



SLEEPY TIMES

VOLUME 14, ISSUE 8 AUGUST 2020



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MESSAGE FROM THE CHAIRMAN: FACULTY DEVELOPMENT AND PROMOTION!

-SCOTT T. REEVES, MD, MBA



Over the past 12 months, the department has been substantially occupied with our clinical capacity. First, we developed increase faculty and CRNA capacity to plan for the opening of Shawn Jenkins Children's Hospital. Second, we shifted our work away from the operating rooms to plan for a COVID surge in April and May which fortunately did not occur. Third, we increased capacity to assist with the significant recovery that occurred in the final months of the 4th quarter (May/June) in MUHA and MUSCP finances. This allowed the institution to return most of our temporary laid-off colleagues. Finally, we are preparing to maintain our OR capacity at preCOVID levels or higher as we simultaneously add an additional 200 COVID beds to our institution.

These are all admirable opportunities, but they do not foretell a healthy academic anesthesiology department. We truly must have a tripartite mission which also includes education and research. The best indicators in those areas from a faculty perspective entails the question, Are faculty being developed and promoted? The answer is yes.

In the July edition of *Sleepy Times*, we highlighted the development of Drs. Renuka George in her new role as Rutledge Tower Medical Director and Mark Hassid as Division Chief for Pediatric Anesthesiology. I am now happy to announce that Dr. Joel Sirianni has accepted the position of Associate Program Director. These three individuals will do great things, but it also enables us all to assist in their professional development.

Over the past several years, the department has developed a steady pipeline of promotion opportunities. This effort has been overseen by Dr. Latha Hebbar as Vice Chair for Professional Development; however, each individual faculty member has committed to doing the hard work necessary to get promoted. I am pleased to announce that we have two new Associate Professors, Drs. Stephanie Whitener and Tracy Wester. Please congratulate both of them.

As we continue to care for the constantly increasing clinical load, I am happy to report that the academic missions are also thriving!



CONGRATULATIONS TO OUR NEW ASSOCIATE PROFESSORS AND NEW ASSOCIATE PROGRAM DIRECTOR!



Dr. Stephanie Whitener, Associate Professor

Stephanie Whitener graduated from University of North Carolina Medical School and completed residency training in Anesthesiology at Brigham and Women's Hospital in Boston, Massachusetts. She went on to a fellowship in Anesthesia Critical Care Medicine at Massachusetts General Hospital. After fellowship, she worked at Duke University for several years before coming to MUSC in 2014. While at MUSC, she has taken on the role of Program Director for the Anesthesia Critical Care Fellowship, as well as, Medical Director of the Medical Surgical ICU.



Dr. Tracy Wester, Associate Professor

Dr. Wester completed her anesthesia residency at Washington University in St Louis/Barnes-Jewish Hospital and her pediatric anesthesiology fellowship at Monroe Carell Jr Children's Hospital at Vanderbilt University. She then started at MUSC as a member of the pediatric anesthesia division, with a particular interest in pediatric regional anesthesia and acute pain management. She looks forward to providing more robust options for pain control in children as well as teaching current and future fellows about regional anesthesia in this population. She serves as co-director of pediatric regional anesthesia as well as director of research for the division. Outside the hospital, she enjoys travel, exploring new restaurants in Charleston, dancing, yoga, and spin.



Dr. Joel Sirianni, Associate Program Director

Dr. Joel Sirianni is excited to take on the role of Associate Program Director and the changes that come with COVID like a virtual interview season. As a former MUSC resident, he is passionate about our residency program, resident training and their well-being. Joel is a member of the liver transplant and OB anesthesia teams and enjoys working closely with residents through lectures, simulations, operative cases and call shifts. Originally from Pittsburgh, Joel went to Penn State for his undergraduate degree in Immunology & Infectious Disease and then to Drexel University College of Medicine in Philadelphia. He is a huge Pittsburgh sports fan, loves playing any kind of games, going to the local beaches and downtown to explore the constantly expanding brewery and restaurant scene, and still plays ice hockey weekly at the Ice Palace. Joel lives in Mt. Pleasant with his wife, Megan, and their dog Stella where they frequently can be found biking.

