



# SLEEPY TIMES



VOLUME 9, ISSUE 6      JUNE 2015

## Special Points of Interest

- **Charles T. Wallace, MD Endowed Chair**
- **Hurricane Plan**
- **Palmetto Health Initiative Mission Trip**

## Inside this issue:

-Charles Wallace, MD Endowed Chair in Pediatric Anesthesiology	2
-Hurricane Plan	3
-Dr. Baliga Appointed Chair, Dept of Surgery	4
-Palmetto Health Initiative Mission Trip	5
-SOAP 2015	6
-Research Corner	7-8
-Catherin Tobin, MD Presents at SAMBA	9
-Congrats to Rachelle Singleton for LPN	9
-Congrats to Dawn Leberknight for TAGME Certification	9
-Meet the New CA1s	10
-Resident Welcome Party	11
-Pharmaceutical Acquisition and Cost Concerns	12
-Pharmedium Product Info and Suggestions	12-14
-Postoperative Sore Throat: Updates in Management	14-15
-Epic Documentation Updates	16-19
-Surprise Visit by Dr. Ashley Feeman's Husband	19
-New Nora Scheduler	20
-Room2Cru Rooftop Picnic	20
-Saving Pat Cawley Bobble Head	21
-New Babies in the Dept	21
-Grand Rounds	22
-I Hung the Moon	23

## MESSAGE FROM THE CHAIRMAN:

-SCOTT T. REEVES, MD, MBA

### Charles T. Wallace, MD Endowed Chair in Pediatric Anesthesiology

The new Children's Hospital took a huge step forward on May 14, 2015 when local Charleston businessman Shawn Jenkins, CEO and co-founder of the Charleston-based software company, **Benefitfocus**, made a \$25 million gift to the new MUSC Children's Hospital. Jenkins' gift is the largest philanthropic contribution in the Medical University's history. The MUSC Board of Trustees voted to name the new facility the MUSC Shawn Jenkins Children's Hospital. This donation comes at a critical time for the funding of the new state of the art facility.



The Department of Anesthesia and Perioperative Medicine is also making a substantial contribution to the future of pediatric anesthesiology. We are initiating fundraising of a \$2 million endowed chair in recognition of the 40-year contribution of Dr. Charlie Wallace to our specialty, institution, and city. The department has committed up to \$1.5 million towards the total needed to establish the Charles T. Wallace, MD Endowed Chair for Pediatric Anesthesiology

Dr. Wallace was born February 15, 1943, the fourth of five children, to O. T. and Thelma Wallace. His mother was a nurse and father an attorney (he became an attorney without graduating from college or law school). His father served as a state senator and was instrumental in securing the funds to purchase the land for the Medical University Hospital. Dr. Wallace attended Charleston public schools, graduating in 1961 from Rivers High School where he was senior class president. He was active in the Boy Scouts, ultimately achieving the rank of Eagle Scout.

Following high school, he entered The Citadel where he was a cadet captain on regimental staff and chairman of the honor committee. He graduated with a B.S. in Pre-Medicine in 1965, receiving the Algernon Sydney Sullivan award at graduation. He began medical school at the then Medical College of South Carolina. Dr. John Mahaffey was instrumental in attracting him into the specialty of anesthesiology with an ASA Preceptee Grant, and a job administering nitrous-oxide-oxygen analgesia to OB patients and respiratory therapy after hours. Dr. Will Middleton was also instrumental in keeping him focused on anesthesiology as a career.

After graduation in 1969, Dr. Wallace began a Rotating 8 (anesthesia based) internship at MUSC followed by an anesthesia residency from 1970-72. During his final year of residency, Dr. Mahaffey encouraged him to join the faculty and also assisted Dr. Wallace in securing a coveted fellowship in pediatric anesthesia at Children's Hospital of Philadelphia (July '72-December '72). He joined the faculty as the fifth member upon fellowship completion in January, 1973. Board certification came in 1974, and promotion to Associate Professor with Tenure in 1976. He served as Chairman of the Section on Anesthesiology of the Southern Medical Association in 1977.

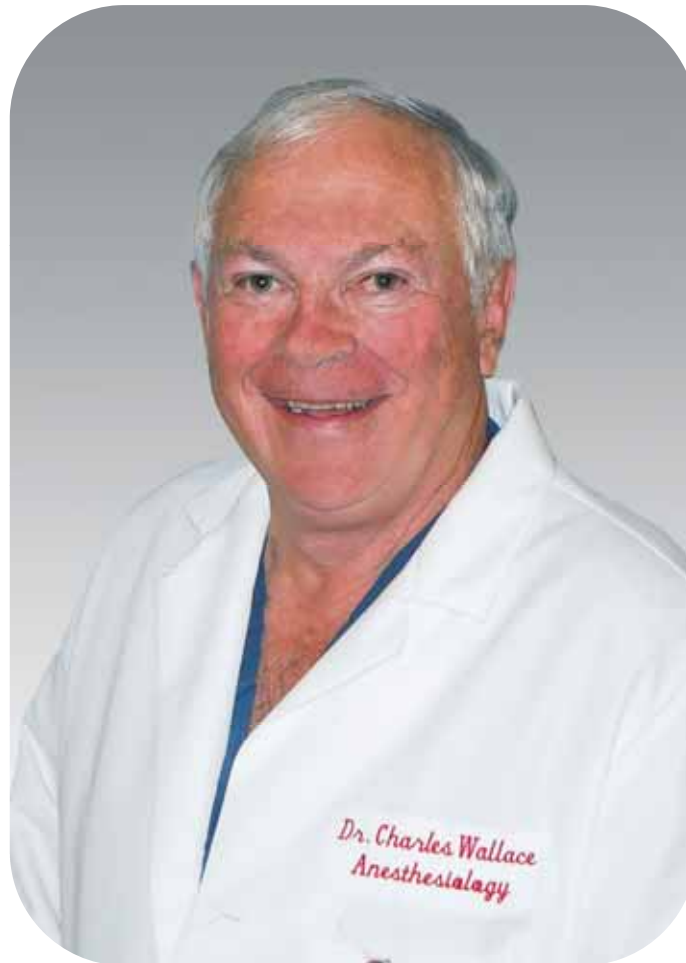
## **CHARLES WALLACE, MD ENDOWED CHAIR IN PEDIATRIC ANESTHESIOLOGY, CONTINUED . . .**

In the late 1970's health care for the poor was a major issue between Charleston County and MUSC. Dr. Wallace "naively" thought he might be able to help and was elected to Charleston County Council in 1978. He served for 26 years, with five of them as chairman.

