesia for surgical cases, please complete in EPIC the Pre-Anesthesia Evaluation, the Post-op orders, and the Post-Op note. EPIC will not let you sign and close the case until all documentation is complete.
- **REGIONAL TEAM:**
 - Communicate with the Pre-Op CN re. the block plan (#/ SS v. Catheter/ pt. order)
 - Please allow the 1° RN time to admit the patient- interrupting delays *both* the admission & the block
 - Label dual catheters

Pre-op orders

- Pregnancy test for childbearing age if needed
- POCT blood glucose for diabetic patients
- Do not order a type and screen (there is no Blood Bank @ OSC- if blood replacement products are anticipated your patient meets *exclusion* criteria)
- Pre-op medication orders need a 30 min window for Main Campus Pharmacist verification (the OSC Pharmacist is not available until 8am).
- PT/INR cannot be done via ISTAT. The RWC Lab opens at 7am- optimal to have lab draw the day before to avoid delays
- Drugs of Abuse (Utox screen) urine testing is done in RWC and has a 20-30 minute turn-around.

PACU

- **Participate in the patient hand-off to the PACU RN**
- All surgical patients require an EPIC order to D/C patient home from *both* the surgery team and the anesthesia team
- Anesthesia will manage PACU pain orders; the Regional Block Team orders the post-op pain pump
- CXRs: communicate to RN so the Rad Tech is notified early (Rad Tech shift ends at 6pm)

- **OTHER**
- Eating or drinking in patient care areas is an OSHA violation- please snack in our staff lounge/ area between Pre-op/ PACU.
- MD snacks (fruit/nuts/ granola bars/ pretzels) are available in the front admin office; there are also vending machines in the staff lounge. Lunch is currently provided to physicians. See separate instructions for ordering.
- The nourishment/ drinks in the PACU cabinets are *restricted to patients only*.
- *Anesthesia providers on first call (SMOC 1) should be immediately available to the PACU STAFF until the last anesthesia patient is discharged. You are not responsible for Pain, PM&R, or Endo patients who have had a local or conscious sedation procedure, (but if you are still in the facility, you have an obligation to provide assistance to the proceduralist if there is an urgent or emergent patient issue). If the last anesthesia patient is discharged and waiting for a ride, you do not have to wait.*
- *Once a 23 hour stay patient is out of Phase One recovery, you are no longer responsible. The surgical resident then becomes responsible for the rest of the stay.*
- *Please label ALL medication containing syringes and please lock syringes and meds in Omnicell when you are not in room.*

More specifically regarding SMOC 1:

For any case that has an anesthesiologist at the head of the OR table, the SMOC 1 call person is responsible and must be present until that patient is ready for discharge from OSC (excluding the time waiting for a ride if ALL other discharge criteria have been met). If a patient will be staying for 23 hours, then SMOC 1 is responsible for that patient until Phase 1 is completed and Phase 2 is starting. At that time, the Orthopedic resident or fellow assumes responsibility. SMOC 1 is not responsible for Pain patients, PM&R patients, or patients who have local anesthesia only by the proceduralist or surgeon with no anesthesiologist involved in the case. If there is an anesthesiologist in a case doing MAC (giving conscious sedation or only monitoring the patient), GA, regional anesthesia, or neuraxial anesthesia, then SMOC 1 is responsible until that patient is ready for discharge. Again, to be clear, SMOC 1 is responsible and must stay until all anesthesia patients are ready for discharge **AND** all 23 hour patients have moved to Phase 2.

Please contact our management team for any assistance:

Emily Brandt, Acting Patient Care Manager # (650) 206-3079

Michelle Dostis, Asst. Pt. Care Mgr for PRE/PAC # (650) 725-3741

David Kaufman, Anesthesia Medical Director (650) 464-9422