American Society of
Regional Anesthesia and Pain Medicine

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NEWS

The Beauty of Diversity in Medicine

August 2020

Armando Aguilera, MD
Captain USAF, Anesthesia Resident - CA-2;
Department of Anesthesia and
Perioperative Medicine, Medical University
of South Carolina
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Jennifer Matos, MD
Assistant Professor, Regional Anesthesia
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of Anesthesia and Perioperative Medicine,
Medical University of South Carolina
Co-author

Renuka George, MD
Assistant Professor, Associate Program
Director for Anesthesia Residency, Regional
Anesthesia and Acute Pain Management,
Department of Anesthesia and
Perioperative Medicine, Medical University
of South Carolina
Co-author

RESEARCH CORNER



Dr. David Gutman,



Dr. Marc Hassid



Dr. Zachary Jeanes



Dr. Amanda Redding



Dr. Deborah Romeo

CASE REPORT

Prophylactic Physostigmine for Extreme and Refractory Adult Emergence Delirium, Aimed at Increasing Patient Safety and Reducing Health Care Workplace Violence: A Case Report

David A. Gutman, MD, MBA, Marc Hassid, MD, Zachary Jeanes, MD, PhD, Amanda T. Redding, MD, and Deborah Romeo, MD

Emergence delirium is a well-known phenomenon that may be encountered after general anesthesia. A common approach to this issue is to risk stratify patients preoperatively and treat them postoperatively if emergence delirium occurs. We present the case of a patient with Barrett esophagus and a history of severe and refractory emergence delirium, who was successfully treated prophylactically with physostigmine, resulting in decreased risk of harm to the patient, trauma to the perioperative staff, and a safer and more positive recovery. (A&A Practice. 2020;14:e01205.)

Case Report



J Med Cases. 2020;11(3):65-67

A Challenging Cesarean Delivery and Perioperative Course in a Former Polysubstance Abuser Without the Use of Traditional Opioids

David A. Gutman^{a, b}, Jennifer R. Matos^a, Christopher A. Skorke^a



Dr. David Gutman,



Dr. Jennifer Matos



Dr. Christopher Skorke



Dr. Michael Scofield

NEURAL REGENERATION RESEARCH

www.nrronline.org



RESEARCH ARTICLE

Enduring alterations in hippocampal astrocyte-synaptic proximity following adolescent alcohol exposure: reversal by gabapentin

Kati L. Healey¹, Sandra Kibble¹, Sierra Hodges¹, Kathryn J. Reissner², Anze Testen², Tiffany A. Wills³, Shawn K. Acheson¹, Benjamin M. Siemsen¹, John A. McFaddin⁴, Michael D. Scofield^{4,*}, H. Scott Swartzwelder^{1,*,#}

1 Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC, USA

2 Department of Psychology and Neuroscience, University of North Carolina, Chapel Hill, NC, USA

3 Department of Cell Biology and Anatomy, LSU School of Medicine, New Orleans, LA, USA

4 Department of Anesthesia and Perioperative Medicine, Medical University of South Carolina, Charleston, SC, USA

Funding: This study was supported by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) Neurobiology of Adolescent Drinking In Adulthood (NADIA) Grant # 2U01AA019925 (to HSS); the National Institute on Alcohol Abuse and Alcoholism (NIAAA) R00AA022651 (to TAW); the National Institute on Drug Abuse (NIDA) R01DA041455 (to KJR).

UPDATED DEPARTMENTAL WEATHER PLAN

Our weather emergency plan required an update this year with the opening of Shawn Jenkin's Children's hospital and the relocation of OB services as well. The faculty, resident, CRNA and anesthesia tech support needed is outlined below. Each division has identified which faculty will be on Team A and B with alternates if necessary. Faculty need to reach out to their division chiefs to understand their divisions plans and each individual faculty's responsibilities.

The US hurricane center is expecting an above average season. For Charleston, it is truly a zero or 100 percent event i.e. we either get one or we don't. The attached complete plan is robust with useful information ([Weather Plan Link](#)). Please read the document and prepare now before there is a run on batteries, bottled water etc. I want to thank departmental leadership for updating our plan as well.



A brief summary of personnel needs is listed here:

During weather emergencies, the **Rutledge Tower, West Campus, and Summey Medical Pavilion** ambulatory surgery facility will be closed to surgical procedures.

The **University Hospital Operating Room** will be staffed by the following members of the Primary Response Team for a severe weather emergency.

- **Faculty:** The three-faculty scheduled to cover the date of the anticipated Weather Emergency will be determined based on type of weather emergency.

- Each Division will determine their Team A and Team B (with alternates in case of travel or other issues). UH Team will consist of TX attending, RAPS attending and a General attending.

- **Residents:** The designated CA 3, 2 CA 1s call residents and an additional resident scheduled for duty on that date will also come in-house.

- **CRNAs:** The scheduled 24-hour call CRNA. A second 24-hour CRNA volunteer will be designated. The Chief CRNA will make this determination during the Step 1 (weather watch) planning stage.

Anesthesia Technicians: Two anesthesia technicians will remain in the hospital. These individuals will be named by the Anesthesia Technician supervisor from anesthesia tech "Team A".