Dr. Wallace was promoted to Professor in 1987 and became Medical Director of our Ambulatory Surgery unit in 1990, serving until 1995. He was again appointed Medical Director of Ambulatory Surgery from 1999-2012.

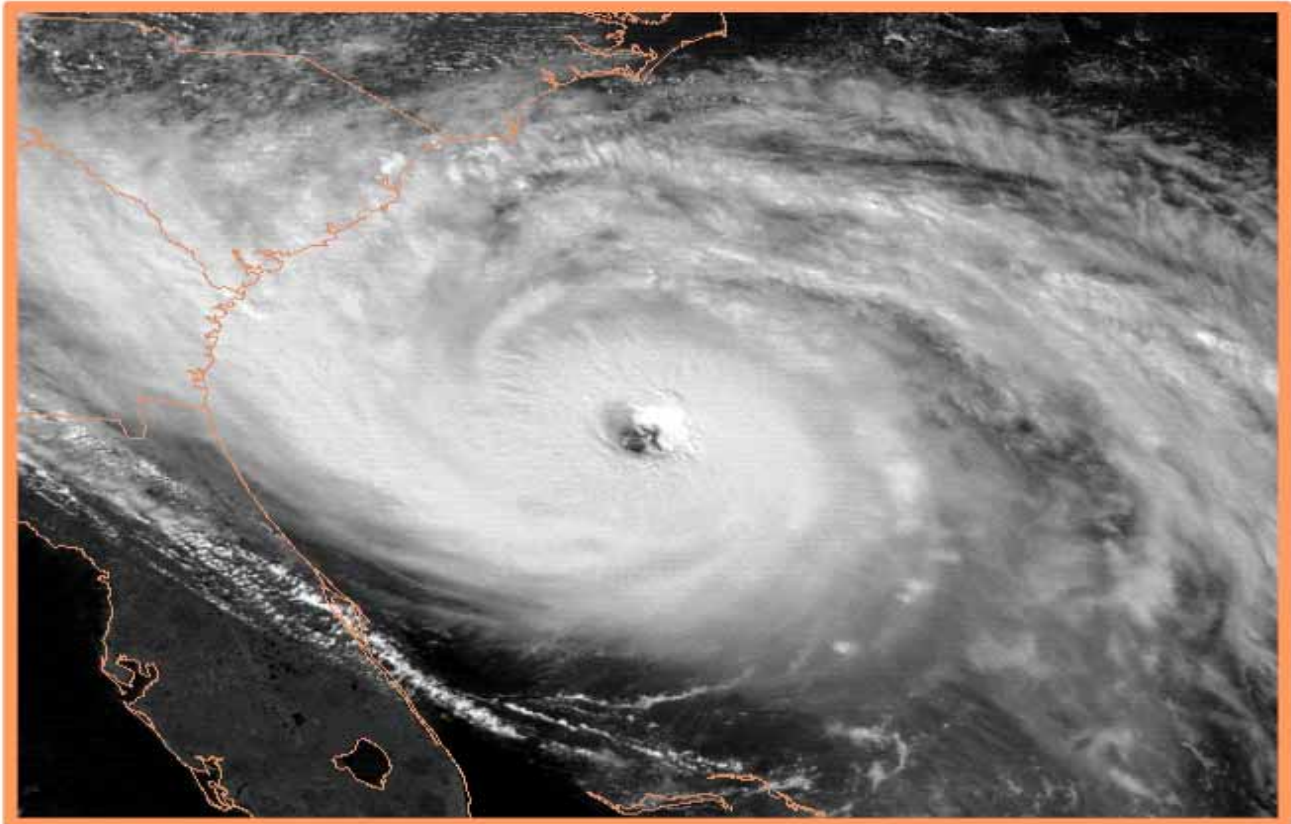
Dr. Wallace was awarded the Order of the Palmetto by Governor Mark Sanford in 2006 and appointed a MUSC Commencement Grand Marshal in 2012. He retired on August 31, 2014 and is currently serving as a vestryman at St. Johns Parish Church. Dr. Wallace and his wife, Sylvia, have five children --- a police officer, a pediatric intensivist, a civilian in the defense department, and two in private industry.

I know the whole department wants to congratulate Dr. Charlie Wallace on receiving this honor, and a celebration event will be scheduled in the fall.



## HURRICANE PLAN

# Department of Anesthesia and Perioperative Medicine



## Hurricane Plan

Created: 2007  
Updated: 09/2008, 06/2010, 06/2014

Page 1 of 32

Last saved by: MEK  
Revised: May 19, 2015

[Click Here to View Hurricane Plan](#)

## **DR. PRABHAKAR BALIGA APPOINTED CHAIR, DEPARTMENT OF SURGERY**

We are pleased to announce the appointment of Dr. Prabhakar Baliga as Chair of the Department of Surgery. He will be assuming this role effective July 1, 2015.

Dr. Baliga received his M.B.B.S. from Madras Medical College, Madras, India, in 1982. He completed an Internship at Madras Medical College from 1983-1984, a Research Fellowship at Tulane University from 1984-1985, and an Internship at Tulane University from 1985-1986. Dr. Baliga completed a General Surgery Residency at Tulane University from 1986-1990, followed by a Fellowship in Transplant Surgery at the University of Michigan from 1990-1992. Dr. Baliga joined the faculty at MUSC in 1992 as an Assistant Professor in the Department of Surgery. He rose through the ranks becoming Associate Professor in 1997 and Full Professor in 2003.

