OMFS

(LeFort)

Anesthesia Tech needs:

- Nasal Rae tube
- Video laryngoscope

Pharmacy needs:

- Afrin Nasal Spray
- Nitroglycerin

Lines:

- Can consider an extra IV

Maintenance:

- General Anesthesia
- Paralysis
- Induced hypotension with either deep anesthesia or opioids to help optimize visualization in the surgical field and reduce blood loss.

Emergence:

- Typically extubate if hemodynamically stable
- Minimize coughing if able.

(Dental Extraction)

Anes tech needs:

- Nasal Rae tube

Maintenance:

- General
- Paralysis
- Patient usually on stretcher for procedure

ENT

(Thyroid/Parathyroid)

Anesthesia Tech needs:

- NM Tube (Thyroid)
- Video Laryngoscope

Lines:

- Can consider an extra IV for thyroid
- Need Extra IV or one that draws for PTH drawn intraoperatively

Maintenance:

- General
- No paralytic allowed, Opioid infusion to prevent movement. Remifentanil most commonly used since it is in the pyxis in the OR

Emergence:

- Usually able to extubate as long as they are hemodynamically stable

(Laryngectomy/Neck Dissection)

Anesthesia tech needs:

- Reinforced tube if tracheostomy
- Drug runner with 3 channels and 1 syringe pump
- Single transducer
- Arterial line kit with arrow
- Extension tubing for circuit

Pharmacy needs:

- Vasopressor available
- Vasodilator available

Lines:

- Extra IV
- Arterial line

Maintenance:

- General
- No paralytic allowed, Opioid infusion to prevent movement. Remifentanil most commonly used since it is in the pyxis in the OR
- Table turned 90 or 180 commonly

(Flex/Rigid Bronchoscopy/Jet Ventilation)

Anesthesia Tech needs:

- Most often will mask and hand over airway to surgeons. If ETT placement use a MLT with a smaller diameter.

- Laser tube

Maintenance:

- General; TIVA if using Jet Ventilation
- Paralytic
- FIO2 less than 30 while using laser

Surg Onc

(Whipple)

Anes tech needs:

- Drug runner with 3 channels and 1 pump
- Single Transducer
- Arterial line kit with arrow
- Consider ultrasound

Pharmacy needs:

- Vasopressor available
- Vasodilator available
- 3.375 Piperacillin-Tazobactam for Dr. Kim
- Plasmalyte

Lines:

- Two IV's at least 18G
- Arterial line

Maintenance:

- General
- Paralytic
- Fluid management- goal directed with usually LR or Plasmalyte
- Hemodynamics: Maintain BP +/- 20% Baseline

Emergence:

- Controlled emergence
- Commonly dose epidural with longer acting local anesthetics if blood pressure allows. (0.2% Ropivacaine)

(Liver Resection)

Anes tech needs:

Drug runner with 3 channels and 1 pump

- Double transducer

- Arterial line kit with arrow
- Hot line
- Central line typically (Provider preference)

Pharmacy needs:

- Vasopressor available
- Vasodilator available

Lines:

- Two IV's atleast 18G
- Arertial line
- Most commonly with CVC to monitor for CVP; Confer with surgeon prior to placement

Maintenance:

- General
- Paralytic
- Fluid management- goal directed with usually LR or Plasmalyte
- Hemodynamics: Maintain BP +/- 20% Baseline

Emergence:

- Controlled emergence
- Commonly dose epidural with longer acting local anesthetics if blood pressure allows. (0.2% Ropivacaine)

(HIPEC)

Anes Tech Needs:

- Hotline,
- Double Transducer
- Arterial line kit with arrow
- 7 Fr
- Drug runner with 3 channels and 1 pump
- 4 additional Christmas Trees,
- 2 forms of temperature monitoring

Pharmacy Needs:

- Albumin 2X500
- Dopamine
- Ketamine

- IV Acetaminophen
- Vasopressor available
- Vasodilator available

Lines:

- Two IV's at least 18G
- Arterial line
- CVC

Maintenance:

General with Inhaled anesthetics and paralytics

  - First stage tumor reduction: Normothermia, Normotension and Conservative fluid management
  - Preparing for perfusion (1 hour prior):Give IV acetaminophen, Turn fluid warmers off, bairhuggers off or on 32, Cooling blanket to 4 and Ice bags around head and neck
  - Chemoperfusion: Chemotherapy infused by RN, Surgeon manually shakes the abdomen for 60-120 minutes
  - 30 minutes before end of chemoperfusion: Warming blankets to 41, Turn fluid warmer on, Normalize room temperature
  - Post perfusion: Monitor coagulation status with TEG, PT, PTT and Fibrinogen

Extras:

- Labs: Send all ABGs with lactate and chloride, Send TEG, Baseline CBC, PT, PTT, Fib

Urology

(Cystoscopy)

- Anes Tech needs: None
- Pharmacy needs: None
- Lines: +/- Extra IV

Maintenance:

- General
- Paralytic
- Conservative fluid management
- Positioning: Typically in Lithotomy

(Nephrectomy)

Anes Tech needs

- Drug runner with 3 channels and 1 pump
- Hotline
- Single transducer
- Arterial line kit with arrow

Pharmacy needs:

- Vasopressor available
- Vasodilator available

Lines:

- 2 PIV's
- Arterial line

Maintenance:

- General
- Paralytic
- Judicious fluid administration
- Positioning: Typically lateral

Plastics

(Flaps)

Anesthesia Tech needs:

- Single transducer
- Drug runner with standard pumps

Pharmacy needs:

- Vasodilator
- Vasopressor (Attempt to limit to help optimize flap survival)

Lines:

- Can consider a second IV
- Arterial line

Maintenance:

- General
- Paralysis usually ok unless working with ENT
- Key goal optimizing oxygen delivery and favorable coagulation conditions to aid flap survival

OB

(C/S)

Anesthesia Tech needs:

- 1L Pressure bag
- Alaris with 2 pumps

- Epidural kit/ Spinal Kit
- Need additional spinal needle if performing CSE

Pharmacy needs:

- Famotidine, Metoclopramide, Zofran, Non particulate antacid
- Phenylephrine
- Spinal Bupivacaine
- Opioid if adding
- Sodium Bicarbonate if adding
- Oxytocin

Maintenance:

- Regional
- Need at least T6 sensory level, but T4 preferable
- Oxytocin to be given only after baby is out to help with uterus tone

(Emergency C/S)

- Similar to above
- Want a video laryngoscope available for airway/ short direct laryngoscope handle since pregnant patient tend to have more difficult airways and assumed to be full stomachs
- Rapid sequence Induction with succinylcholine
- Avoid opioid before delivery of baby
- Paralytic not usually given

Maintenance:

- Regional if already had epidural on floor; Use Lidocaine or Chloroprocaine depending on timing. Lidocaine if urgent, Chloroprocaine if more emergent
- Rapid sequence Induction with succinylcholine
- Avoid opioid before delivery of baby
- Paralytic not usually given