DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

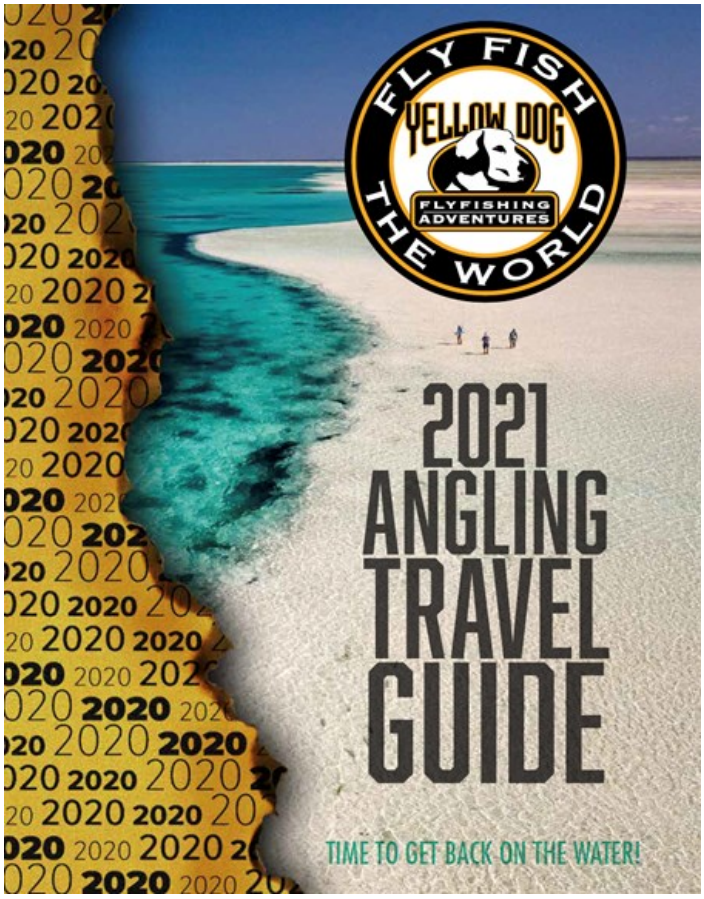
SLEEPY TIMES

VOLUME 15, ISSUE 3 MARCH 2021

Inside This Issue:

MESSAGE FROM THE CHAIRMAN: WISDOM FROM YELLOW DOG FLYFISHING ADVENTURES

-SCOTT T. REEVES, MD, MBA



Recently, I received the annual flyfishing travel catalog from Yellow Dog Flyfishing Adventures. Since we all had zero opportunity to travel in 2020, I was excited to pursue the 139 pages of adventurous travel opportunities. I don't know if I am actually ready to step on an airplane and go across the country let alone internationally, but dreaming of the possibilities was good for the soul.

I was especially touched by several of the quotes that I came across as I flipped through the pages. Jaime Lyn stated that jobs fill your pockets, but adventures fill your soul. I feel like 2020 was spent working for the man as Dewey Finn (Jack Black) in the School of Rock would say.

Many of us probably have a bucket list. My father once told me to create the list early in life. Start working on the most difficult physically strenuous items now. Once you retire, you may not be able to do some of them. I think this was wise council. Randy Komisar stated it equally well when he said, and then there is the most dangerous risk of all- the risk of spending your life not doing what you want on the bet you can buy yourself the freedom to do it later.

Now is probably a good time for all of us to plan an adventure. Maybe it is the long overdue family vacation or reunion. Maybe it is a trip to the mountains, out West, or some other faraway place.

As Ernest Hemingway once said, every man's life ends the same way. It is only the details of how he lived and how he died that distinguish one man from another.