Dr. Baliga has held numerous leadership roles during his tenure at MUSC. He served as Director of the Liver/Intestinal Transplant Program from 1995-2009, as Director of the Kidney Transplant Program from 2006 to the present, as Medical Director of the Transplant Service Line from 2007 to the present, and as Chief of the Division of Transplant Surgery from 2000 to the present. He serves as a member of the Medical Executive Committee, and serves as Chair of the OR Executive Committee. An outstanding researcher, Dr. Baliga has received extramural funding from the NIH and from industry. He was honored with appointment to the Fitts-Raja Endowed Chair in 2011.

A member of numerous professional organizations including the American Surgical Association, Society of University Surgeons, American College of Surgeons, American Society of Transplant Surgeons, International Liver Transplantation Society, and the American Academy of Surgeons, Dr. Baliga has also served in several leadership roles with UNOS. He has served as a reviewer for numerous journals including the American Journal of Transplantation, Liver Transplantation, Transplantation, Hepatology, and the World Journal of Surgery. He has authored more than 125 papers, and has been an invited lecturer both nationally and internationally.

Dr. Baliga brings an excellent combination of clinical, research, and administrative skills to lead the continued growth and development of the department. As we welcome Dr. Baliga to his new role, please join us in thanking Dr. David Adams for his excellent service as Interim Chair. We are confident that Dr. Adams and Dr. Baliga will work to ensure a smooth transition in leadership of the department.



## PALMETTO HEALTH INITIATIVE MISSION TRIP

BY: KASSANDRA GADLIN, MD



The best way to sum up my experience in Nicaragua is to share a quote from one of my patients: "Te agradezco y dios te bendiga" - this translates to "I thank you and God bless you." There was not one patient out of the 25 who had total knee arthroplasties that week that did not utter these words. Little did they know how grateful I was for them; grateful for the opportunity to be a part of their care, grateful for the kindness and hospitality they bestowed onto me, and grateful for the reminder as to why I love being an anesthesiologist.

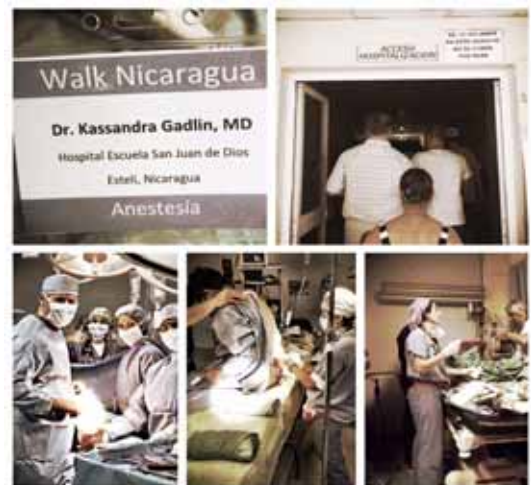
When I first emailed Dr. Guldan expressing my eager interest in going to Nicaragua, I was not sure what to expect. The first time I met the whole team was at the Charleston airport. The team included three orthopedic surgeons, two anesthesiologists including myself, two physical therapists, a PACU nurse, holding room nurse, scrub techs, a PA, a medical student, CrossLink and Stryker reps, and several other nurse and EMT

volunteers. I could not have asked for a better team. Every person on this trip had an "all hands on deck" mentality that made the work environment great. We were by all definitions of the word a team.

We flew into Managua, the capital of Nicaragua. From there we traveled by school bus north 3.5 hours to the town of Estelli. We quickly inhabited the operating rooms of Hospital Escuela San Juan De Dios. The operating suite had four ORs for which our team, "Walk Nicaragua," was designated two ORs for the week. Upon arrival to the hospital my anesthesia colleague and I moseyed our way to the pharmacy, which was a shed about 1 block behind the hospital. After sorting through several boxes and a refrigerator of miscellaneous meds, we managed to find several bottles of isobaric bupivacaine and ceftriaxone. Through some crazy dilutional formulas we managed to make these few bottles last for 25 spinals and 25 adductor canal blocks. I remember walking into the OR, checking out the anesthesia machines, and saying to myself and probably out loud... hell or high water all of these patients will receive neuroaxial technique. The anesthesia machines were archaic. There were no safety mechanisms, no EtCO2 detector, no O2 analyzer, no scavenging system, the laryngoscope handle was almost dead, and the only alternative was a disposable LMA in a size 5 that had been wiped off and reused... neuroaxial was the only option. Fortunately, nearly every spinal took - for the one that didn't let's just say ketamine and nitrous became my very close friends. With a little isobaric bupivacaine, midazolam, and ketamine, we were able to successfully anesthetize the 25 patients who received total knee replacements. Sonosite donated a portable ultrasound that we used to place post-op adductor canal blocks. Every patient was up and ambulating about four hours post-op and was motivated to start moving to discharge on POD 1. Saying the patients were grateful would be an understatement. Not only were we lavished with their kind words, hugs, kisses, and praises, but one patient went as far as to make us a dulce de leche cake topped with shaved coconut, delish!

The orthopods plan on making this hospital in Estelli a joint center and continue visits there about twice a year to perform total knees.

Everyone on the team loved their experience so much that we have all signed on to do this trip again next year. I have been seeking the opportunity to travel abroad and practice anesthesia for quite some time. Trips and patients like these remind me why I chose this profession. I returned rejuvenated and excited to be an anesthesiologist.



## SOCIETY OF OBESTETRIC ANESTHESIA AND PERINATOLOGY 2015

### BY: LATHA HEBBAR, MD

This year the Society of Obstetric Anesthesia and Perinatology was held at Colorado Springs (May 13-17). The theme of the 47th Annual Meeting was “*The New Role of Education in Obstetric Anesthesia - Educating the Clinician, Trainees and the Public*”. Dr(s) Latha Hebbbar, Julie Owen and Clara Andrews attended the meeting, and two abstract poster presentations were made.

***Labor Epidural Analgesia and Peripartum Depression: Association and Implications.*** Authors: C.Tobin, L. Hebbbar, L Roberts, S.Wilson, R.Newman and C.Guille.

