



SLEEPY TIMES

VOLUME 14, ISSUE 7 JULY 2020



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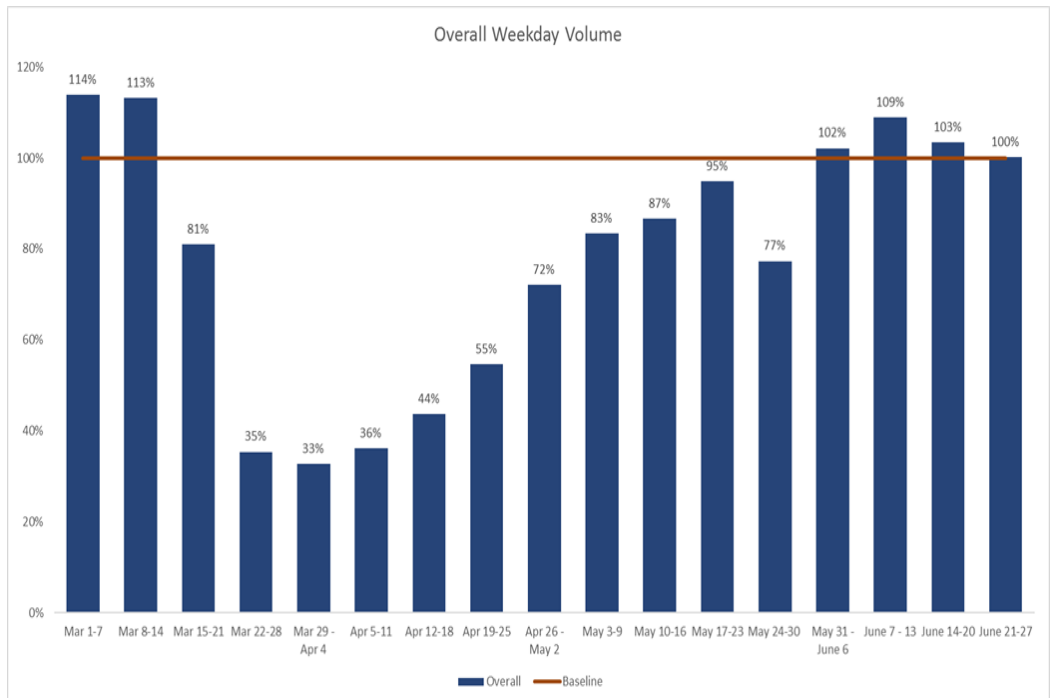


MESSAGE FROM THE CHAIRMAN: WHAT AN ACADEMIC YEAR!!!

FY 20 was an incredible year. In the June edition of *Sleepy Times*, I highlighted our graduating residents and fellows. We were able to have small but intimate graduation celebrations with them over the past several weeks. In this edition of *Sleepy Times*, we highlight our residents and faculty award winners. They all deserve our congratulations.



In addition, the department continues to recover our surgical and NORA volumes following our COVID 19 shutdown in March and April. This is a testimony to all of you as we use our COVID testing and PPE algorithms to provide the care that our patients need. The graph below highlights our progress. I am sure that we will experience intermittent bumps going forward but through our previous planning efforts, we are better able to handle them.



With July 1 officially here, summer has started and FY 21 has begun. FY 21 will be a fantastic year. Please say hello to our new interns and CA 1 residents. I hope you enjoy the July edition of *Sleepy Times*.

ANNUAL RESIDENT AND FACULTY GRADUATION AWARD WINNERS



This year's graduation was curtailed due to the substantial increase of COVID 19 cases in our community. Despite that, GJ, Susie and I wanted to allow all the seniors to have a nice evening celebrating with their significant other. A meal was created by Cru catering that could be enjoyed at home. The picture above shows some of the residents picking up their meals.