RESEARCH CORNER

Kenneth Catchpole, PhD

Surgical Endoscopy
https://doi.org/10.1007/s00464-020-08231-x

REVIEW ARTICLE

Work-system interventions in robotic-assisted surgery: a systematic review exploring the gap between challenges and solutions

Falisha Kanji[1] · Ken Catchpole[2] · Eunice Choi[1] · Myrtede Alfred[2] · Kate Cohen[3] · Daniel Shouhed[1] · Jennifer Anger[1] · Tara Cohen[1]

Myrtede Alfred, PhD

ORIGINAL RESEARCH

Work systems analysis of sterile processing: assembly

Myrtede Alfred ,[1] Ken Catchpole ,[1] Emily Huffer,[2]
Larry Fredendall,[3] Kevin M Taaffe[2]

NEW ADMINISTRATIVE STAFF

Melinda Ishler- I'm originally from State College, Pennsylvania, where I worked for Geisinger Health System for 15 years in general surgery as an administrative assistant. We relocated to Charleston in January 2018. I'm from the Department of GI Surgery as an administrative assistant. My husband and I live in Summerville and enjoy spending time at the beach and the culture that Charleston has to offer.

Mary Chiappardi- We are so excited to have Mary Chiappardi join our Anesthesia team! Mary has decided to rejoin the work force after ten years of being a stay at home mom. While raising her two children, JJ (9 y/o) and Alice (8 y/o), she completed her B.S. in Biology. Mary will be an administrative assistant, writing Friday's schedules and sending out the Daily Deployment in the mornings. When you walk by the front desk be sure to stop by and say hi!

DEPARTMENTAL NEW BORNS!

Congratulations Dr. Francis! Ellis Francis Czech was born on January 28, 2021. He was 7lbs 6oz.

Congratulations Jenny Ann! Welcome Mary Eloise Fritz Smoak! Born January 29th, 2021 at 1:41PM. She was born 8 pounds, 4 ounces and 19.75 inches long.

PATRIOTIC EMPLOYER NATIONAL RECOGNITION– PAT BRITELL, MD

EMPLOYER SUPPORT OF THE GUARD AND RESERVE
4800 MARK CENTER DRIVE, SUITE 05E22
ALEXANDRIA, VA 22350-1200

Dear Patriotic Employer,

As National Chair of Employer Support of the Guard and Reserve (ESGR), a program of the U.S. Department of Defense, I want to extend to you my personal congratulations upon your selection as a recipient of the prestigious Employer Patriot Award. The Patriot Award you received, based upon nomination by your Guard or Reserve employee, is in recognition of your strong support of your employee's military service. Employers are critical allies in maintaining the readiness of our Reserve Forces, which supports the National Defense Strategy.

As our nation transitioned to an All-Volunteer military force in 1972, President Nixon established ESGR to sustain that volunteer force, providing critical support to both service members and their employers. The Citizen-Warriors serving in today's Guard and Reserve comprise nearly one-half of the nation's fighting force, and their proven skill and professionalism are second-to-none. Their strong mission focus, team-orientation, global perspective, and leadership are important values, both on the battlefield and in the workplace.

We can be confident in the service of these Guard and Reserve warriors. But a key component of their continuing ability to defend the nation is found in the support of employers like you. By valuing and enabling their military service, you make it possible for our Citizen-Warriors to balance the demanding individual responsibilities of both civilian employment and our national defense.

As I've met with employers across the nation, I'm continuously struck by the extraordinary support provided by so many to their Guard and Reserve employees. Your demonstrated spirit of cooperation and patriotism are in the highest traditions of our Nation, and ESGR proudly salutes you for your well-deserved recognition.