This project was a collaborative effort between the departments of Anesthesia, OB-Gyn and Psychiatry. This retrospective study looked at a) the influence of antenatal depression on choice of labor epidural and b) the impact of labor epidural and development of post-partum depression. **Conclusion:** Antepartum depression was not associated with labor epidural analgesia utilization, but was a significant predictor of PPD. Additionally, a significant association between the development of PPD and request for labor epidural analgesia was not observed. This study highlights the importance of prospective evaluation of depressive symptoms throughout pregnancy.

***NASA Task Load Index –A Toll to Assess Stress Level of Health Care Providers During an Emergency Cesarean Delivery.*** Authors: L.Hebbbar, J.Owen, K Bauer, J.Condrey, E.Woltz and C.Goodier

Emergency Cesarean Delivery (ECD) is a timed event involving multiple health care teams and can be a stressful situation for all. This collaborative project (OB, anesthesia and L&D nursing) objectively for the first time using the NASA Task Load Index captured stress levels amongst obstetricians (faculty and residents), anesthesia (faculty and residents) and L&D nursing personnel during ECD's. The NASA TLX evaluates an individual's perceived task load over 6 categories: mental demand, physical demand, perception of being rushed, degree of success with task, difficulty to complete task and level of frustration. **Conclusion:** Objective confirmation that ECD is a stressful situation for all health care teams involved. This study is part of a larger study applying the Systems Engineering Initiative for Patient Safety (SEIPS) model to an ECD to define roles and responsibilities. The SEIPS model is a human factors engineering paradigm that focuses on designing systems to a) improve the performance of healthcare professionals, b) to reduce hazards and c) improve patient safety.



RESEARCH CORNER



Scott Reeves, MD

A Practical Approach to Transesophageal Echocardiography, 3rd ed.

Rehfeldt, Kent H.

CONTENT NOT FOR REUSE

MEDIA REVIEWS

A Practical Approach to Transesophageal Echocardiography, 3rd ed.

Perrino AC, Reeves ST. Philadelphia, PA: Lippincott Williams & Wilkins, 2013, 596 pages, \$122.99 (USD), ISBN: 978-1451175608

could never successfully play the videos in this mode. This was frustrating and required an online chat with the publisher's technical support team. Following their recommendation, I was able to download the book onto my machine, a process requiring between 5 and 10 minutes of time and 1.9 GB of memory. Now the videos play flawlessly.

As previously mentioned, the print copy of the book can be read alone. And the electronic version is now fully func-

HIP HEMIARTHROPLASTY IN TWO PATIENTS WITH SEVERE AORTIC STENOSIS: ETHICAL QUESTIONS FROM AN ANESTHESIOLOGIST'S PERSPECTIVE, BY: JULIE MCSWAIN, MD; SYLVIA WILSON, MD; JENNIFER MATOS, MD; AND BRYSTOL HENDERSON, MD



Julie McSwain, MD



Sylvia Wilson, MD



Jennifer Matos, MD



Brystol Henderson, MD

RESEARCH CORNER

ECHO ROUNDS

Using Transesophageal Echocardiography to Assess Cardiovascular Implantable Electronic Device Endocarditis

R. Kyle Branham, MD, Alan C. Finley, MD, and James H. Abernathy III, MD, MPH



Alan Finley, MD



Jake Abernathy, MD



Kyle Branham, MD

Other New Players in Medical Management of Postpartum Hemorrhage?

Hebbar, Latha MD, FRCA; Terry, Joshua MD; McLaurin, Samuel Shelby MD; Powelson, Andrew MD



Latha Hebbar, MD



Josh Terry, MD



Samuel McLaurin, MD



Andrew Powelson, MD

CONTENT NOT FOR REUSE

LETTERS TO THE EDITOR

Conflicts of Interest: Steven M. Frank has consulted for Haemonetics Corp. (Braintree, Massachusetts), a company involved with blood salvage equipment.

REFERENCES

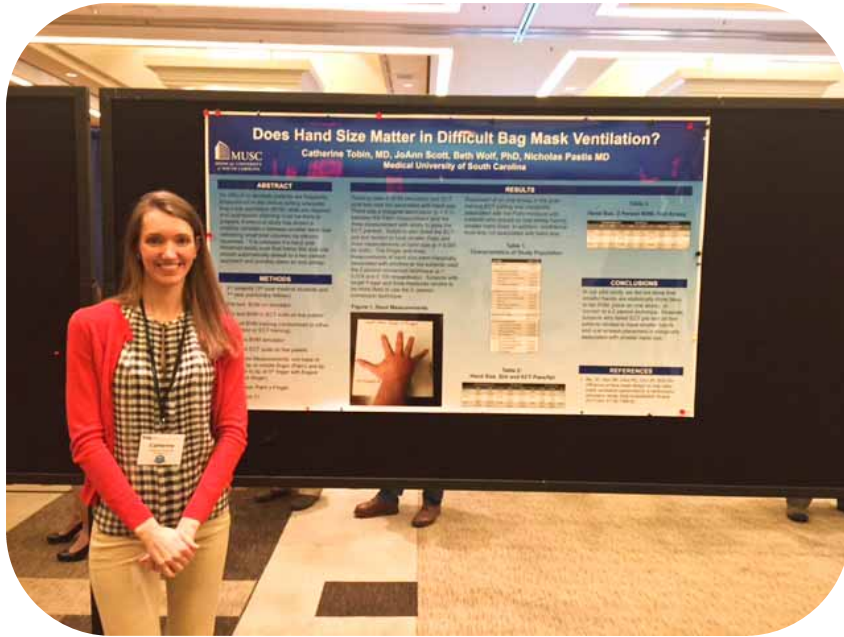
- 1. Miller B, Engstad K, Bissinger R, Ross J, Beckmann SR. Still missing something huge. Anesth Analg 2015;120:955
2. Salaria ON, Barodka VM, Hogue CW, Berkowitz DE, Ness PM, Wasey JO, Frank SM. Impaired red blood cell deformability after transfusion of stored allogeneic blood but not autologous salvaged blood in cardiac bypass patients. Anesth Analg 2011;110:1170-1177

81.5 µg/kg and the treatment was effective in stopping or reducing bleeding in 85% of cases.5 We would like to hear from the authors why these were excluded from their excellent article—are they "nonplayers" or "old-players?"