Dr. Zachary Jeanes won both the Dr. J.G. Reves Resident Research Award and the Dr. Laurie Brown Resident Teacher of the Year Award



Dr. Joseph Abro won the CA1 Teacher of the Year Award



Dr. Joel Sirianni won the CA2-3 Teacher of the Year Award



Dr. Ryan Mims won the Dr. John E. Mahaffey Resident of the Year

CRITICAL CARE FELLOWSHIP GRADUATION



The Critical Care Anesthesia Fellowship Faculty held a socially distanced graduation luncheon to celebrate Dr. Daniel Hopkins, our 2019-2020 Critical Care Anesthesia Fellow, this past Friday June 26. The luncheon, held at ART, was catered by Boxcar Betty's. As a division, we truly enjoyed our time with Dr. Hopkins, a skilled physician always overjoyed to learn and willing to teach during his year here at MUSC. While the COVID19 pandemic served as a backdrop for a large portion of the fellowship year, themes of flexibility and grace were interwoven with academic medical education and clinical learning even more distinctly this year. We wish Dr. Hopkins the best of luck with his career and thank him for a great fellowship year.

CT FELLOWSHIP GRADUATION

Congratulations to Dr. Clay Foret and Dr. Jonathan Stubblefield for successfully completing MUSC’s Cardiothoracic Anesthesiology Fellowship. We are proud of this year’s fellows but sad to see them go. They have been a hard-working and entertaining group to work with. Notable accomplishments for this year include a quality improvement project in association with the MUSC GME office’s “RIP” program. Our CT fellows were awarded 3rd place across all the institution’s training programs for instituting a protocol that reduced our intraoperative hyperglycemia (glucose > 180 mg/dL on hourly ABGs) event rate from 13% to 5% in our cardiac surgery patients undergoing cardiopulmonary bypass.

Additionally, our cardiac volume has increased substantially over the last academic year. The heart transplant volume has grown from the ~20/year range to where we are now on pace for approximately 50 heart transplants this calendar year. Including lung transplants, our fellows participated in 39 transplants total. On the echocardiography front, they personally performed 279 and 295 perioperative TEEs, respectively, which is almost double the National Board of Echocardiography minimum requirement of 150 exams for advanced certification.

Dr. Foret completed residency at MUSC prior to fellowship. He will be moving with his wife Ashley to join the private practice at East Carolina Anesthesia (ECAA) in Greenville, NC.

Dr. Stubblefield completed residency at the University of Texas South Western in Dallas. He will be moving with his wife Erin and starting at American Anesthesiology of Tennessee in Chattanooga, TN.



REGIONAL ANESTHESIA FELLOWSHIP GRADUATION

The regional anesthesia division celebrated two excellent fellows last Friday. Drs. Hannah Vega and Kirsten Dahl were both thanked for their service and contributions this year in a small, outdoor, and socially distanced gathering. The regional division cannot thank them enough for their service and knows they both have amazing careers in their future.