The **Ashley River Tower/Shawn Jenkins Operating Room** will be staffed by the following members of the Primary Response Team:

- **Faculty:** 5 attendings, 1 from each of the following teams: Peds CT, Pediatrics, Cardiothoracic (CT), General, and ICU. Each Division will determine their Team A and Team B (with alternates in case of travel or other issues).

- **Residents:** Art Call resident, OB resident, Backup OB resident. For the ICUs, 2 residents for MSICU and 1 for CVICU.

- **CT and Critical Care Fellow:** The on-call CT and Critical Care fellows will stay in house. If no CT or Critical Care fellows are assigned on call, one of the fellows will be assigned as determined by the CT and CC Fellowship Program Directors.

- **Peds Fellow - TBD**

- **CRNAs:** The scheduled 24-hour call CRNA for ART and SJCH. Two additional 24-hour CRNA volunteer will be designated for both locations. The Chief CRNA will make this determination during the Step 1 (weather watch) planning stage.

- **Anesthesia Technicians:** two anesthesia technicians will remain in the hospital. This individual will be named by the Anesthesia Technician supervisor from anesthesia tech "Team A".

APPs for ICU: 2 APPs for the MSICU and 3 APPs for the CVICU will remain in the hospital commencing with Step 3 conditions. These individuals will be named by the Critical Care division.

CHARLESTON IS TRAVEL + LEISURE'S NO. 1 CITY AGAIN AS COVID-19 TOURISM SLUMP CONTINUES

“Unlike the seven other years Charleston has gotten the No. 1 spot, the announcement was not made during another blockbuster summer season for tourism.

Instead, the results of the annual reader survey were rolled out as coronavirus cases continued to climb in South Carolina and tourism officials urged people to wear masks with a growing sense of urgency.“

By Emily Williams ewilliams@postandcourier.com

[Visit the full Post and Courier's Article](#)



CONGRATULATIONS LEDIAE! LEDIAE WAS FEATURED IN THE JULY 2020 MUSCP HR NEWSLETTER

Employee Experience Q&A

Name: Lediae Dixon

Department: Anesthesia Pain Clinic

Your role: CMA/Admin

Length of time in your role: 1 year & 4 months

Length of time at MUSC: Almost four years

What do you look forward to each day when you commute to work?

Seeing my co-workers and the providers I work for, meanwhile wanting to see some of my favorite patients, too.

Would you tell me about a great day you had at work recently? A great day I had at work

recently was when I had so much work to get caught up on from me working at home and not being able to do certain things. A nurse in my clinic named Pamela Bowens had to give me a pep talk to let me know, hey it's okay, and she asked me is there anything I can help you with. I explained what I had to do, and she put her work to the side and came and assisted me. I appreciated it so much because she had her own work to do.

What are you learning here, and what do you want to learn? What degree are you pursuing under the Educational Assistance program? I am learning a lot about the spine because we do a lot of back injections and other kinds as well. I am pursuing my BSN while enrolled in the educational assistance program.

Why do you stay at MUSC Physicians? Why I stay working with MUSCP is because I never had a better group of doctors to work with. In RT9, we are in a different world, our own little one. We are all like family. We can joke and laugh with one another. It is not like walking on egg shells. I love making everyone laugh with my stories about my daughter and me and my boyfriend.

How likely is it that you would recommend MUSC Physicians as a place to work to a friend or colleague? I always recommend people to MUSCP and MUSC overall. It's a great organization to work for. It's somewhere you can excel in every way possible, if you choose to.

Where are you from? How long have you lived in Charleston? I am from Moncks Corner, SC. I was born in Charleston, here at MUSC actually, but I have lived here all my life.

Fun fact: A fun fact about me is that I doubted myself several times whether I could become a nurse, whether I had what it would take, whether I could pass my classes. I realized that if I wanted it bad enough I could do anything. I stay focus on what's in front of me and demolish it with greatness because of my studying.

Thank you, MUSC, for giving me the opportunity to work for you and grow as much as I have while being here, seeing and learning so much every day. Coming to work is just a blessing in itself!



MUSC INTERFOLIO QUICK START AND SIGN IN GUIDE

MUSC Interfolio Go-Live Information – March 2020

Interfolio is designed to support faculty throughout their careers, providing a central location to manage professional activity and accomplishments.

- **Faculty who use FAIR:** we have worked diligently to import all of your data. However please note that moving to a new field-based system (Interfolio), information will not align the same or perfectly.
- **Faculty who did not use FAIR:** you are free to start entering your information immediately. We hope that you will find Interfolio to be a useful tool to catalog your professional activities.
- **College of Health Professions' Faculty:** in March, we will be importing any information that you entered in the Health Profession's Interfolio site. We will let you know when to make the switch to the MUSC site. If you had limited or no information saved in the Health Profession's site, you can make the transition to the MUSC site immediately.

