Regional Anesthesia

Introduction

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Self Motivation

- “If you want to accomplish anything in life, you can’t just sit back and hope it will happen. You’ve got to make it happen.” Chuck Norris

- Translation: You will only get out of the month what you put in
Prior to Starting...

- View Powerpoint orientation guide (That’s this...)
- Text Book-Get book from Ann
- 20 topics and reading material on theAPMS.com
- Get sign out from resident on service/Michael on day prior to starting month
Purpose

- To become an expert in the field of regional anesthesia
- Need to develop:
  - Technical Skills
  - Knowledge base
Technical Skills

- Accomplished by performing nerve blocks
- Need good feedback from RB Staff
- Practice sonoanatomy visualization on self
- Practice needle visualization on blue phantom (in B2 block cart)
Knowledge Base

- Accomplished through reading and daily lectures from RB staff
- 20 topics chosen for daily lecture
- Michael will email out assigned topics for next week on Friday
- Topics are also listed on www.dosdocs.com
Different 20 topics for first and second month on RB service

Reading folder dedicated to each topic

Review folders prior to each day’s assigned lecture

Lecture should take place after first blocks of day are done
Lecture

- You will be expected to give a 15 min presentation at the RB meeting
- 4th Friday of the month
- You can choose a topic
  - I can help you find one if you get stuck
Orientation

- House keeping
- Daily expectations
- Patient flow
Housekeeping

- If you make a mess, clean it up
- Ultrasound - Please use Caviwipes to clean probe and docking station
- Label drugs - Drug, concentration, date and time
- Keep all drugs locked in cart when they are not being used
Today’s block preparation started yesterday!

- Fill out block list the afternoon before
- Review list with Michael or Danielle or RB staff
- Contact staff for next day
- Contact B2 staff for next day
- can be done by email
Expectations Cont.

- Come prepared for Lecture
- Review lecture folder on www.dosdocs.com
- Resident is expected to “Run” the service
- You need to be the one communicating with Anesthesia Staff, PA and ancillary staff
- Mornings are the busiest - Arrive early!
- May need to prompt ASU or surgical staff
- See block patients
- Note issues and try to resolve them (i.e. do anes consent, call surgeon etc.)
Talking to Patients

- Make sure Anesthesia Pre-Op is complete
- Make sure consent is signed
- Review expectations about block (i.e., duration, density, possible complications)
- Stress po adjuvants to block
Assessing Block

- If time permits, assess and document block prior to OR
- Follow up with pt in PACU
- Review with pts block expectation
- Encourage po regimen
- Give ambulatory pts discharge instructions
Flow

- B2- Blocks are done in pt ASU bay
- Remember to place monitors
- Main OR- Blocks are done in PACU 20
- Need to coordinate transportation to and from slot 20
- Remember to update Navicare
Prioritize

- If there are simultaneous upstairs/downstairs blocks
  - B2 staff will do FNB with PA
  - Resident will do downstairs block with RB staff
Performing the Block

- Pre-procedure Sedation
- Apply monitors
- Pre-procedure safety checklist
  - Verify site marking with consent
- Enter pt info into US
- Confirm US settings
Ultrasound Guided Regional Anesthesia  Vincent Chan

Try to read Chapters 1-5 prior to starting rotation

Good article citations in book if you want additional reading
At the End of Each Day

- Review number of blocks from current day
- Confer with Michael
- Make list for next day
- Contact ASU staff to coordinate first blocks
End of the Day Cont.

- Drugs need to be discarded
- Block cart needs to be restocked
- Block cart needs to be locked
- Log needs to be filled out
Block Numbers

- Keep a running tally of number and type of blocks that you do over the month
- You can include Epidurals, a-lines or other procedures you are involved in
- Put that in my box at the end of the month