MEET THE NEW INTERN'S



Jared Cadogan, DO



**Riley Chambers,
MD**



Julie Chedister, MD



Terri-Ann Glispie, DO



Christina Lee, DO



Elliott Mappus, MD



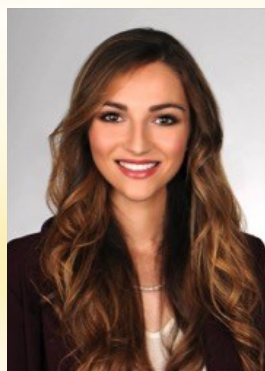
**Alexander Meinzer,
MD**



Bradley Miller, MD



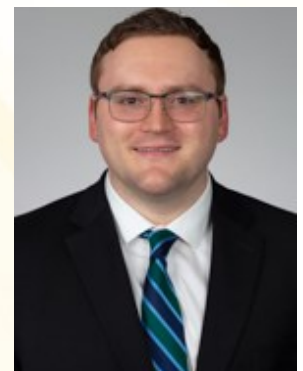
Ornella Oluwole, MD



Andra Oprisan, MD



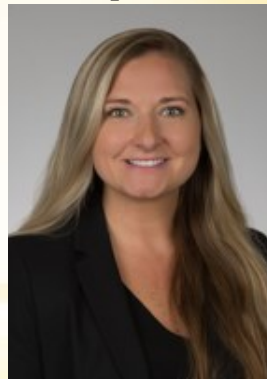
Andrew Park, MD



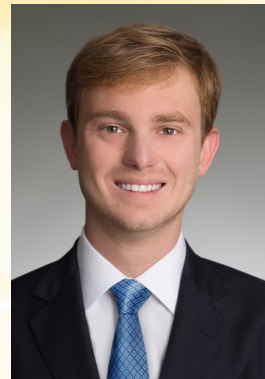
Christopher Reardon, MD



**Jessica Stockinger,
MD**



Cecilia Taylor, MD

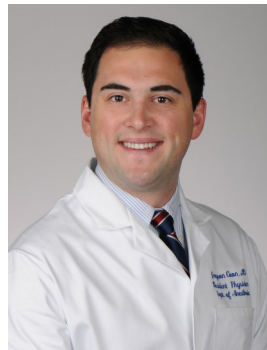


Henry Tomlinson, MD

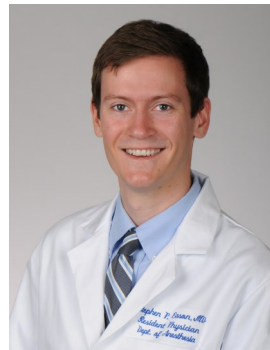
MEET THE NEW CA 'S



Rick Andresen, MD



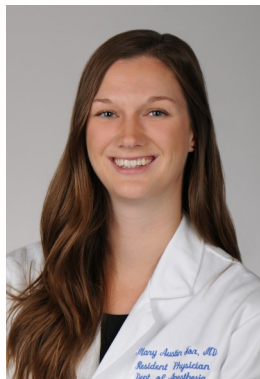
Grayson Coon, MD



Stephen Eason, MD



Billy Ellison, MD



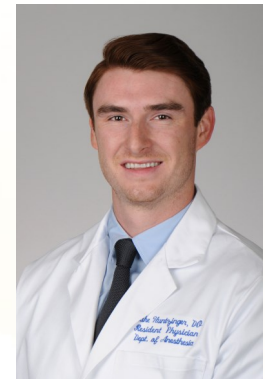
Mary Fox, MD



Daniel Geating, MD



Akayla Gillians, MD



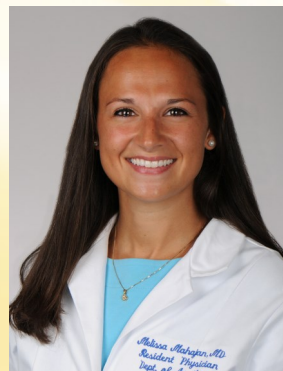
Jake Huntzinger, DO



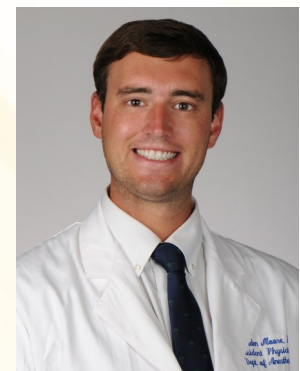
Andrew Iglesias, MD



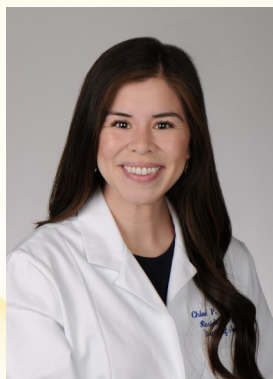
Aaron Kaye, MD



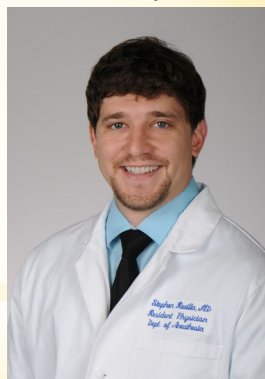
Melissa Mahajan, MD



Brenden Moore, DO



Chloe Regalado, DO



Stephen Revilla, MD



Steven Vranian, MD

MEET OUR NEW DIRECTORS AND CHIEF CRNA

MARC HASSID, M.D., NAMED PEDIATRIC ANESTHESIOLOGY DIVISION DIRECTOR



Marc Hassid has accepted an offer to be the Pediatric Anesthesia Division Chief. Dr. Hassid began his career at MUSC in 2009 after a fellowship at St. Louis Children's Hospital and has spent most of his time here as a member of the pediatric cardiac anesthesia team. He became the interim division chief when Dr. Scott Walton moved into the leadership role at the VA. While interim chief, our two new pediatric facilities opened and the pediatric anesthesia fellowship became a reality. Dr. Hassid attributes his success as interim chief to his supportive family, the hard work and dedication of the pediatric anesthesia team, mentoring from Drs. Reeves, Walton, and Clark, as well as support from leaders throughout the department. Please join me in welcoming him to this new title.