General Review of Imported Data

Please review the data from FAIR and consider whether activities should be re-located to a new section that might be a better fit for your information or whether records should be edited to better align with new Interfolio fields. We have developed a field/section crosswalk to help you review the FAIR/PRISM imported data.

Select both the **Profile** and **Activities** links in the left navigation menu to see your information. The sub-sections under Profile and Activities will show how your information has been cataloged.

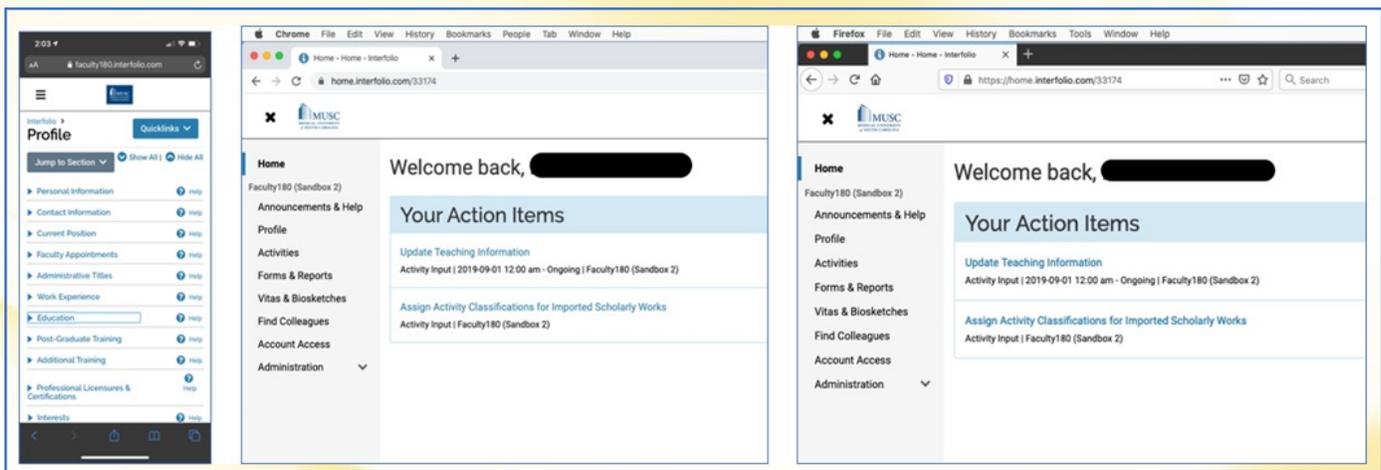
Alternatively, you can generate a copy of your CV to facilitate the data review. To generate a CV, select **Vitas & Biosketches** from the left navigation menu and select the **view icon** beside the CV you wish to generate.

Accessing MUSC's Interfolio

MUSC's Interfolio site is behind the MUSC single sign-on. You can access Interfolio three different ways:

1. Direct URL: [Interfolio Site](#)
 2. The Provost's Horseshoe page: [Provost Horseshoe](#)
 3. You can also search the Web for "Interfolio Login" and follow the same sign in process as 1 and 2.
- **Select Partner Institution** - you **will not** enter your email and password on Interfolio's Sign In page (step-by-step views of each page are on page 2).
 - Pick one of the MUSC sites on the next page
 - Medical University of South Carolina is our primary, University-wide page.
 - Medical University of South Carolina is Health Profession's site that will be sunsetting in the next few months.
 - You will then be directed to the MUSC single-sign-on page.

You can access MUSC's Interfolio's site from any web browser on any operating system, tablet and mobile device



MUSC INTERFOLIO QUICK START AND SIGN IN GUIDE CONTINUED...

INTERFOLIO SIGN IN PAGE – SELECT PARTNER INSTITUTION

Sign In

Sign in with email

Email *
Enter Email

Password *
Enter Password

Sign In

[Forgot your password?](#)

Or sign in with:

Partner Institution

Google

Pick one of the MUSC sites

Sign in through your institution

If your institution has partnered with Interfolio to provide Single Sign-On, search for your institution name in the box below.

med

- California University of Science and Medicine
- Columbia University Irving Medical Center
- Medical University of South Carolina CHP**
- New York University School of Medicine
- Northwestern University Feinberg School of Medicine
- University of Colorado Denver | Anschutz Medical Campus

