

## Endoscopy CA-1

**Purpose:** Introduce incoming anesthesiology residents to the endoscopy suite by assigning them as "Endoscopy CA-1" for at least one day in August/September.

### **Tips:**

- Come at 7 am
- The anesthesiology attendings hang out by the computers in the pre-op area, check in with them when you arrive
- You only get as many IVs and airways as you ask for!
- Speed is important, **DO NOT** delay the endoscopy schedule!!!

### **Goals:**

- Get a tour, learn the workflow, meet the people
- IV placements
  - Patients are awake (and often dehydrated)
  - Practice with and without ultrasound-guidance
  - Ask to see the Vein Finder
  - Try for the right hand/arm first, because patients are often laying in left decubitus position in the OR
  - **Important:** The endoscopy IVs (striped packaging) are different from the OR IVs (solid color packaging). Here, blood doesn't flow out when the needle is retracted. Therefore, you should attach the tubing and try to flush before deciding you "missed" the IV.
- Intubations
  - Typically for patients getting an ERCP
  - Always discuss with the attending first, then introduce yourself to the patient and CRNA
- Pyxis
  - **VERY IMPORTANT:** Bring the envelope that pharmacy gave you during orientation which contains your original Pyxis password.
  - You will need this to reset your password and register your fingerprint again. (Note that endoscopy uses the "remote" Pyxis system, which is separate from the "OR" Pyxis system)
- PAPR
  - "Powered Air Purifying Respirator"
  - Ask Dr. Mark to show you where to get one and how it works

### **Door codes:**

- Anesthesia supply room: 0911
- Staff break room: 2486
- Supplies and snacks: 1379

## Endoscopy Rotation

### Set Up

- Get Medications and Supplies from Anesthesia Equipment room
- Full set up for GA case with ETT. Lidocaine Gel. Babe Epi for good luck
- McGrath 3 blade in the room. Will use as a regular Blade
- Multiple propofol drip, Propofol syringes, Lidocaine syringes
- Propofol gtt & BIS & Purple Head ring for everyone.
- Intubations: tegaderm for eyes. Lidocaine Gel cuff.

### Workflow



- Touch base with Room RN, Front RN facilitator, and Back RN facilitator:
  - Communication is key because assignments and Cases Frequently change last minute
- Iphone available for every room. May use your phone if you have the Jaber App.
- Need to Call Anesthesia Tech for Turn Over.
- Intubation for: ERCP, EMR, ESR, TIFF, GSD. Some of the EGD and EUS.
- Sedation for most EGD EUS:

### Sedation

- Two blankets and head ring
- Patient head all the way up in bed.
- Completely lateral: right should exactly above left should (for secretions)

### EPIC

- No PreOp notes. No Post Op notes
- PreOp Evaluations:

Write little Blurb Under ROS	Ctrl + E for paste Board
Use “Endo” Macro for Physical exam and Plan	
IntraOP: select Macro: Endo_Algrain	

- Iphone available in Supply room
- Supply Room door: 0911. Supply Room Pyxis: Same as OR
- Room Pyxis Access: same as Remote/IR
- Staff Lounge door: 2486

### *Try to Watch:*

- EEG for Anesthesiology - Part 2 <https://youtu.be/Alp7n5IKTmU>
- EEG for Anesthesiology - Part 3 (Propofol) <https://youtu.be/aceEqoqwugM>