Sincerely,

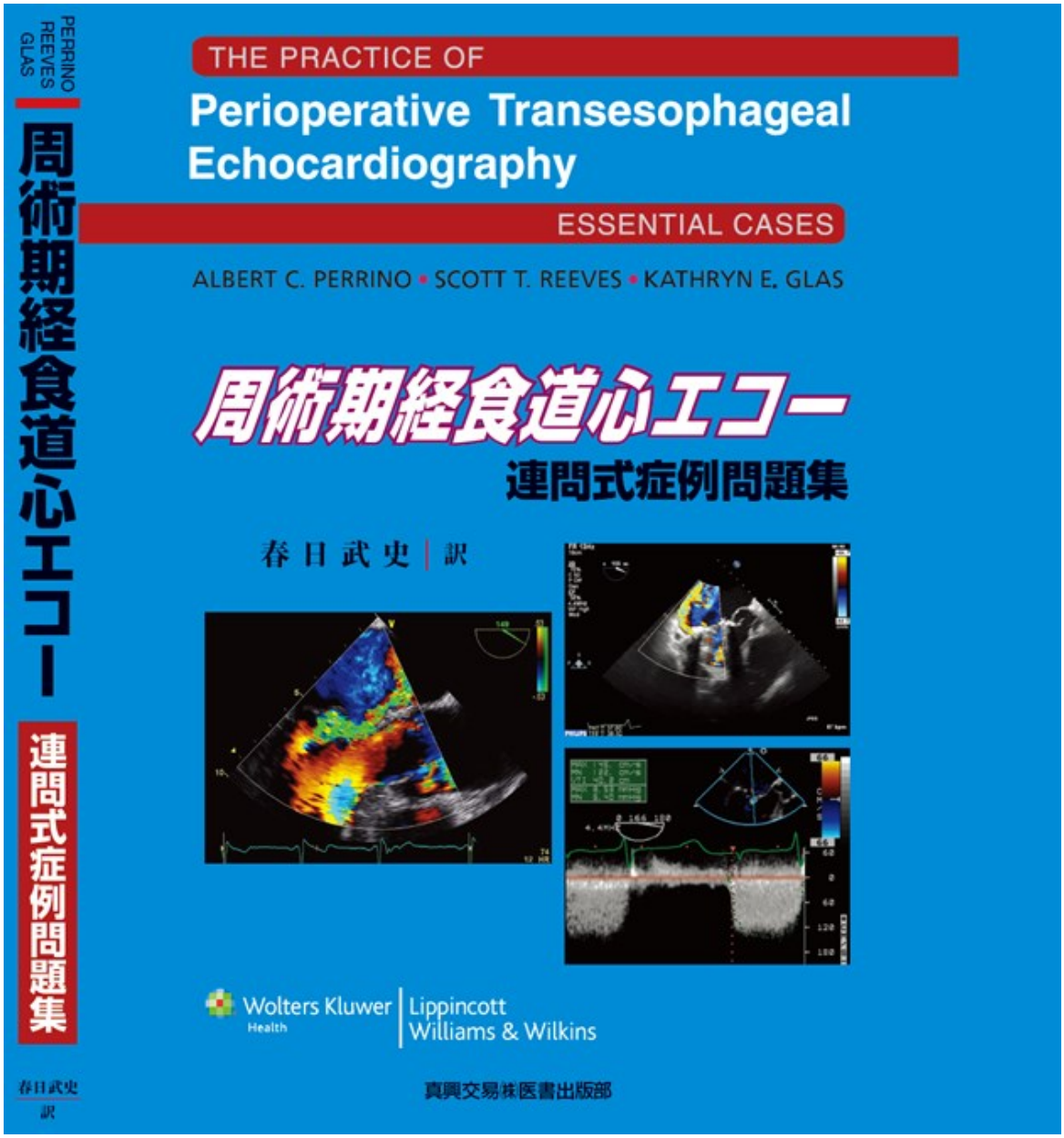
Ronald E. Bogle
National Chair

Dr. Reeves recognizing Dr. Pat Britell certificate

REMEMBERING SUSAN OWENS, CRNA– AFN CLASS OF 1972

Sadly, we announce the passing of a long-time anesthesia provider and former Main CRNA Chief. Ms. Susan (Moorer) Owens retired from MUHA in 2006. She passed away in October 2020. Ms. Owens was a graduate of the Anesthesia for Nurses Program at MUSC Class 1972. She completed her nursing education at Mercy Hospital in Charlotte, NC in 1970. A native of the "Holy City", she was employed by Charleston Memorial Hospital from graduation untill the hospital closure in 1996. She transferred her practice to the Main Hospital. She became Chief in 1998. As a clinical instructor she assisted in the formative development of hundreds of anesthesia providers who matriculated through County and MUSC. Always remembered as one of the "County Mounties" she helped transition MUSC nurse anesthesia practice. She was a conscientious, and thoughtful provider who would always bring a smile to the environment. She leaves a son Mark Owens a daughter, Shelley Owens Usher and grandchildren, Luke Owens and Chandler Usher.

