

Beth Israel Deaconess Medical Center
Department of Anesthesia and Critical Care
Guideline

Title: Intern West 3 Surgery Informational Guidance

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Purpose: To provide informational guidance to anesthesia interns assigned to the BIDMC West 3 surgery rotation.

The West 3 surgery rotation is one of the "bread and butter" general surgery services. You will see lots of hernias, bowel surgeries etc. As an intern on this rotation you take care of all of the patients from the surgery staff Dr. Critchlow (awesome guy, nationally known critical care expert, also attends in the ICU, usually more serious in the OR but lets you do EVERYTHING), Dr. Boyd (super funny and cynical, fun to work with in the OR, rounds fast), Dr. Schneider (another great guy, tons of funny stories about his kids, fun in the OR), Dr. Andrews (newer attending but really nice, lets you do a lot), Dr. Jones (married to Dr. Stephanie Jones in our department).

Note that you only admit the "general surgery" patients from the operating rooms of Drs. Schneider, Andrews and Jones as there is a separate bariatric service that takes care of the bariatric patients. The other members of the team include your chief, a PGY-2 and usually 1-2 HMS III's. Unfortunately, there is no NP to help you with floor work on this service. (i.e. you are the NP). You do get to occasionally go to the OR but you'll be expected to be doing all the patient care paperwork/floorwork at the same time (which can be frustrating). If you are efficient this surgery service generally runs very smoothly.

Your home base is FARR-9. The work room is a U-turn to the right as you're walking away from the elevators. Rounds are at 6 am and you are expected to have gotten the sign out from the night float before 6 am so that you can relay the info to the chief (you usually need to get in around 5:40 am). The night float intern that covers the West 3 service also covers and rounds with the Thoracic team. Make sure you get all the basics from the night float...overnight events, what pain meds they're on, diet, nausea, bowel function etc. The night float writes all the notes and will hand you a stack in the morning to put away. Get these in the charts ASAP (yes we still have paper charts). Depending on your chief you will either walk round or card flip. They will tell you the plan for the day. Make sure you write down all your check boxes so you can get everything done.

In general, the chiefs will be happy if you find a way to get everything done that they tell you or have a GOOD reason why something didn't get done. Get all the orders in early, advance diets as appropriate HLIV's as appropriate (generally when they're taking 300 cc's + of PO's). Case management rounds are usually around 9:30 (ask the nurse manager on the floor) and you're expected to go to these and update the nurses and SW/CM with current status, plans, dispo issues etc.

If you have an OR case you will need to "pre-op" your patient. This includes finding your patient in the PACU, introducing yourself, consenting the patient for the procedure, doing "Part B" on the computer which verifies if anything has changed with the patient since they were most recently seen in clinic, site marking, ordering any pre-op meds (you can ask your PGY 2 or attending) and also doing a brief H&P if there isn't one in the computer by the attending within the last 30 days. There are little signs the nurse will have out that let you know what you need to do. As far as going to the OR make sure you know the same stuff you did as a med student...why we are doing the procedure, patient's comorbidities etc. Also try to read up a bit on the procedure. In general the attendings don't expect interns, especially anesthesia interns, to be great in the OR but you can really impress them in you know how to sew and can help the get the procedure done quickly. They do expect that you know how to 2 hand tie efficiently and throw deep dermal and subcuticular sutures. After the procedure you will take the patient to the PACU. If the patient needs to be admitted you will need to put in admission orders (the first time you do this ask your PGY 2 to help you). If they are going home you will need to fill out the d/c paperwork which includes the d/c order sheet, diet instructions, the med reconciliation, and any prescriptions the patient needs to go with (usually something like 30 tabs of percocet or oxycodone: 1-2 tabs q4-6 hrs PRN pain). If you need help printing this out the first time ask the PGY 2.

In the afternoon you will need to "grab numbers." This involves running around quickly to all the patients, getting a brief update (or maybe more if the patient is sick), getting vitals including I/O's for the day and daily weight. You will then formally or informally round depending on your chief usually between 4 and 5 pm. If you have all your check boxes done and you've advanced diets/pain meds/HLIV appropriately they will generally be happy and things will go smoothly. Night float will come at either 6 or 7 pm at which time you can sign out. If you have extra time at the end of the day try to get your die summaries and die planning set up for people that may be going home soon. Make sure to ask the

nurses on the floor if you need help with anything...they've generally been there a while and pretty much know how to manage the patient. However, always remember that YOU are the doctor and don't just do something because they tell you to. Nurses are great, but they haven't had the same diagnostic training that you have (always keep this in the back of your mind).

Policy owner: Anesthesia Education Division

Date Created: July 2010

Review Date: March 2019

Next Review Date: March 2020