Sign in via MUSC's Single Sign-On page

MUSC Health
Medical University of South Carolina

Sign in with your MUSC NetID

someone@example.com

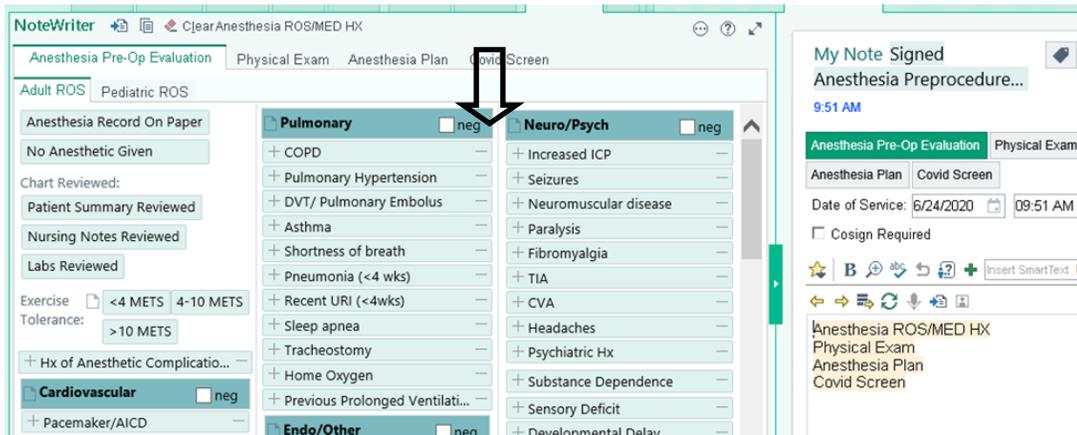
Password

Sign in

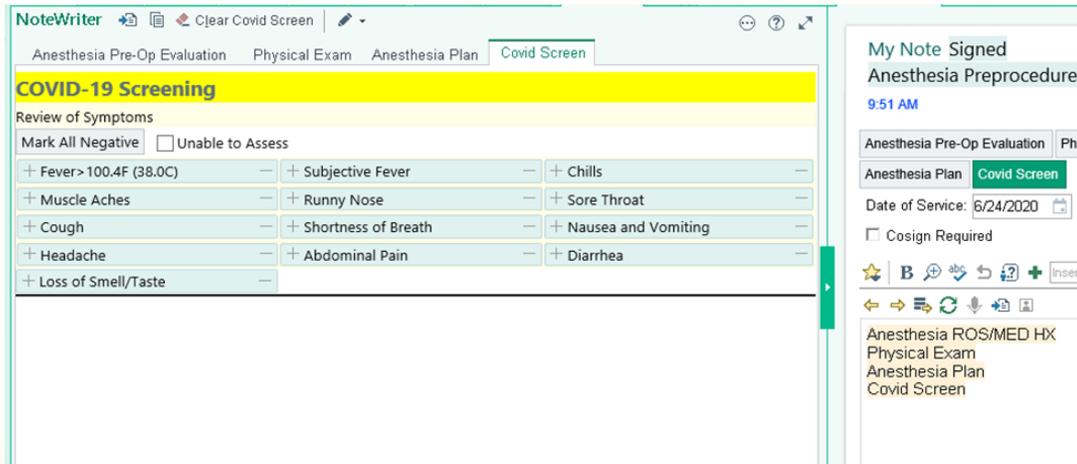
For login assistance, please call 843-792-9700.

NEW COVID SCREENING TOOL TAB IN THE ANESTHESIA PRE EVAL FOR COVID

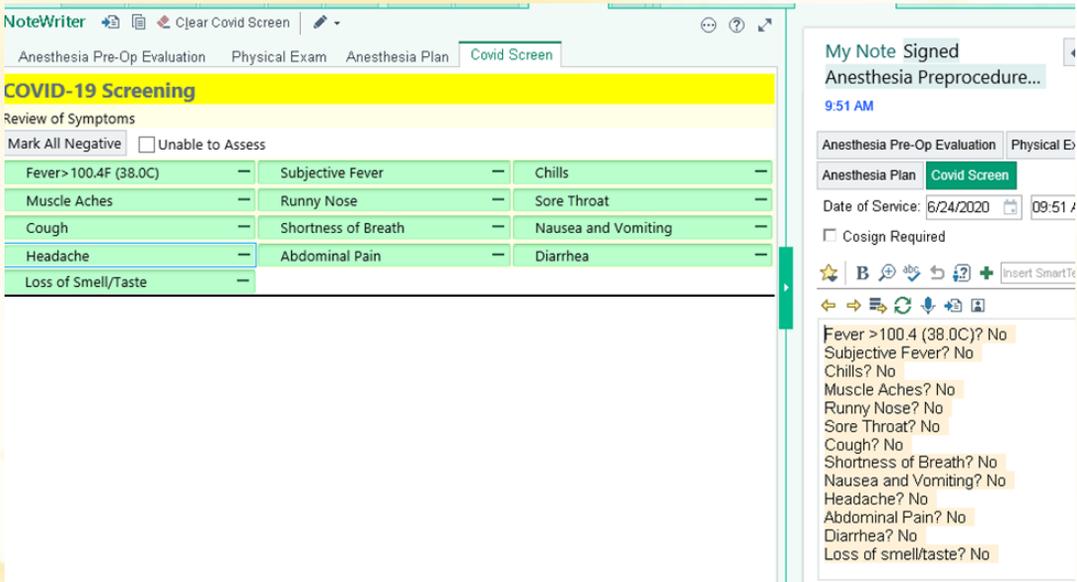
This workflow for documenting patient’s COVID symptoms replaces the use of any existing dot phrases. This new workflow is required to support reporting off of these results.