THE PRACTICE OF PERIOPERATIVE TRANSESOPHAGEAL ECHOCARDIOGRAPHY ESSENTIAL CASES TRANSLATED INTO JAPANESE

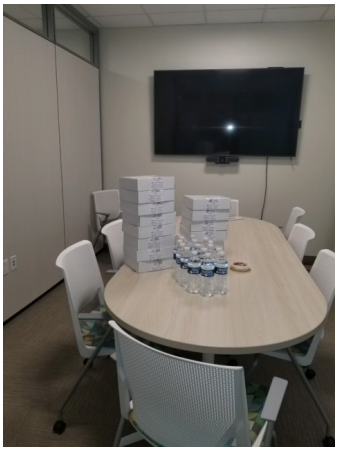


NATIONAL ANESTHESIOLOGISTS WEEK FEBRUARY 1-7, 2021

I think Carlee summed up all our thoughts as we celebrated National Anesthesiologists Week when she stated:

I want to send this email to recognize and thank our Anesthesiologists and Residents during National Anesthesiologists Week. When people ask me what my favorite thing about my job is, I answer without hesitation "Our People". During the last 12 months, we have been faced with more challenges than ever and I've been amazed and thankful for how our faculty and residents have risen to the occasion. The creativity and teamwork around all things COVID in and out of the OR was inspiring. So, today I thank you and ask that the rest of our team take the time to do so as well. Thank you for the teaching. Thank you for the help with this difficult case. Thank you for covering the COVID airways and staffing the COVID unit. Thank you for showing up in the room at just the right time. Thank you for being flexible with staffing and helping with breaks. Thank you for helping each other do research and get published. So much to be thankful for.









2021 ANNUAL MANDATORIES

MUSC
Medical University of South Carolina

University Human Resources Management
1 South Park Circle
Suite JB100
Charleston, SC 29407
Tel 843-792-2071
Fax 843-792-9533

www.musc.edu/hr/university

MEMORANDUM

DATE: February 10, 2021
SUBJECT: 2021 Annual Mandatories

Beginning February 1, 2021, the annual mandatory online lessons for all employees/care team members in MyQuest were assigned. MyQuest reminder emails and this letter are the only confirmation you will receive pertaining your mandatory assignments.

- Starting in 2021 a **new Diversity mandatory was added for all MUSC employees**.
- This is the second-year employees/care team members/contractors can provide feedback via a redcap survey at the end of each mandatory. MUSC subject experts review all feedback to improve each mandatory to ensure an optimal learning experience.

Here are the 2021 mandatory assignments:

2021 MUSC General Mandatories (Enterprise-wide)	2021 MUSC Health Mandatory Training (Charleston, Florence, Lancaster Divisions)
▪ Crime Prevention and Jeanne Clery Act Training ▪ Code of Conduct and HIPAA ▪ Family Educational Rights and Privacy Act (FERPA) ▪ Prohibited Discrimination and Harassment ▪ Information Security ▪ Active Shooter ▪ OSHA Review ▪ Tuberculosis (Charleston only) ▪ Conflict of Interest training (hourly employees only)	▪ MUSC Health General Compliance (+ Billing) ▪ Culture of Safety ▪ Emergency Management Campus Security ▪ Infection Control for All Employees ▪ Stroke and Heart Early Recognition ▪ Meeting the Unique Needs of Patients ▪ Workplace Violence ▪ MR Safety for Healthcare Workers ▪ Interest training (hourly employees only)

2021 Medical Staff Office - MSO Mandatories	
(Credentialed Providers Only) To be assigned dependent upon Medical Executive Committee approval. ▪ Adult Inpatient Diabetes ▪ Pediatric Inpatient Diabetes ▪ Pediatric Inpatient Anticoagulation Safety	▪ Health Information Services ▪ Transfusion Medicine ▪ Patient Safety Initiative ▪ Sleep and Fatigue/Clinical ▪ Adult Inpatient Anticoagulation Safety

***NEW* Diversity Mandatory**

- As a part of MUSC's ongoing commitment to leading and learning in the domains of equity and inclusion, you will notice a new 4-hour Diversity Equity and Inclusion DEI mandatory for all MUSC employees. When we join in the learning about one another as we become OneMUSC. Three types of offerings include: virtual curriculum, face to face &/or "professional development option of choice" approved by your leader.