RENUKA GEORGE, M.D., SELECTED AS THE NEW RT MEDICAL DIRECTOR



Dr. Renuka George is delighted to serve as the new Medical Director at Rutledge Tower. After completing residency at the University of Texas Health Science Center at Houston in 2016, she came to the Medical University of South Carolina for a fellowship in Regional Anesthesiology and Acute Pain Management. She liked MUSC so much that she decided to continue on as faculty, developing her clinical skills, research and teaching. In 2018, she was chosen to serve as the Associate Program Director for the Anesthesiology Residency Program where she worked to promote active learning for the residents, Point of Care Ultrasound and diversity in medicine. In 2019, she was joined in clinical practice by her husband, Dr. Burke Gallagher who has always been a source of strength and support and shares her passion for clinical distinction, resident education and professional growth. Dr. George hopes that she can use her new role to serve her patients, institution and community. While she has many examples of excellence around her, Dr. George is particularly grateful to her mentor, Dr. Sylvia Wilson for her guidance, dedication and patience. Those are some big shoes to fill!

JENNIFER JONES, CRNA, SELECTED AS THE NEW ART CHIEF CRNA



Jennifer graduated from the Medical College of Georgia in December 2008 with her Nurse Anesthesia degree. She worked in the Augusta area for 2 years before making the transition to Charleston in August 2011. She has been fortunate to be part of the Ashley River Towers CRNA team ever since. She is excited to start a new adventure with this group that will utilize both her Business Management (obtained from USC in Dec. 1998) and Nurse Anesthesia degrees.

Outside of work, she has been married to her husband, Matt, for 20 years. He is also employed at MUSC in the IT security department. They have 2 amazing kids, Savanna (15) and Sierra (10) and two rescue dogs, Maddie (a pug) and Rockey (a chiweenie). In her free time she enjoys traveling, spending time with friends and family, and long distance running.

RESEARCH CORNER:

ANNALS OF
TRANSPLANTATION

ORIGINAL PAPER

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Post-Reperfusion Syndrome in Liver Transplantation: Does a Caval Blood Flush Vent Help?

Authors' Contribution:
Study Design A
Data Collection B
Statistical Analysis C
Data Interpretation D
Manuscript Preparation E
Literature Search F
Funds Collection G

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ABCDEF 2 William R. Hand
ABCDEF 3,4 Kenneth D. Chavin
ABCDEF 1 Dodson H. Felton
ABCDE 5 Beth O. Wolf
ABDEF 1 Grayce P. Davis
ABDEF 1 Norman R. Harvey
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BCDEF 1 Robert A. Mester
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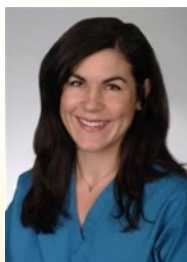
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Source of support: Departmental sources



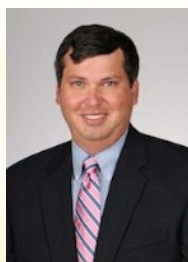
William Stoll, MD



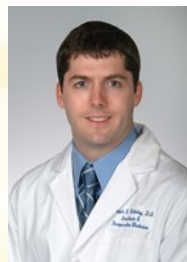
Bethany Wolf, Ph.D.



Grayce Davis, MD



Norman Harvey, MD



Joseph Whiteley, MD



Robert Mester, MD



Eric Bolin, MD

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DOI: 10.1111/jnc.14952



ORIGINAL ARTICLE

Journal of Neurochemistry JNC WILEY

Amperometric measurements of cocaine cue and novel context-evoked glutamate and nitric oxide release in the nucleus accumbens core

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Michael Scofield, Ph.D.

RESEARCH CORNER:

Received: 25 August 2019 | Revised: 31 January 2020 | Accepted: 8 March 2020

DOI: 10.1111/pan.13852



RESEARCH REPORT

Pediatric Anesthesia WILEY

Detection of subclinical Harlequin syndrome in pediatric patients

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Michelle Rovner, MD



Amanda Redding, MD



Bethany Wolf, Ph.D.



