

Before every case, you will need to have set up and available: your **machine**, some **equipment**, an **IV**, and **drugs**. These are minimal essentials for **any** anesthetic, whether regional, MAC, or GA (remember GA is always your backup plan, and anytime you compromise a patient you must be prepared to rescue them with GA). You will do most of your setup in the morning and refresh as needed before each case throughout the day.

MACHINE

Ambu bag: hanging on back of the machine? This is your only means of ventilation when the machine conks out.

Vaporizers: full? Locked in place?

Turn **on** the machine, put on the circuit and bag, connect CO2 detector, perform **self-test**.

Check gas pressures from O2 backup tank (open and **close**, >1000 PSI?) and wall (O2 and nitrous, both ~ 55 PSI)

Scavenger bobbin bobbing between the lines?

Monitor: 5 lead EKG cable and “red dots,” SaO2 cable and probe, NIBP cuff, capnograph.

Before each case, Do a Leak Test on the Machine. It may be a good idea to double check by hand that you can ventilate a patient. Go to “man/spontaneous” mode. Close APL valve to 30. Fill the bag (with the flush button)– then squeeze it, with the circuit occluded (either your thumb, or the purpose made occlusion spot on the machine), proving that you can give positive pressure, and that it doesn’t go too high. Then open the APL valve, and squeeze again against your thumb – the bag should empty – proving that the “pop-off” to the scavenger works. Then put a mask on the circuit – this leaves it ready to use.

EQUIPMENT on tray

Suction, clean and working, with Yankauer

2 laryngoscope handles, Mac 3 and Miller 2 blades, both working with good lights.

Oral airways 3 and 5 (out of wrappers during tutorial, later you might keep them in the wrappers)

Eye protection (eye ovals or tegaderm)

Endotracheal tube, stylet, with 10 cc syringe, cuff checked for leaks

Pink tape for ETT

Soft bite block

DRUGS at minimum, drawn up and on machine:

All drugs, always, labeled with concentration, time, date, initials

5 cc ephedrine, 5 mg/mL

5 cc phenylephrine, 80mcg/ml

5 cc Succinylcholine 20 mg/mL
or 10cc Rocuronium 10mg/ml

5 cc glycopyrrolate, 0.2mg/ml

40 cc propofol 10 mg/mL (2-20cc syringes)

IV Bag and Start Kit

Bag of fluid (usually 1 L LR) with tubing, (usually a “Pump set” if you think you are going to need some volume – otherwise a 15 dropper is fine for a small case). 2 stopcocks in line. De-air bag and line. Tighten all connections. Label with date.

IV catheter of appropriate gauge

Pre-drawn 1% lidocaine in TB needles

“IV start pack” (tourniquet, alcohol, label, tegaderm)

YOU MAY ALSO WANT:

Phenylephrine:

When inducing any older, hypertensive, or unstable person, it’s wise to have a bag of phenylephrine on a pump. Phenylephrine is prepared with 20 mg of phenylephrine into 250 mL of NS, clearly labeled – this makes a standard solution of 80 mcg/mL.

OTHER COMMON DRUGS

Preop anxiolysis (midazolam)

Induction opioid (fentanyl or longer-acting narcotic)

Induction muscle relaxant:

(rocuronium /vecuronium/cisatracurium)

Periop antibiotic (often cefazolin 2 g, unless allergic)

Epic Anesthesia record ready

Know the names of your team: surgeons, circulator and scrub. Your working relationship with them (especially your circulator) is an integral part of patient safety.

This is only a guide to help you remember; as with anything you learn here, many of these items have variations and exceptions which you will learn as you go, beginning with your tutor. You won’t need this sheet for long.

One mnemonic used to make sure you have not forgotten anything is the:

SOAP-M – Suction, Oxygen, Airway, Pharmacy - Monitors/Machine