2021 Annual Clinical Education (MUSC Health Clinical Care Teams Only)

- Varies depending on your clinical role

2021 Conflict of Interest Training (Hourly Care Team Members only)

- Hourly employees are now excluded from the annual COI disclosure process. To ensure they continue to receive conflict of interest policy training, a COI module has been developed.
- Salaried employees of the MUSC enterprise receive annual COI training **every April**, in combination with their annual COI disclosure form; training modules precede the mandatory disclosure.

All of the annual mandatory training modules must be completed no later than June 30, 2021. Employees who fail to complete annual mandatory training requirements will be subject to disciplinary actions. If you have any questions, please email the MyQuest Administrators at myquesthelp@musc.edu.

AN ANTI-ANXIETY INITIATIVE—THE "COVID CART"

American Society of Anesthesiologists
Volume 85 ■ Number 1 ■ January 2021
asamonitor.org

ASA Monitor®

THE LEADING SOURCE FOR PERIOPERATIVE HEALTH CARE NEWS

In the Know

Progress in the Pursuit of a COVID-19 Vaccine

Richard Simoneaux Steven L. Shafer, MD
Editor-in-Chief

Since the complete sequencing of the genome for SARS-CoV-2 in January 2020, there has been an unprecedented scientific effort to translate that knowledge into a usable vaccine for large-scale immunization. Vaccination represents our best hope to bring the pandemic to an end and return to pre-pandemic activity and life. In this column, we will present updates for four of the more promising vaccine candidates: BNT162b1/BNT162b2 from Pfizer and BioNTech, mRNA-1273 from Moderna, Ad26.COV2.S (also called JNJ-78436735) from Janssen, and AZD1222 from AstraZeneca and Oxford University.

In a recent news article in *Nature*, Gaebler and Nussenzweig highlighted the similarity between the vaccine development and the steps required for producing other novel drugs and biologics (*Nature* 2020;586:501-2). Initial preclinical studies evaluate candidate vaccines using *in vitro* methods such as molecular or cellular assays. Subsequent preclinical

Continued on page 8

ASA Survey Results: Top Regulatory Concerns

Catlin Nalley

In July, the ASA Monitor conducted an email survey that polled readers on their top perceived challenges facing anesthesiology today. You shared your greatest concerns and offered some innovative solutions to those challenges.

This third installment of a four-part series dissecting the survey results focuses on payment and regulatory concerns. Patient care and health care regulations go hand in hand, so anesthesiologists must stay abreast of the latest guidelines and regulations while also making their voices heard to advocate for themselves and their patients. Our readers' main regulatory concerns included payment, The Joint Commission guidelines, and changing/conflicting regulations.

Continued on page 13

An Anti-Anxiety Initiative – The 'COVID Cart'

Joseph Abro, MD David Gutman, MD, MBA
Joel Sirianni, MD Phillip Ryan Wilson, MD

The COVID-19 pandemic is a once-in-a-lifetime event that has greatly disrupted every aspect of our lives. When the volume of COVID-19 patients initially spiked in spring 2020 in the United States, many hospitals and clinics had to shut down elective surgeries and procedures. The reason for this shutdown was threefold: 1) insufficient information on the severity and infectivity of the virus; 2) lack of adequate screening and testing capability; and 3) the need to preserve personal protective equipment (PPE), which was in short supply due to disruptions in global supply chains secondary to overwhelming demand. As our knowledge of COVID-19 has increased and our understanding of risk mitigation has grown, steps have been taken in order to help balance the medical needs of patients while simultaneously protecting anesthesiologists and other perioperative staff. The "COVID Cart" is a major step forward in the improvement and streamlining of the processes involving the medical care of COVID patients. Its effects on anxiety and satisfaction in health care practitioners cannot be overstated.

Meeting the challenges

Anesthesiologists face unique challenges when dealing with COVID-19 patients. We are involved in facilitating surgeries, perioperative and OR management, intubating patients, ICU coverage, sedation for

Continued on page 18

AN ANTI-ANZIETY INITIATIVE—THE "COVID CART" CONTINUED...