Cory Furse, MD



Alexander Wharton, MD



Kenneth Catchpole, Ph.D.

> [Resuscitation](#). 2020 Mar 16;150:29-35. doi: 10.1016/j.resuscitation.2020.02.037.

Online ahead of print.

Impact of Flow Disruptions in the Delivery Room

Heidi M Herrick¹, Scott Lorch², Jesse Y Hsu³, Kenneth Catchpole⁴, Elizabeth E Foglia⁵

Affiliations + expand

PMID: 32194162 DOI: [10.1016/j.resuscitation.2020.02.037](#)

DEPARTMENTAL WEATHER PLAN UPDATE

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.

A GUIDE TO COVID AIRWAY MANAGEMENT AT THE MAIN HOSPITAL

Prepared by Dr. Eric Bolin, Dr. Robert Harvey, & Dr. Kendal Headden

As the prevalence of COVID increases in the community our interactions as a healthcare team with COVID positive patients have also increased. We are taking care of more COVID positive patients in the OR and managing more COVID positives airways in the COVID cohorts. The teams have done an amazing job delivering safe care to this challenging population.

In order to keep our patients and ourselves safe during the pandemic, new policies, new procedures, and even new units have been created. In many instances, these experiences are quite foreign to the usual manner in which we are accustomed to caring for our patients. I appreciate the adaptability demonstrated by our team members. Below is a guide for management of COVID airways outside of the OR.

Equipment and Medications:

COVID Airway bag: Black bag hanging on airway bag. Includes: PPE kit x4, intubating drug kit x2, backup N95 x2, anti-fog drops for mask, clear tape

Intubating drug kit: To be made and stocked by PACU resident during week. Official intubation drug kits made by pharmacy kept in satellite pharmacy (image below, bags on the right). Includes: Propofol x1, etomidate x1, rocuronium x2, succinylcholine x1, phenylephrine x2, 20cc syringe, 10cc syringe, blunt tip x2

Not that there are three drug kits pictured to the side (from left to right): COVID drug kit for unstable patient, COVID drug kit for stable patient, drug kit for intubation in the COVID cohort

PPE kits: To be made and stocked by PACU resident. Include 1 hood, 1 blue gown, 2 booties, 1 bouffant. Extras stored in COVID Cart in the old Peds Holding area.

Face shields: Call or page the anesthesia tech to obtain a reusable face shield

Disposal of PPE after intubation of COVID+/PUI patient:

White hoods: White hoods are not reusable and should be placed in trash bags

Face Shields: The face shields are placed in trash bags after doffing, then tied and placed in grey buckets with lid by the tech for subsequent decontamination and restocking. (Anesthesia tech phone: 66422)

McGrath (front top pocket of airway bag): Uses disposable battery. Extra battery in front pocket of airway bag. **To be cleaned by residents after use with purple wipes.** If used in COVID airway, intubating provider to wipe down with purple wipe in room and bag in biohazard bag. CA-1 should then remove McGrath, wipe down again with purple top wipes using proper PPE, and replace in airway bag. Cleaning instructions are attached to the code bag for reference. Of note, the battery should be removed and wiped down separately from the laryngoscope, and then replaced once both pieces have been wiped.



A GUIDE TO COVID AIRWAY MANAGEMENT CONTINUED...

The PACU resident is responsible for making and (re)stocking PPE kits, intubation drug kits in COVID airway bag, and checking the COVID Cart. The PACU resident should check in with the COVID Unit regularly to ensure ample supplies are available (either by phone or team members entering the unit for intubation should check supplies while inside).