Click on the COVID Screen tab in the PreEval. Document the patient results... Note you can choose “Mark All Negative” or “Unable to Assess” All results are linked to smart data elements which will allow for accurate reporting.



Screenshot below shows all symptoms negative and the corresponding text within the note.



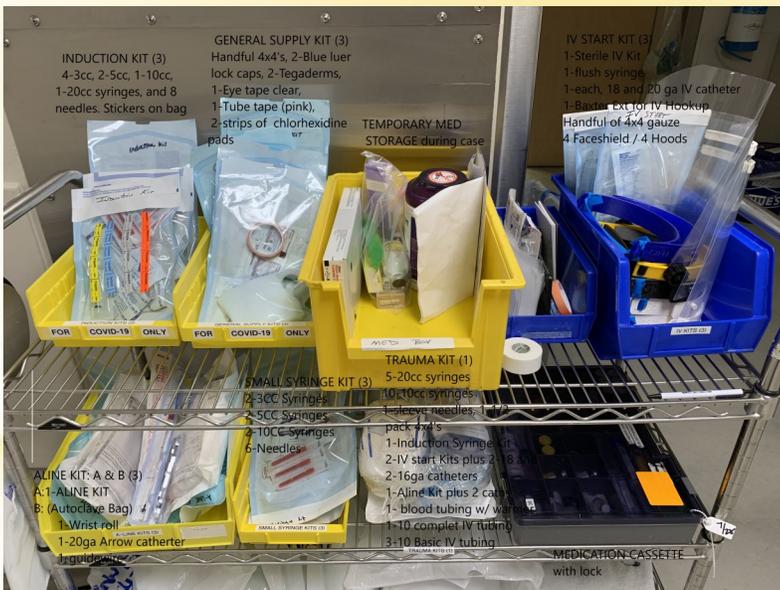
COVID KITS FOR OR 11 AND 12 AT MAIN - RAYMOND WHITE, CRNA

Just a little update and reminders on the COVID OR's at the Main.

- 1) OR 11 is designated the main COVID room for general cases.
- 2) OR 12 is designated the main COVID Trauma due to its size and shape.
 - A) Both are still stripped down rooms, however, 12 has a dbl IV pole with channel and 4 pumps which will live in this OR. B) Other than grabbing the necessary kits, when needed, the techs can bring you the Belmont and A-line setup if needed.
- 3) The attached picture of the cart is how this should look every day, also I've attached a list of exactly what is in all of the Kits with par levels.
- 4) This cart should be checked twice a day: **1st** is to be checked by whoever is covering the emergency room and COVID room 11. The person who is covering OR12 for traumas should also scan cart to make sure it is stocked for the day. **2nd** check should be by the CA-3, while doing rounds on the trauma rooms for the night. If low on supplies, techs have back up kits to replenish the cart.
- 5) We have added an additional kit. **Trauma kit** which can be grabbed if you have a trauma in OR 12. Its located on the second shelf of the COVID Kit cart in the hall. This is a bundle of all of the individual kits, plus some additional items that are common to traumas. Look at the list above to see what all is in it. It should give you a really good start for any trauma's coming.
- 6) Also, 4 face shields and 4 hoods have been placed on top shelf of cart. All Donning can be done outside of 11 and 12. **YOU DO NOT NEED TO GO TO PPA.** The PPA cart is now backup supplies when needed or if you are going to go off site, i.e. Neuro angio, MRI, CT or responding to a code.
- 7) After a case, make sure that you go back into your room and recycle (if pt comes back with neg. result) or dispose of everything if (pt comes back positive). The next person who may be covering these rooms, won't know it this left over stuff is clean or contaminated. Let's not put anyone else at risk. You will also need to restock cart in hall as well as **return all items that you grabbed and did not use.** Only what is in the above picture, stays on the cart.
- 8) Look at the picture and check the list and look at the cart to see what is there. This will save you time while you are trying to figure out what you will need for the case.
- 9) Make sure after the case, you remove and put both the face shield and the hoods in the appropriate cans so that they can be cleaned and recycled. These hood is are not disposable. If you find one that is falling apart or has a hole in it, please give it to a tech so that we can determine whether or not this is an isolated issue or we need to change how we clean, dry or store. We want to make these hoods last as long as possible. I don't think anyone want to go back to trash bags if we can help it.