18 ASA Monitor ■ January 2021

'COVID Cart'

Continued from page 1

various procedures, and many more tasks that bring us in close contact with infected COVID-19 patients. As one physician in Chicago stated, "You're basically right next to the nuclear reactor [when intubating a patient]" (asamonitor.pub/2JVfxd3).

There was and continues to be a lot of anxiety surrounding COVID-19. The challenges are exacerbated by fear, misinformation, distrust of the government, politicization of prescribed interventions, and the need to constantly balance the perceived risk to oneself versus the demands of one's job. Other confounders include the evolution of our scientific knowledge pertaining to COVID-19, the ever-changing status of PPE supplies, and the constant revisions of protocols for taking care of COVID-afflicted patients. At the Medical University of South Carolina (MUSC), our leaders moved quickly to secure PPE and implemented protocols and staffing models that would allow for care of COVID-19 patients while maximizing the safety of staff.

Despite everyone's best efforts, anxiety and uncertainty about COVID-19 remained incredibly high. One of the greatest sources of apprehension for the staff stemmed from putting on and taking off, or the "donning and doffing," of PPE for COVID-19 cases. Another challenge was the procurement and storage of intraoperative supplies. In order to minimize potential contamination of reusable and unused anesthesia supplies, COVID-19-exclusive ORs were stripped down to bare essentials, potentially complicating the availability of necessary equipment related to airway management, line placement, and other basic tasks.

To ease provider anxiety and allow for greater clarity of mind while caring for COVID-19 patients, department members developed the concept of the "COVID Cart" (Figure 1). The idea behind this cart was to simplify and protocolize the procurement of PPE and intraoperative supplies. By reducing the stress associated with these major perioperative steps, providers would then be free to fully concentrate on taking the best care of patients. The cart is a simple and commonly used OR metal shelving device kept immediately outside of our COVID ORs. Laminated instruction cards visually and textually list the order to "don" or "doff" the PPE inside the cart in accordance with WHO and CDC best practices. The cart also contains premade "grab & go" bags for common procedural needs using readily available hospital autoclave bags (Figure 2). These bags contain medications used for standard inductions, emergency/code scenarios, and emergency airways. The overarching concept was to remove the stress and anxiety related to securing all of these supplies individually. If asked to take care of a COVID-19 patient, each provider could simply walk to the COVID Cart, put on PPE, take the necessary "grab & go" bags, and quickly be confident that they had all the essential tools required to take care of the coming patient.

Figure 1

Figure 2

Results and discussion

Altogether, 56 anesthesiologists out of our department of 84 were asked to anonymously fill out a short survey regarding their anxiety regarding COVID patient care and their subjective feelings of safety while at work. We had 100% compliance with the survey, which was conducted over the course of two weeks.

Safety is a subjective measure. We recognize that multiple factors play a role in an individual's sense of safety and that safety can be defined in many different ways. With that being said, department members collectively rated their safety at work on average as 7.08/10, and being informed about the latest COVID developments as 7.2/10. This bolstered the perception that MUSC leaders did a terrific job of keeping their employees informed and made extensive efforts to create a safe work environment, which is in contrast to the numerous publicized reports of workers calling out or resigning from their health care jobs due to a lack of communication or a perceived indifference by their employers as to personal safety and well-being.

Anxiety is defined as "a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome" (asamonitor.pub/32z3AIx). It is a completely normal reaction that has evolved over time as the human psyche adapts to the ever-changing world. According to the Yerkes-Dodson Law there is an "inverted U-shaped" response curve when anxiety is transposed against performance (*J Comp Neurol Psychol* 1908;18:459-82). Retrospectively, a 43% reduction in anxiety was reported by staff in June 2020 compared with March 2020. While it is likely multifactorial, we hypothesize that the widespread

Joseph Abro, MD
Assistant Professor, Department of Anesthesia and Perioperative Medicine, Medical University of South Carolina, Charleston.

David Gutman, MD, MBA
Assistant Professor of Anesthesiology, Department of Anesthesia and Perioperative Medicine, Medical University of South Carolina, Charleston.
@MD_DavidGutman

Joel Sirianni, MD
Assistant Professor and Associate Residency Program Director, Medical University of South Carolina, Charleston.