4-C COVID Unit (Old PCICU)

Intubations on this unit may be a direct page to an anesthesia team member, and not necessarily an airway page to the code pager. If paged directly, call the anesthesia tech phone so that they are aware of the airway. CMAC Pocket Monitor for COVID unit intubations (lives in COVID Unit 4-C):

- Blue bucket on bottom: has blades, ETTs, anti-fogger (needed for blades), LTA
- Grey bucket on back: LMAs, Cric kit (with #11 blade scalpel), alcohol wipes to clean laryngoscope handle)
- Styler on right side of tower
- CMAC on left side of tower
- Bougie and Cook Catheters next to the tower
- Charging port on table (**The battery should be removed from the back of the screen and placed in the charger. Ensure that the charger is plugged in and charging.**)
- Cleaning McGrath: clean handle/screen with *alcohol wipe only. Do not wipe off the fiberoptic portion.*



Yellow Zone: hallway outside of COVID Unit

Red Zone: between double doors and plastic wall, anteroom

Upon approaching the COVID unit use the Walkie-Talkie to radio in to the unit for entry. The double doors are not to be opened if the plastic “wall” is unzipped. Sometimes at night the Walkie-Talkie is not manned, in which case the team should call out through the door to make sure the zipper is not open and then the badge scanner may be used to open the doors in the traditional fashion.

Donning/doffing: To the left upon entering the anteroom is the PPE room. Extra PPE and the anesthesia donning and doffing protocol are located in this room. The unit “runner” is usually in this area, and is an excellent resource for proper donning and doffing. At times they may be off the unit, however.

ER

The trauma bay has been outfitted with a Plexi-glass/ plastic “wall” in order to convert these care areas to negative pressure. Flow through this unit has been designed to be unidirectional, such that one should go around the ER front desk/ office area and enter the bay through the double doors that EMS uses to bring patients into the trauma bay from the ambulance bay outside. A PPE cabinet is located outside of the trauma bay to the right of the double doors. Exit the unit through the double doors by the ER CT scanner.

MUSC TRAUMA ANESTHESIA CHECKLIST

Trauma Anesthesia Checklist



Prior To Pt Arrival in OR



Upon Patient Arrival to OR

Room Temp > 77
Machine Check
Belmont and infusion set avail.
Airway Equipment
Emergency Drugs

- Send Type and Cross (if not already done)
- Get adequate IV access



- Place Monitors
- Preoxygenate
- Place Forced Air Warmer
- Prep and Drape

Confirm Product Avail with Blood Bank
6 U O NEG PRBC 6U Type Specific PRBC
6 U AB FFP OR 6U FFP
6U Platelets 6U Platelets

Induce Anesthesia

- Rapid Sequence Induction
Sedative Hypnotic
-Ketamine/Propofol/Etomidate
+
Neuromuscular Blockade
-Rocuronium or Succinylcholine

+ETCO2 → INCISION



Adapted by Patrick E Britell MD from :
Behrens V, Dudaryk R, Nedeff N, Tobin JM, Varon AJ. The
ryder cognitive aid checklist for trauma anesthesia.
Anesth Analg 2016; 122: 1484-7

Trauma Anesthesia Checklist



Provide Anesthesia Volatile Anesthetic or Benzo/Scopolamine (0.4mg) IV if unstable

Obtain Additional IV Access and Arterial Line

Resuscitate:

- Send Baseline Labs (if not already done)
- Send TEG
- Follow MAP Trend → Goal Urine Output 0.5-1ml/kg/hr
- Balanced Resuscitation
1U FFP : 1U PRBC: 1U Platelets

Repeat Baseline Labs/ABG/TEG after every 6U FFP/PRBC/PLT

Consider:

- Tranexamic Acid (If <3 hrs from Injury)
1g. IV over 10 min then 1g. IV over 8 hrs.
- Calcium Chloride 1G IV

Traumatic Brain Injury

- Keep MAP > 80mmHg if Suspected high ICP (no monitor/EVD)
- Keep CPP 60-70 mmHg if ICP monitor/EVD in place
- Maintain SaO2 > 95%
- ETCO2 35-45mmHg

Spinal Cord Injury

- Normal Exam or Complete SCI- Maintain Normal BP
- Incomplete SCI → MAP goal > 85mmHg

Bed Avail in STICU? → Continue Lung Protective Ventilation 6ml/KG IBW

TEG PROTOCOL

TEG Global Hemostasis with lysis

Tube: Blue Top

INTERPRETATION

- 1) Look at Clot Rate (↑ R Time = need for FFP)
- 2) Look at (Fibrin) Clot Strength (↓ MA_{CFF} = Need for Cryo)
- 3) If Fibrin contribution to clot strength (MA_{CFF}) is **NORMAL** and ↓ MA_{CRT} then give PLT.
- 4) Look at Clot Lysis and assess need for TXA