Latha Hebbar, MD, FRCA
Joshua Terry, MD
Samuel Shelby McLaurin, MD
Andrew Powelson, MD



### CATHERINE TOBIN, MD PRESENTS AT SAMBA 2015



**CONGRATULATIONS TO RACHELLE SINGLETON, RUTLEDGE TOWER ANESTHESIA TECH ON RECEIVING HER LPN**

**CONGRATULATIONS TO DAWN LEBERKNIGHT FOR EARNING A NATIONAL CERTIFICATION IN TRAINING ADMINISTRATORS OF GRADUATE MEDICAL EDUCATION PROGRAMS (TAGME)**



Rachelle Singleton, LPN



Dawn Leberknight, C-TAGME

## MEET THE NEW CA1S



**Joseph Abro, MD**



**Patrick Bise, MD**



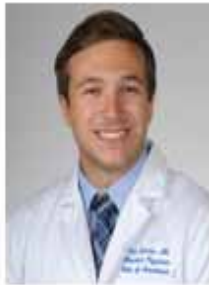
**Stephanie Chismar, DO**



**Ashley Feeman, MD**



**Adam Frank, MD**



**Eric Gelman, MD**



**Mark Glentzer, MD**



**Sergey Gukasov, MD**



**Jocelyn Kerpelman, MD**



**Andrew Klein, MD**



**Janus Patel, MD**



**Adam Rhodes, MD**



**Joel Sirianni, MD**



**Tim Stooksberry, MD**



**Phillip Wilson, MD**

**RESIDENT WELCOME PARTY  
JULY 18, 2015, AT 7:00PM**



**Please join us for the Department Celebration  
& New Resident Welcome**

**Saturday, July 18 at 7:00 p.m.**

Blackbaud Stadium

1990 Daniel Island Drive Charleston, SC 29492



*Charleston Battery Soccer Game*

*Charleston Battery*

*vs.*

*Wilmington Hammerheads*

**Please RSVP by June 30 to Kelly Landers ([landers@musc.edu](mailto:landers@musc.edu))**

Sticky Fingers BBQ and beer will be provided.

Families and kids are welcome to attend.



## PHARMACEUTICAL ACQUISITION AND COST CONCERNS

We are all aware of the substantial challenges facing our specialty with intermittent and occasionally critical drug shortages. What you may not be aware of is the incredible escalation of cost of our basic pharmaceuticals. Over the past several months, Dr. Clark and I have been working with Tony Hamilton to develop a strategy to reduce our acquisition cost, but at the same time maintain the high quality of care we provide everyday. Please read this carefully review this information so you will be informed on what is happening and what we are doing in response.

I ask us all not to draw up reversal agents, atropine, glycopyrrolate etc. until we actually plan to give it. Nipride is incredibly expensive now and should not be made up unless necessary.

Working together we can reduce our cost and waste.

## PHARMEDIUM PRODUCT INFORMATION AND SUGGESTIONS:

### Phenylephrine Infusions: PharMedium Cost:

Adult 40 mg/ 0.9% NaCl 250 ml \$9.44 Peds 10 mg/ 0.9% NaCl 250 ml \$7.03

### Epinephrine Infusions: PharMedium Cost:

Adult 4 mg/ D5W 250 ml \$6.36 Peds 1 mg/ D5W 250 ml \$6.96

Plan:

Keep PharMedium Infusions

### Atropine:

PharMedium 0.4 mg/ml 2 ml syringe: \$7.67

Westward 0.4 mg/ml vial: \$0.68 or American Regent: \$2.97 Note: Westward product is the preferred items to purchase.

Plan:

- Remove PharMedium syringe from all Anesthesia Medication Cassettes  
Replace with Atropine vials

### Esmolol:

PharMedium 10 mg/ml 10 ml syringe: \$7.30

APP 10 mg/ml 10 ml vial: \$2.63 Beford 10 mg/ml 10 ml vial: \$5.20

Plan:

Remove PharMedium syringe from all Anesthesia Medication Cassettes  
Replace with vials

### Glycopyrrolate:

Price per PharMedium Syringe: Last year 2012-2013: \$ 4.17 per syringe (Box of 25 \$104.25)

Current Price: \$ 49.26 per syringe (Box of 25 \$1231.37\$)

Glycopyrrolate vials: Westward 2 ml \$13.28 5 ml vials \$28.61 or American Regent 2 ml \$22.98 5 ml \$43.96

Note: Westward product is the preferred items to purchase.

## PHARMEDIUM PRODUCT INFORMATION AND SUGGESTIONS CONTINUED . . .

Plan: Switch to vials: UH and ART OR Pharmacies

- Stock three 5 ml vials per Standard Cassette and one 5ml vial in Adult Heart Cassettes
- ART DDC Cassettes: Switch to 2ml vials only x 6-8. Heart and Vascular Cassettes two 5 ml vials.
- Stock 2 ml vials in Cassettes for Peds dosing in UH OR(?)
- Create two EPIC One Step entries for Glycopyrrolate 2 ml and 5 ml vials. Monitor documentation  
Due to cost concerns...Instruct not to pre-draw doses for cases. Educate Residents, CRNA's, SRNA's

### **Ephedrine:**

PharMedium 50 mg/ 5 ml syringe \$11.53 (Currently used in ART OR area only)

Par 50 mg/ml 1 ml vial \$9.15

Plan: Switch ART OR to Ephedrine vials

### **Phenylephrine:**

PharMedium 80 mg/ml 10 ml syringe \$3.71

Plan: Keep in Anesthesia Medication Cassettes. No other product available in this form with extended expiration dating

### **Succinylcholine:**

PharMedium 20 mg/ml 10 ml syringe \$21.99

Hospira 20 mg/ml 10 ml vial: \$14.52

Plan: Keep PharMedium syringe in inventory and Anesthesia Medication Cassettes. One advantage...have extended dating.

