

Lunder 3 Work Environment

- There are 13 operating rooms on Lunder 3 (OR 61 – 73)
- 9 perioperative bays used for preoperative and postoperative care
- 3 main services: Orthopedic Team, Regional Team, OMFS

Resources: Important Phone #s

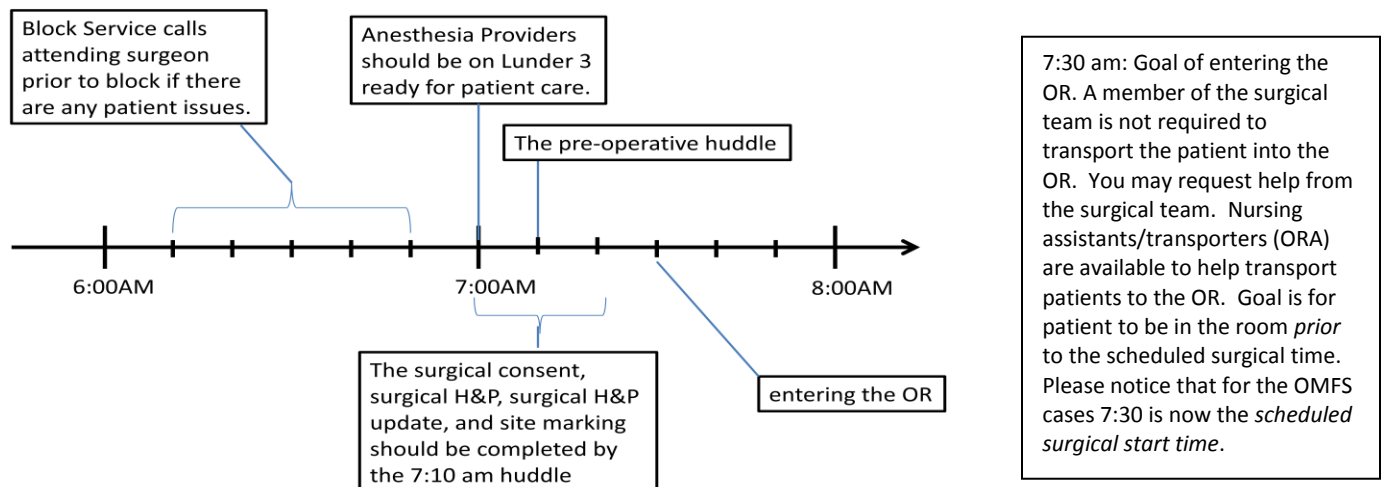
- Ortho Floor Walker- x **3-9123**
- L3 Control Desk- x**8-5300**
- Lunder 3 PACU- x**8-5315**

Orthopedic Innovation Project (OIP)

- OPI is a Process improvement project to *improve OR efficiency* and *Ensure excellent patient care*
- Goals: Enhanced preoperative assessment and documentation by the PATA and surgical offices; Improve on-time starts to 90%; Turnover time < 30 minutes

Work-Flow: 1st Case Start

- Please refer to the following diagram for expected activities between 6-8am for 1st cases



PLEASE NOTE: Do not transport a patient into the OR without a completed: anesthesia H&P, anesthesia consent, surgical consent, surgical H&P, surgical H&P update, and site marking.

Patient Care Pathways => There are 7 Patient Care Pathways/services on the Lunder 3 floor.

PATHWAY	LOCATION	DETAILS
Block Service	Perioperative area	help block team complete the anesthesia H&P, anesthesia consent, place IV, and sometimes even place the block
Rapid Turnover	OR 61 & 71	ambulatory orthopedic patients from Sports Medicine, Shoulder, and Foot/Ankle. Turn over < 15 min. Parallel Processing.
Arthroplasty	OR 63 – 65	TKR, THR; Goal: reduce PACU and Hospital LOS (see note below)
Oncology	OR 66 – 67	complex, large cases with massive blood loss; two stage procedures
OMFS	OR 68	Great airway management cases; Nasal intubations
Trauma	OR 69 - 70	Patients vary from young & healthy to elderly w/ multiple co-morbidities; GIFTS (Geriatric Inpatient Fracture Trauma Service) is internal medicine preoperative evaluation service for geriatric patients
Spine	OR 72 - 73	Neuromonitoring; Large perioperative blood loss and fluid shift is not unusual.

Special Considerations for the Joint Arthroplasty Service:

1. Multimodal injections
 - Mixture includes ropivacaine 0.5% 60 cc, ketorolac 30 mg, epinephrine 1 mg and clonidine 80 mcg. This mixture is diluted to a total volume of 150 cc and injected into the joint during the surgery by the surgical team prior to start of closure.
2. Low-dose Spinals (0.5% bupivacaine: 2 cc for TKRs and 2.5-3 cc for THRs)
 - Lower doses of intrathecal isobaric bupivacaine 0.5% for primary knee and hip arthroplasties for faster surgeons with goal of a faster recovery of motor blockade. Historic doses of 3-4 cc of 0.5% have been reduced to less than or equal to 2 cc for TKRs and 2.5-3 cc for THRs. Although clearly a matter of attending preference and judgment, these doses have been used with good success.
3. Tranexamic acid (TXA)
 - Used to reduce the perioperative blood loss and transfusion requirements.
 - Contraindications:
 - A history of arterial or venous thromboembolic disease
 - Recent cardiac stent placement within 3 months
 - A history of severe ischemic heart disease (NYHA Class III or IV) or myocardial infarction
 - allergy to tranexamic acid
 - Recent cerebrovascular accident (within 3 months)
 - Renal impairment (serum creatinine concentration above 1.5 mg/dL)
 - Pregnancy
 - Vision loss/ retinal disease
 - TXA is obtained from the OR Pharmacy or the Omnicell in the clean core
 - It is administered according to the BWH 2013 monograph:
 - First dose: 1 g IV infusion over 10 minutes given 20 minutes before incision
 - Second dose: 1 g IV infusion over 10 minutes given 15 minutes before closure