	1	2	3
	Clot Rate	Clot Strength (Fibrin)	Clot Strength (Overall)
Hemostatic Activity	Thrombin generation Fibrin Formation	Fibrin contribution to clot strength	Platelet - fibrin contribution to clot strength
Measurement Units	Time (minutes)	Amplitude (mm)	Amplitude (mm)
Hypo-coagulable	↑ R _{CK}	↓ MA _{CFF}	↓ MA _{CRT}
Hyper-coagulable	↓ R _{CK}	↑ MA _{CFF}	↑ MA _{CRT}
Ref. Range	4.6 - 9.1	15 - 32	52 - 70

Clot Lysis
 IF CK_{LY} > 3% (Fibrinolysis) then consider TXA (1 Gram over 10 min followed by 1 Gram over 8 hrs.)

ACTIONS:

R time 9-12min → 2 Units FFP
 R time > 12 Min → 4 Units FFP

MA_{CFF} < 15mm
 Cryoprecipitate 1Unit/ 10KG
 Note: 1 Pooled bag ≈ 5 Units

MA_{CFF} NORMAL
 And
 MA_{CRT} 52-42 mm → 1 Std Dose PLT
 MA_{CRT} < 42 mm → 2 Std Dose PLT

Developed by: Patrick Britell M.D., Evert Eriksson M.D. and Ron Neyens PharmD

ADULT BURN ANESTHESIA CHECKLIST

Adult Burn Anesthesia Checklist

Prior to PT Arrival in OR
A preoperative discussion between the burn surgeon and attending anesthesiologist should occur to outline a plan of action before the patient is transported to the Operating Room

- Room Temp >20% TBSA 85-90°F
 >10% TBSA >80°F
- Warm OR table with forced air warming
- ANAPOD use for >20% TBSA
- Fluid warmer
- Confirm Blood Product availability
- Continue post pyloric feeding intraoperatively unless contraindicated.

Transportation Considerations

- Patient should be transported in a mylar cap if available
- Anesthesia team PPE should include Cam, Gown, Gloves and Eye protection



Inhalational Injuries

- Pre-arrange ventilator strategies prior to all cases if patients have inhalation injury or burns with >20% TBSA
- If PEEP 12 or higher or >60% FIO₂ or if on a nonconventional mode of ventilation, patient will travel to operating room on the ventilator

ANAPOD Directions:

- 1) Attach circuit to anesthesia machine
- 2) Do leak check
- 3) Connect circuit to controller cord
- 4) Set desired temperature
- 5) Add 10 cc sterile water approx. every 4 hrs to injection port

Based on MUSC Burn Patient Intraoperative Management. Developed by S. Kahn M.D., P Britell M.D.

ADULT BURN ANESTHESIA CHECKLIST CONTINUED...

Adult Burn Anesthesia Checklist



Intraoperative Considerations

- Consider Ketamine 0.5mg/kg on induction to reduce PTSD incidence
- May also consider intraoperative Ketamine infusion at 0.3-0.5 mg/kg
- In order to avoid any Local Anesthetic Toxicity discuss any intraoperative lidocaine

Induced Hypotension

- You may be asked to drop the blood pressure to slow the bleeding from the open dermal plexus
- In young healthy patients, strive to achieve a SBP of 90 mmHg for 15-30 minutes
- Judgement must be used when selecting a target BP for older patients, those with chronic hypertension, or other relevant comorbidities (including but not limited to CKD, CVA or hx of heart disease) that would prohibit safe hypotension

Fluid Management

- Intraoperative fluid should be Plasmalyte or LR
- Restrictive crystalloid entails <5ml/kg on induction and less than 1.5 X hourly maintenance
- PRBC and FFP (1:1 ratio) may be requested at a higher than normal transfusion threshold in cases where edema is problematic

Post Operative Pain Control

Burn patients may have higher than normal opioid requirements. Look at preoperative requirements and dose accordingly

P.2

CLICK ON [INTRAOPERATIVE BURN MANAGEMENT LINK](#) TO VIEW GUIDELINES

ANNUAL MANDATORIES

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



U.S. News & World Report Best Children's Hospitals Ranking 2020-2021 6/16/2020

Once Again

The *U.S. News & World Report* Best Children's Hospitals survey ranked four of our pediatric specialties among the best in the nation.