### **Other Medication Information and Suggestions:**

#### **Neostigmine:**

Previous Price: 1:2000 (0.5 mg/ml) 10 ml vial \$3.40 Westward New Price: \$90.24 Eclat

FDA New Drug Application: Eclat Pharmaceuticals: New trade name - Bloxiverz

Plan:

Continue to use vials in cassettes

- Back order issues – Need Clarification from Pharmacy Procurement Center Staff  
Due to cost concerns...Instruct not to pre-draw doses for cases. Educate Residents, CRNA's, SRNA's

#### **Vasopressin:**

Previous Price: \$35.11 per vial by APP Current Price: \$87.34 per vial Vasostrict by PAR Sterile Products, Inc.

Plan:

- Vasostrict requires refrigeration; however, new package insert states stable for 1 year after reaching room temperature. OR Pharmacy Services will monitor dating  
Decrease the number of Vasopressin 20 u vials in Emergency Trays to 1 vial instead of 2 vials

## PHARMEDIUM PRODUCT INFORMATION AND SUGGESTIONS CONTINUED . . .

### Isoproterenol:

Previous Price: \$48.51 per 5 ml ampule by Hospira Current Price: \$1259.94 per 5 ml ampule by Valeant  
Plan:

- Remove from Heart and Vascular Cassettes – Change in Current Practice
  - Obtain from Ht and Vascular Acudose or ART Anes Work Room Acudose for OR case
- Obtain verification with CT Surgical Attending regarding isoproterenol infusion prior to preparation

### Nitroprusside:

Previous Price: 50 mg vial \$47.24 by Hospira Current Price: \$611.88 by Valeant

Plan:

- Remove from current Pediatric Heart Cassette

Add to UH Anesthesia Workroom Acudose

**Vecuronium:** Not as readily available as in the past. Current manufacturers: Mylan, Bedford, Hospira, Sun

Costs: 10 mg vial - \$2.50 to \$9.50

Plan:

- Available for Peds Hearts Cases in UH OR only
  - Obtain for Adult Heart Cases upon request in ART...if available
  - Cannot keep in Anesthesia Medication Cassettes due to uncertainty of inventory levels at wholesaler
- Keep in ART Anesthesia Acudose for Adult Heart Cases when ART OR Pharmacy is closed

**Rocuronium:** 50 mg/ 5 ml vial: Cost: \$2.81

**Cisatracurium:** 2 mg/ml 5 ml vial: Cost \$9.27

## POSTOPERATIVE SORE THROAT: UPDATES IN MANAGEMENT

BY: KATIE BRIDGES, MD



In the last few years, the issue of postoperative sore throat has received renewed interest within the anesthesia community. As patient satisfaction continues to be linked to financial reimbursement, issues like POST increase in relevance. The incidence of POST varies among studies with rates quoted anywhere between 12-70%. In 2010, a large prospective interview study of 12,276 patients following GA revealed that the second most common postop complaint was sore throat, surpassed only minimally by postop nausea and vomiting. Multiple causative factors have been discussed, some of which have been proven relevant while others have been ruled out as major contributing factors for POST.

The lidocaine LTA is routinely used to minimize coughing with extubation, but does it work to prevent postop sore throat? In 2004, patients were given one of three possible treatment options: Lidocaine 8% LTA x 5 sprays, Lidocaine 8% x 10 sprays, and saline 1ml spray to larynx (control). The results showed that patients who received 10 sprays of lidocaine were **twice as likely** to develop POST, suggesting that lidocaine LTA's may not be beneficial in preventing POST. Additional studies have yielded similar results.

What about using lidocaine in the endotracheal tube cuff? This has been studied multiple times, and the findings are consistent. In one 1997 study, ETT cuffs were inflated with either air or 4% lidocaine. POST at 24 hours was twice

## POSTOPERATIVE SORE THROAT: UPDATES IN MANAGEMENT CONTINUED . . . BY: KATIE BRIDGES, MD



as likely if air was used in the cuff. **The incidence and severity of POST was reduced if lidocaine was used in the cuff.**

Does it matter if the ETT cuff is inflated with a gas or a liquid? A 2009 study compared the use of lidocaine, saline, and air in the ETT cuff in cases where a combination of volatile anesthetics and nitrous oxide was used. Cuff pressures were higher when air was used, and cuff pressures increased throughout the case with air. 2% lidocaine and saline both reduced POST at similar rates, and cuff pressures did not increase when these agents were used. This study suggests that **it may not matter if lidocaine or saline is used in the cuff – it matters that a liquid is used instead of air.**

Studies have consistently shown that **smaller ETT size reduces POST**. In a study comparing use of a 6.0 vs 7.0 ETT in women, those with the larger ETT were twice as likely to experience POST. Should we monitor ETT cuff pressure with a manometer? YES. A 2010 study demonstrated that **maintaining a cuff pressure <25 with a manometer significantly reduced POST**. It also showed that estimation of cuff pressure by palpation of the pilot balloon resulted in significant underestimation of cuff pressure (by palpation, the average cuff pressure was >40).

Topical steroid vs. topical lidocaine jelly has been compared. **Betamethasone gel applied to ETT cuff decreases incidence of sore throat, hoarseness, and cough after GETA**. Lidocaine 2% jelly is ineffective and produces similar results to control. Alternatively, giving **Decadron 8mg IV at induction significantly reduces POST incidence and severity**.

Benzydamine HCl is a locally-acting NSAID with local anesthetic and analgesic properties. Unlike other NSAIDs, it does not inhibit COX and is not ulcerogenic. **Spraying the ETT cuff with benzydamine or spraying the oropharynx directly will decrease POST**; however, spraying the pharynx causes a burning sensation, so it is recommended to spray the cuff only.

