Episode 233: Presenting Anesthesia Plans with Drs. Madan and Buhl

On this episode: Dr. Elena Madan and Dr. Lauren Buhl

In this 233rd episode we post a recording from Drs. Elena Madan and Lauren Buhl about how to optimally present anesthesia plans.

Questions & Notes

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Episode goals

Fledgling one-liner example

What's wrong with this one-liner?

What's a better one-liner?

Fledgling example of past medical/surgical history, medications, ASA classification

Feedback on medical/surgical hx, medications, ASA classification

Should we mention herbal supplements?

How much should I elaborate on previous surgeries/anesthesia?

What allergies do you mention?

Should you mention a patient's size/weight?

How should you present the plan?

What are the factors that could indicate increased postoperative nausea and vomiting (PONV)?

Discussing anticipated issues and how you plan to handle them

Which comorbidities should I mention?

Common mistakes in a poor presentation

What is the attending looking for in your presentation?

References

Episode goals

- Get comfortable presenting an anesthetic plan.
- Delineate components of a patient's medical history relevant to anesthesia and surgery.
- Demonstrate ability to formulate a comprehensive anesthetic plan as it relates to a patient's condition, comorbidities, and the surgical/diagnostic procedure.

Fledgling one-liner example

4:10

Tomorrow we have an inguinal hernia repair with Dr. Jones, a 64 yo man with hx of basal cell carcinoma, BPH, CAD, gout, heart failure, hyperthyroidism, hyperlipidemia, and diabetes.

What's wrong with this one-liner?

4:35

Firstly, the goal of the one-liner is to give key aspects of a patient's hx and the procedure being performed, so that the listener can create an image of the patient and the anesthetic plan.

- It is best to only mention the medical conditions most likely to affect his ability to tolerate anesthesia.
- You should describe the severity of his heart failure and diabetes.
- Provide details of whether the case will be laparoscopic or open, which would affect anesthetic options.

What's a better one-liner?

4:50

Our first patient for tomorrow is a 64 yo man, with a hx of mild systolic heart failure, hypertension, and poorly controlled type 2 DM, who is coming in for an elective laparoscopic inguinal hernia repair with Dr. Jones.

Fledgling example of past medical/surgical history, medications, ASA classification

5:40

Pt has hx of COPD, not on home O2, controlled with daily montelukast and occasional albuterol, coronary artery disease s/p coronary artery bypass graft in 2005, on metoprolol, lisinopril, and aspirin, with a recent ejection fraction of 60%. Atrial fibrillation on Coumadin, that was stopped 5 days ago, DM on insulin with HbA1C 7.2%, hypothyroidism following thyroidectomy managed with levothyroxine. ASA IV.

Feedback on medical/surgical hx, medications, ASA classification

6:24

- Good work integrating medications and lab values into the pertinent medical conditions
- However, patient should be an ASA III

- ASA III - systemic disease that is poorly controlled or limits their ADL
- ASA IV - systemic disease that is a constant threat to life

Should we mention herbal supplements?

7:15

Yes, if they will interact with anesthetic medications.

- e.g. St. John's Wort is an inducer of CYP450
  - Affects midazolam and lidocaine metabolism

How much should I elaborate on previous surgeries/anesthesia?

7:45

- Elaborate on factors that give information on the patient's airway, ease of placing invasive monitoring, or any past complications.
- Keep an eye out for surgeries that specifically affect the airway (e.g. cervical fusion).

What allergies do you mention?

8:45, 10:10

- More important to mention **severe reactions** from medications **likely to be used intraoperatively** (e.g. antibiotics)
  - Also **specify the reaction**
- Less important for milder reactions (e.g. GI upset) and meds unlikely to be used (e.g. colchicine)

Should you mention a patient's size/weight?

10:30

- Patient's on both extreme ends of size/weight should be noted due to influencing intubation, line placement, drug choice, positioning etc.

How should you present the plan?

11:15

One way is to present it in the way you would actually do it.

- Room set-up, monitors, vascular access, pre-medication, induction, maintenance, emergence, disposition.
- Make sure to elaborate on your **reasoning** for your choices (e.g. general vs. regional anesthesia)

What are the factors that could indicate increased postoperative nausea and vomiting (PONV)?

11:40

- Female gender, hx of PONV or motion sickness, non-smoking status, younger age, duration of anesthesia w/ volatile anesthetics, and postoperative opioids (Apfel et al. 2012).

- If you suspect an increased chance of PONV, then you should provide prophylaxis.

Discussing anticipated issues and how you plan to handle them

12:30

E.g. multi-level spine surgery

- Due to the anticipated large volume blood loss, planning for 2 large-bore IVs, type and screen

E.g. carotid endarterectomy

- phenylephrine and nitroglycerin drawn for rapid dynamic changes to blood pressure

Make sure to give the rationale for any decisions.

- Instead of saying “I will place an arterial line because it is a craniotomy.”
- Say “An arterial line will help us maintain tight blood pressure control.”

Which comorbidities should I mention?

13:35

Comorbidities should be related to how they will affect your anesthetic plan.

- E.g. mentioning GERD in relation to whether to do an LMA, rapid-sequence induction, or premedication
- E.g. asthma patients should mention inhaler use, exacerbations, hospitalizations, systemic steroids, intubations

Common mistakes in a poor presentation

14:18

- Failing to make the plan specific to the patient.
- Just reading through a pre-op evaluation note without organizing the information.
- Being unaware of what the surgical procedure is.
- Non-thorough chart review.

What is the attending looking for in your presentation?

16:00

- You have all the key information about the patient, organized into a useful format with a thoughtful and safe plan.
- You should be able to answer the question, “Why are we doing this?”

References

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