Dear MUSC Children's Health Care Team Members,

The *U.S. News & World Report* Best Children's Hospitals survey for 2020-21 has been released and once again, MUSC Shawn Jenkins Children's Hospital has been recognized as the top children's hospital in South Carolina and one of the top ranked children's hospitals in the southeast region. In addition to the overall recognition, four pediatric specialties were nationally ranked. This is the 13th year in a row, the MUSC Shawn Jenkins Children's Hospital has been ranked.

For the second year in a row, Cardiology & Heart Surgery earned a specialty ranking as one of the top 10 pediatric cardiac programs in the country. Other honorees this year include Cancer, Gastroenterology & GI Surgery, and Nephrology, who have all earned a Top 50 ranking for the fifth year in a row. While the acknowledgement highlights these four specialty areas, we know that this national recognition was accomplished by the outstanding dedication and work of all our care team members at MUSC Shawn Jenkins Children's Hospital and MUSC Children's Health.

- Cardiology #10
- Cancer #44
- Gastroenterology and GI Surgery #43
- Nephrology #30

I want to personally congratulate each and every member of our team for their ongoing commitment to delivering the highest quality of pediatric healthcare in South Carolina and beyond. This does not occur because of one person or even a group of individuals, but rather by the collective efforts of every person, regardless of role, who touches the lives of our patients and families. 2020 is already half way over and it has been a challenge to each and every one of you. But, you have risen above the fray and shown your compassion and passion toward the families and communities we serve. The *U.S. News & World Report* survey rankings show the nation specific highlights, but we know this hospital's care team members are so much more than a number on a survey.

The 2021 – 22 rankings will be the first year measured in our new hospital. The promise of providing ground-breaking care through improved care team members' communications, access to technology and enhanced facilities will hopefully result in similar, or perhaps even higher, rankings next year. Thank you for all you do, every day.

Congratulations to all!

Sincerely,

Dr. Mark Scheurer

ICCE Chief, MUSC Children's and Women's Health

P.S. A full review of our rankings can be read at the U.S. News & World Report <https://health.usnews.com/best-hospitals/pediatric-rankings>.

GRAND ROUNDS FOR THE MONTH OF JULY



“Management of Burn Patients”

July 7, 2020

Steven A. Kahn, MD

Dept. of Surgery

Medical University of South Carolina

“Patient Safety”

July 14, 2020

Clinton Pillow, MD

Dept. of Anesthesia & Perioperative Medicine

Medical University of South Carolina



“Title TBA”

July 21, 2020

Carlee Clark, MD

Dept. of Anesthesia & Perioperative Medicine

Medical University of South Carolina

**“Regional Blocks for Ambulatory Surgery...A
Review of Common Techniques”**

July 28, 2020

Carey Brewbaker, MD

Dept. of Anesthesia & Perioperative Medicine





DEPARTMENT OF ANESTHESIA AND
PERIOPERATIVE MEDICINE

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Phone: 843-792-7503
Fax: 843-792-9314

[CHECK OUT OUR WEBSITE](#)

Future Events/Lectures

Intern Lecture Series

7/9/20 - ICU Overview

7/23/20 - Pain

CA 1 Lecture Series

7/8/20 - Perioperative Emergencies and ACLS

7/15/20 - Patient Preop and Handoff PBL

7/22/20 - Post Anesthesia Care

7/29/20 - Airway Management

CA 2/3 Lecture Series

Per Rotations

Grand Rounds

See Page 16



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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.

I would like to nominate Lediae Dixon in the pain clinic for outstanding customer service and dedication to patient care. Lediae went out of her way to coordinate multiple conversations between the patient and financial counseling to work out details on the cost of a SCS trial. At one point, the patient stated that she was having a panic attack and reported that Lediae stayed on the phone with her and talked her through the attack. This is just one example of many in which Lediae has advocated and cared for our patients. -Anonymous

Tammie Matusik hung the moon for always typing up the schedule. - Kim Warren



Holiday Party
Friday, December 4, 2020
Carolina Yacht Club



MUSC Leading Health Innovation for the Lives We Touch

[Imagine 2020 Strategic Plan](#)

We Would Love to Hear From You!

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