Phillip Ryan Wilson, MD
Assistant Professor, Department of Anesthesia and Perioperative Medicine, Medical University of South Carolina, Charleston.

AN ANTI-ANZIETY INITIATIVE—THE "COVID CART" CONTINUED...

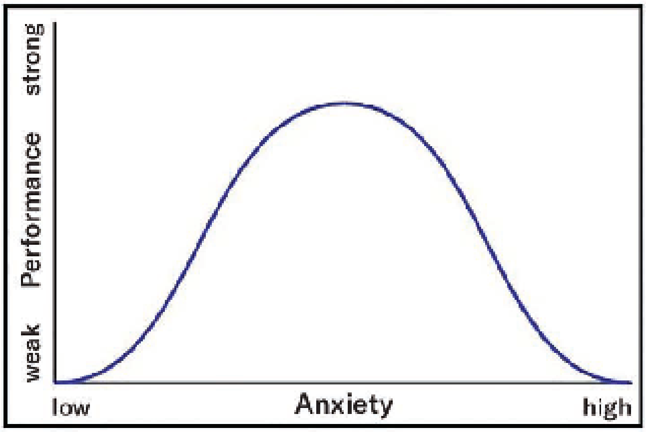


Figure 3

information and utilization of the COVID Cart contributed greatly to the reduction in anxiety. Removing the scramble and rush of being unprepared for surgical cases by utilizing the COVID Cart was thought to decrease the level of apprehension to a more manageable level and thus allow for the anesthesiologist's peak intraoperative performance, as predicted by the inverted U-shaped curve (Figure 3).

Thankfully, anesthesiologists are feeling subjectively safer and less anxious in regard to COVID-19 as time has passed. We must, however, remain vigilant in our practice as complacency and a false sense of security threaten to set in over time. We must continue to protect our patients, ourselves, and our coworkers as we lead the charge on perioperative safety. COVID-19 can surge at any given time, and the effects of a return to "normal" with increasing travel, return to non-essential work, and the opening of restaurants and entertainment venues remains to be seen. There is still the chance that you, a significant other, or patient become infected and have a devastating outcome as complications have been unpredictable and asymmetric, especially in the younger population. Until there is truly herd immunity, an effective treatment, or a vaccine, the potential for infection or even reinfection remains a very real threat (*Lancet Infect Dis* October 2020).

COVID-19 has elicited significant anxiety among health care workers, but it has also highlighted the tremendous adaptability of anesthesiologists and perioperative staff. Tools such as the COVID Cart, with step-by-step instructions, labeled and available PPE, and "grab & go" bags have helped to reduce anxiety, increase efficiency, and kept the focus on high quality patient care with relentless personal safety. Anxiety regarding COVID-19 will likely never be completely eliminated, but these essential tools will help to temper those feelings and hopefully deter burnout and PTSD in high-risk physicians. Ultimately, instituting the COVID Cart at MUSC has benefitted quality improvement both anecdotally and by survey results with staff who feel safer, less anxious, and more empowered to provide excellent patient care with enhanced cost efficiency. We believe that a COVID Cart should be considered an essential as part of every center taking care of COVID-19-positive patients. ■

FAER and APSF Research Funding Opportunities

The Foundation for Anesthesia Education and Research (FAER) and Anesthesia Patient Safety Foundation (APSF) are accepting Letter of Intent submissions for the joint APSF and FAER Mentored Researching Training Grant from December 1, 2020, through January 1, 2021. FAER is accepting applications for Mentored Research Training Grants, Research in Education Grants, and Research Fellowship Grants from December 1, 2020, through February 15, 2021. For more information, visit **www.asahq.org/faer/researchfunding.**

ASA PHYSICAL STATUS CLASSIFICATION SYSTEM

American Society of Anesthesiologists

ASA Physical Status Classification System

Committee of Oversight: Economics

(Approved by the ASA House of Delegates on October 15, 2014, and last amended on December 13, 2020)

The ASA Physical Status Classification System has been in use for over 60 years. The purpose of the system is to assess and communicate a patient's pre-anesthesia medical co-morbidities. The classification system alone does not predict the perioperative risks, but used with other factors (eg, type of surgery, frailty, level of deconditioning), it can be helpful in predicting perioperative risks.