What about using a LMA instead of an ETT? Studies have shown that choice of airway management has the strongest influence on the incidence of sore throat. **An LMA causes less sore throat than an ETT**. Inserting the LMA fully inflated vs. deflated does not make a difference in rates of POST, and using betamethasone gel as the LMA lubricant instead of traditional water soluble jelly aids in reducing POST. The technique of placing LMA also matters. When comparing traditional placement vs. 90 degree rotation technique, it was found that the **90 degree rotation technique significantly decreased POST and blood staining of LMA**. In addition, using this technique resulted in improved placement rates on first attempt.

Ketamine has been shown to be beneficial in reducing POST. Allowing a patient to **gargle 50mg of ketamine diluted in 30ml or providing a nebulized ketamine treatment are both options proven to work**. Inhaled steroids also have a role. Giving **inhaled fluticasone or beclomethasone through an MDI reduces POST**. Alternative medicine techniques have also been studied: Licorice gargle, chamomile extract gargle, and magnesium lozenges are successful in reducing POST.

What doesn't make a difference? Choice of Mac vs. Miller blade in experienced users does not seem to matter. Using a glidescope instead of a traditional blade does appear to reduce POST, even in easy airways. What doesn't work? Clonidine. Giving 150mcg of PO clonidine 5 minutes before induction increased the rate of POST and is not recommended.

Overall recommendations: Consider using a smaller ETT when possible. A 7.0 ETT is sufficient for most men, and a 6.0-6.5 ETT is sufficient for women unless postop ventilation is planned. Avoid lidocaine LTA since it may increase rates of POST. Consider betamethasone jelly or benzydamine as cuff lubricant. Lidocaine may be helpful if used IN the cuff (but not ON the cuff). Ketamine gargle can be beneficial, and IV Decadron has been proven to work. Use a cuff manometer whenever possible.

# EPIC DOCUMENTATION UPDATES

BY: LARRY FIELD, MD



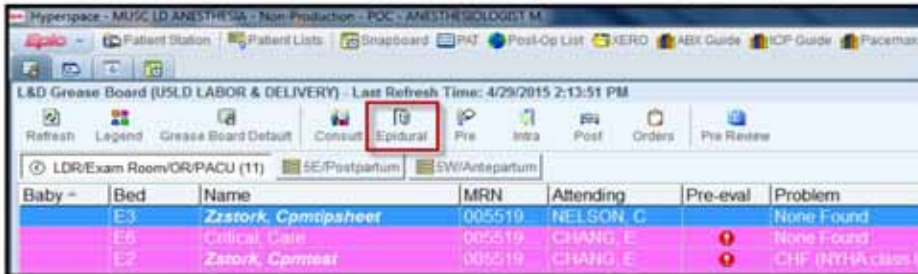
## Epidural Workspace

This Epic Tip Sheet handout addresses how to utilize the Epidural Workspace. The **Epidural Workspace** has different print groups allowing you to easily and affectively see all important information needed on one screen. It includes groups for the following information;

*Medications, Anesthesia Events, Lines Drains and Airways, Staff, Attestation, Peri Anesthesia Start, Peri Anesthesia Visit, and Procedure Notes.*

### Try It Out

1. After logging in to MUSC LD ANESTHESIA department, single click your patient and select **Epidural**.



2. Apply the appropriate Macro.



3. Document the **Anesthesia Start** event. Vitals 30 minutes prior will begin to pull into the **Peri Anesthesia Start** group, and will continue to pull for 45 minutes after the event time, as long as there are vitals being documented. These vitals will also include the **Fetal HR**.





# EPIC DOCUMENTATION UPDATES

## BY: LARRY FIELD, MD

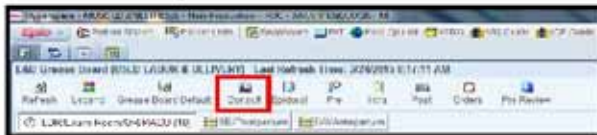
### Epic TIP SHEET

## Labor and Delivery Consult

*This Epic Tip Sheet handout addresses how to complete a Labor and Delivery Consult within epic. The nurse or secretary at the front desk must first arrive the patient in order for them to appear on the L&D Greaseboard for you to access.*

### Try It Out

1. Find your patient on the L&D Greaseboard and single click the patients name. Select the Consult activity button at the top of the screen.



2. Work down your Labor Consult activity as you normally would, review Prev Anesthesia, History, Allergies, etc...



3. Open and complete the Pre Evaluation note. Make sure to select the no anesthesia given.



4. Close Encounter after you have completed you consult.



## EPIC DOCUMENTATION UPDATES

### BY: LARRY FIELD, MD

## Epic TIP SHEET

### Find Patient Information Fast with Chart Search

Save time and clicks with **Chart Search**, a powerful search engine right in Epic. Instead of looking through the patient's chart or browsing Hyperspace menus, you can now enter keywords in a search box to find the information and activities you need.



#### Try It Out

#### Find Patient Information

- Open a patient's chart, go to the search bar in the upper-right corner of Hyperspace and enter a term related to the patient's chart. For example, if the patient has a history of hypertension, enter "hypertension." Press ENTER. Your search results appear in the search sidebar.
  - Note: The first time you use Chart Search, a welcome message and search overview appear on the Search tab. After you click **I understand**, your search results appear.
- Use the buttons at the top of the sidebar to filter your search results. For example, click **Meds** to see a list of the patient's medications that are related to his hypertension diagnosis. You can also:
  - Click to sort the search results by date.
  - Click to group the search results by encounter.
- Hover over one of the search results to preview the content.
- Click a search result to open a report related to the result or click the encounter heading to open the associated encounter report.

#### Jump to an Activity

- In the upper-right corner of the screen, enter part of an activity name in the search bar. For example, enter "calc" for Calculator or "sc" for Schedule. As you type, Chart Search shows a list of possible matches for your search.
- Click the name of the activity that you want to open or, with the correct activity selected, press ENTER to open the activity.