Thanks,

Raymon M White, MSNA, CRNA



COVID SUPPLY KITS
(PACKAGE IN AUTOCLAVE BAGS)

GENERAL SUPPLY KITS:(6)

- Handful 4x4 Gauze
- 2 - Blue luer lock caps
- 2 - tegaderms
- 1 - Eye tape (clear)
- 1 - Tube tape (pink)
- 2 - Strips chlorhexidine pads

INDUCTION KIT: (6)

- 4 - 3cc syringes
- 2 - 5cc syringes
- 1 - 10cc syringes
- 1 - 20cc syringes
- 8 - Needles

Stickers stuck on outside of bag:

- Fentanyl Lidocaine
- Propofol Rocuronium

IV KIT: (6)

- 1 - Sterile IV kit
- 1 - flush syringe
- 1 - each, 18 and 20 ga IV catheter
- 1 - Baxter Ext for IV Hookup
- Handful 4x4 Gauze

ALINE KIT: A&B (4)

(TAPE BAGS TOGETHER)

A: 1 - ALINE KIT 2

B: (Autoclave bag)

- 1 - wrist roll
- 1 - 20ga Arrow catheter
- 1 - guidewire

SMALL SYRINGE KIT: (6)

- 2 - 3cc syringes
- 2 - 5cc syringes
- 2 - 10cc syringes
- 6 - Needles

Trauma Kit: (4)

- 5 - 20cc syringes
- 10 - 10cc syringes
- 1 - sleeve needles, 1 - 1/2 Pack 4x4
- 1 - Induction Syringe Kit
- 2 - IV start kits plus (2) 18ga and (2) 16ga
- 1 - Aline Kit plus 2 Arrow caths
- 1 - Blood tubing w/ warmer
- 1 - 10 Complete IV tubing
- 3 - 10 Basic IV tubing

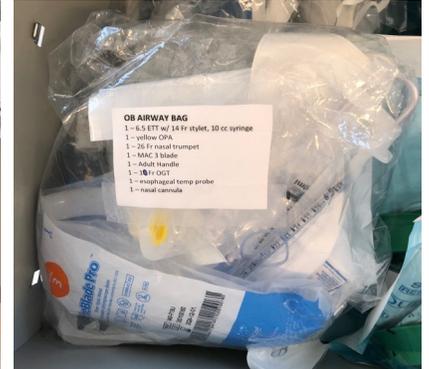
OB COVID CART- DR. JOEL SIRIANNI

Our OB COVID cohort on L&D (6 patients last week) filled up quickly. Drs. Geating and Mahajan have been working diligently to create a COVID cart similar to the Main hospital for our OB OR1. This OR is completely empty just like Main ORs 11 & 12, so we created this cart to have our anesthesia specific PPE as well as "grab and go" kits and drug bags to quickly setup for an emergent COVID/PUI neuraxial or GA case. See the attached pictures for reference and an itemized list of the "grab and go" kits.

The cart will be located in the anteroom outside of OB OR1. Please do not add items to or on top of this cart and only take what you need to get started. Additional items can be brought by a runner. There are laminated donning/doffing instructions on the cart. Also, in the OR there is a laminated list of important phone numbers. Please let the day team know in the morning if you used the cart overnight so that we can replace any items (anesthesia techs to assist when contacted). Let me, Dr. Geating, or Dr. Mahajan know if you have any problems with the cart or have suggestions to make it more useful to assist with our OB COVID cases.

Thanks,

Joel, Melissa, and Daniel



L&D COVID SUPPLY KITS (PACKAGE IN AUTOCLAVE BAGS)

GENERAL SUPPLY KITS

- 1 – Handful 4x4 gauze
- 2 – Blue luer lock caps
- 2 – tegaderms
- 1 – eye tape (clear)
- 1 – tube tape (pink)
- 2 – strips chlorhexidine pads

INDUCTION KIT

- 4 – 3 cc syringes
- 2 – 5 cc syringes
- 1 – 10 cc syringe
- 1 – 20 cc syringe
- 8 – blunt tip needles
- Stickers stuck on outside of bag:
- Fentanyl/Lidocaine
- Propofol/Rocuronium

IV KIT

- 1 – Sterile IV kit
- 1 – flush syringe
- 1 – each: 18G & 20G IV catheter
- 1 – Baxter Ext for IV hookup
- 1 – injection port
- 1 – Handful 4x4 Gauze

A-LINE KIT (A&B) (TAPE BAGS TOGETHER)

- A:** 1 – ALINE KIT 2
- B:** (autoclave bag)
 - 1 – wrist roll
 - 1 – 20 G Arrow catheter
 - 1 – guidewire

SMALL SYRINGE KIT

- 2 – 3 cc syringes
- 2 – 5 cc syringes
- 2 – 10 cc syringes
- 6 – blunt tip needles
- 1 – set of black tip caps

MONITORS, MISC. KIT

- 5 – EKG pads
- 1 – BP cuff (regular)
- 1 – pulse oximeter adult
 - 1 – emesis bag
- 2 – gel lubricant packs
- 2 – small square chlorapreps

OB TUBING KIT

- (TAPE BAG to 1 L plasmalyte bag)
- 3 – 10 drip tubing set

OB AIRWAY BAG

- 1 – 6.5 ETT w/ 14 Fr stylet, 10 cc syringe
- 1 – yellow OPA
 - 1 – 26 Fr nasal trumpet
- 1 – MAC 3 blade
- 1 – Adult Handle
- 1 – 18 Fr OGT
 - 1 – esophageal temp probe
- 1 – nasal cannula

Annual Mandatories

1) Conflict of Interest: <https://web.musc.edu/about/coi>

Due by ASAP

2) MyQuest – MUSC General Mandatories + MUSC Health Mandatories

Extended to 9/30/2020



2020 MUSC General Mandatories (Enterprise-wide)

- Active Shooter
- Code of Conduct and HIPAA
- Crime Prevention and Jenne Cleary Act Training
- Family Educational Rights and Privacy Act (FERPA)
- Information Security
- OSHA Review
- Prohibited Discrimination and Harassment
- Tuberculosis (Charleston only)

2020 MUSC Health Mandatory Training (MUSC Health Care Team Members Only) Charleston, Florence and Lancaster Divisions

- MUSC Health General Compliance (includes billing)
- Culture of Safety
- Emergency Management Campus Security
- Infection Control for Healthcare Workers
- Meeting the Unique Care Needs of Patients
- MR Safety for Healthcare Workers
- Stroke & Heart Early Recognition
- Workplace Violence



Changing What's Possible | MUSChealth.org

GRAND ROUNDS FOR THE MONTH OF AUGUST



“Physician Burnout in the Face of Covid 19”

August 11, 2020

Grayce Davis, MD

Dept. of Anesthesia & Perioperative Medicine

Medical University of South Carolina

“Truncal Blocks”

August 18, 2020

Wes Doty, MD

Dept. of Anesthesia & Perioperative Medicine

Medical University of South Carolina



“TEG”

August 25, 2020

Alan Finley, MD

Dept. of Anesthesia & Perioperative Medicine

Medical University of South Carolina



DEPARTMENT OF ANESTHESIA AND
PERIOPERATIVE MEDICINE

Email: hiottg@musc.edu
Phone: 843-792-7503
Fax: 843-792-9314

[CHECK OUT OUR WEBSITE](#)

Future Events/Lectures

Intern Lecture Series

8/6/20 Renal Failure

8/20/20 Dysrhythmias

CA 1 Lecture Series

8/5/20 Fluid Management & Transfusion

8/12/20 Anesthesia Machine and Technology

8/19/20 Inhalation Anesthetics

8/26/20 Nonvolatile Anesthetics

CA 2/3 Lecture Series

Per Rotations

Grand Rounds

See Page 11

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Twitter:

<https://www.facebook.com/MUSCAnesthesia/>

<https://www.instagram.com/musc.anesthesiology/>

 Follow @MUSC_Anesthesia



I HUNG THE MOON

Please don't forget to nominate your co-workers for going 'Beyond the Call of Duty.' I Hung The Moon slips are available at the 3rd floor front desk and may be turned in to Tammie Matusik.

Lediae Dixon won the Applause Award on 7/16/20:

"She called me on the phone to check on me. She worked to get an appointment ASAP. When I arrived for my appointment she asked me how my hip was. I was surprised she remembered I told her. She has a great bedside manner. She is a wonderful person." - Cindy Ahl (In-Patient)

Jerad Beall

"Huge shout out to anesthesia resident Jerad Beall for pitching in with CRNA lunch relief at Rutledge Tower when we were tight on staffing. This hungry pregnant lady thanks you from the bottom of her heart!" - Alex Garcia, CRNA



Holiday Party
Friday, December 4, 2020
Carolina Yacht Club



MUSC Leading Health Innovation for the Lives We Touch

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We Would Love to Hear From You!

If you have ideas or would like to contribute to *Sleepy Times*, the deadline for the September edition will be August 23, 2020.