## EPIC DOCUMENTATION UPDATES

BY: LARRY FIELD, MD


### Search Like a Pro

- To save time, press **CTRL+SPACEBAR** to automatically move your cursor to the search bar and type your search term.
- When you search for a term, Chart Search also returns results for common synonyms of that term and related terms. For example, if you search for arrhythmia, Chart Search returns results related to arrhythmia, chest pain, and fibrillation.
  - If you're looking for a specific piece of information and don't want to see results for synonyms or related terms, enter your search terms in quotation marks to find results that include only that exact phrase.
- Refine your search results by using the **AND** operator. For example, if you search for arrhythmia **AND** pain, only results related to both of these terms appear.

*Related release note: 319470*



### You Can Also...

- Open a SmartSet from a patient's visit by typing the partial name of a SmartSet in the search bar.
- Find and open a Synopsis view during a visit or admission by typing the partial name of the view, such as "asth" for asthma, in the search bar.
- Click  to see tips on how to search effectively.

## DR. ASHLEY FEEMAN'S HUSBAND DRESSES UP AS A PATIENT TO SURPRISE HER AFTER RETURNING FROM BEING DEPLOYED IN AFGHANISTAN



## NEW NORA SCHEDULER

Sarah Hameedi joins the OR scheduling office as the new NORA scheduler. This is a new position that was created to facilitate the single scheduling process for the NORA sites.

As a transfer from ART where she was the unit secretary of the OR, Sarah has accepted the challenges that are part of a new and developing position. After graduating from Lander University in 2013 with a BS in Business Administration, Sarah moved from Greenwood, SC to Charleston where she hoped to be involved with the Medical University. When the position for ART became available she went for it and was hired in September 2014. Sarah's competencies did not go unnoticed. Dr. Carlee Clark approached her regarding a new and challenging position opening at the University Hospital; Sarah took the chance. The rewards of this position outweighed the challenges, the biggest of which being the first person in the position and assisting in developing the roles and responsibilities.



She is currently enrolled in the MHA Program at Walden University with an expected graduation of October 2015. Way to go Sarah!

## ROOM2CRU ROOFTOP PICNIC, APRIL 30, 2015



**JENNIFER CALDWELL, CRNA AND MARGARET STARK, CRNA “FIND THE PAT CAWLEY BOBBLE HEAD” DURING NATIONAL HOSPITAL WEEK AND WIN THE SELFIE CONTEST**



**NEW BABIES IN THE DEPARTMENT**



Leonard Henry Theruvath  
May 13, 2015, 8lbs, 1oz



Arden Alexandra Doty  
April 12, 2015, 8lbs, 13oz



Hannah Rosemary Hassid  
April 22, 2015, 7lbs, 14oz



Thomas David Bauer  
April 27, 2015, 6lbs, 12oz



William Nicolae Todoran  
April 20, 2015, 7lbs, 12oz

**GRAND ROUNDS FOR THE MONTH OF JUNE**

**“Perioperative Management and Cancer Recurrence”**

**June 2, 2015**

**Joel Barton, MD**

**Assistant Professor, Anesthesia**

**Medical University of South Carolina**



**“The Role of Anesthesia Residents in MUSC’s Safety Culture”**

**June 9, 2015**

**Elizabeth Mack, MD, MS**

**Associate Professor, Pediatric Critical Care**

**Medical Director, GME Quality & Safety**

**Medical University of South Carolina**



**“Anesthesia Medically Challenging Case Conference”**

**June 16, 2015**

**Steven Aho, MD**

**CA3 Anesthesia Resident**

**Medical University of South Carolina**



**“Perioperative Care for People with Intellectual/  
Developmental Disabilities”**

**June 23, 2015**

**James Hunt, MD**

**Assistant Professor, Anesthesia**

**Arkansas Children’s Hospital**



**“Neonatal Emergencies”**

**June 30, 2015**

**Ilka Theruvath, MD**

**Assistant Professor, Anesthesia**

**Medical University of South Carolina**



DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

Medical University of South Carolina

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 Fax: 843-792-9314

CHECK OUT OUR WEBSITE AT:  
[HTTP://WWW.MUSC.EDU/ANESTHESIA](http://www.musc.edu/anesthesia)

**Future Events/Lectures**

**CA 2/3 Lecture Series**

- 1/June—Physiologic Changes Associated with Aging, Moodle, Dr. McSwain
- 8/June—No Lecture Scheduled
- 15/June—Pharmacologic Principles (Barash Ch. 7), Moodle, Dr. Gunselman
- 22/June—Burn Care Critical Issues, Dr. Hunt (UAMS)
- 29/June— No Lecture Scheduled

**Grand Rounds**

- 2/June—Perioperative Management and Cancer Recurrence, Dr. Barton
- 9/June—The Role of Anesthesia Residents in MUSC’s Safety Culture, Dr. Mack (MUSC)
- 16/June—Anesthesia Medically Challenging Case Conference, Dr. Aho
- 23/June—Perioperative Care for People with Intellectual/Developmental Disabilities, Dr. Hunt (UAMS)
- 30/June—Neonatal Emergencies, Dr. Theruvath



**I HUNG THE MOON**

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 Kim Crisp. Thanks so much!!

**Libby Dowden, CRNA:** Stepping in on an emergency crisis and staying over.

**Beth Jennings, CRNA:** Being a great team player and doing a peds case in neuro angio and then taking it back to OR. Thank you!

**Myra Coe, CRNA:** Being flexible and moving from room to room to do cases! Thank you!

**Susan Harvey, MD:** Her communication with patients and their families. Her kind words and thoughtfulness kept them calm and reassured that they would be in great care. She is a pleasure to work with.



**Resident Graduation: June 19, 2015,  
 Founders Hall**

**Department Holiday Party: December 4, 2015,  
 Carolina Yacht Club**



**Support equality and inclusion for all...**



**by remaining nonbiased in my interactions and not treating anyone differently on the basis of gender, religion, sexual orientation, age, national origin, race, economic status or physical characteristics.**

**We Would Love to Hear From You!**  
 If you have ideas or would like to contribute to *Sleepy Times*, the deadline for the July edition will be June 22, 2015.