The definitions and examples shown in the table below are guidelines for the clinician. To improve communication and assessments at a specific institution, anesthesiology departments may choose to develop institutional-specific examples to supplement the ASA-approved examples.

Assigning a Physical Status classification level is a clinical decision based on multiple factors. While the Physical Status classification may initially be determined at various times during the preoperative assessment of the patient, the final assignment of Physical Status classification is made on the day of anesthesia care by the anesthesiologist after evaluating the patient.

Current Definitions and ASA-Approved Examples

ASA PS Classification	Definition	Adult Examples, Including, but not Limited to:	Pediatric Examples, Including but not Limited to:	Obstetric Examples, Including but not Limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use	Healthy (no acute or chronic disease), normal BMI percentile for age	
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Current smoker, social alcohol drinker, pregnancy, obesity (30<BMI<40), well-controlled DM/HTN, mild lung disease	Asymptomatic congenital cardiac disease, well controlled dysrhythmias, asthma without exacerbation, well controlled epilepsy, non-insulin dependent diabetes mellitus, abnormal BMI percentile for age,	Normal pregnancy*, well controlled gestational HTN, controlled preeclampsia without severe features, diet-controlled gestational DM.

ASA PHYSICAL STATUS CLASSIFICATION SYSTEM CONTINUED...

American Society of Anesthesiologists

			mild/moderate OSA, oncologic state in remission, autism with mild limitations	
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, history (>3 months) of MI, CVA, TIA, or CAD/stents.	Uncorrected stable congenital cardiac abnormality, asthma with exacerbation, poorly controlled epilepsy, insulin dependent diabetes mellitus, morbid obesity, malnutrition, severe OSA, oncologic state, renal failure, muscular dystrophy, cystic fibrosis, history of organ transplantation, brain/spinal cord malformation, symptomatic hydrocephalus, premature infant PCA <60 weeks, autism with severe limitations, metabolic disease, difficult airway, long term parenteral nutrition. Full term infants <6 weeks of age.	Preeclampsia with severe features, gestational DM with complications or high insulin requirements, a thrombophilic disease requiring anticoagulation.
ASA IV	A patient with severe systemic disease	Recent (<3 months) MI, CVA, TIA or CAD/stents, ongoing cardiac ischemia or severe	Symptomatic congenital cardiac abnormality, congestive heart	Preeclampsia with severe features complicated by HELLP or other adverse event, peripartum cardiomyopathy with EF

ASA PHYSICAL STATUS CLASSIFICATION SYSTEM CONTINUED...

American Society of Anesthesiologists

	that is a constant threat to life	valve dysfunction, severe reduction of ejection fraction, shock, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis	failure, active sequelae of prematurity, acute hypoxic-ischemic encephalopathy, shock, sepsis, disseminated intravascular coagulation, automatic implantable cardioverter-defibrillator, ventilator dependence, endocrinopathy, severe trauma, severe respiratory distress, advanced oncologic state.	<40, uncorrected/decompensated heart disease, acquired or congenital.
ASA V	A moribund patient who is not expected to survive without the operation	Ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction	Massive trauma, intracranial hemorrhage with mass effect, patient requiring ECMO, respiratory failure or arrest, malignant hypertension, decompensated congestive heart failure, hepatic encephalopathy, ischemic bowel or multiple organ/system dysfunction.	Uterine rupture.
ASA VI	A declared brain-dead patient whose organs			

ASA PHYSICAL STATUS CLASSIFICATION SYSTEM CONTINUED...

American Society of Anesthesiologists

	are being removed for donor purposes			

** Although pregnancy is not a disease, the parturient' s physiologic state is significantly altered from when the woman is not pregnant, hence the assignment of ASA 2 for a woman with uncomplicated pregnancy.*
***The addition of "E" denotes Emergency surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)*

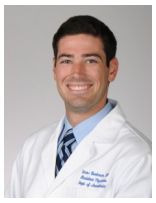
References

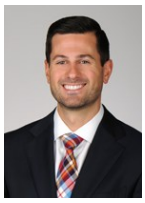
For more information on the ASA Physical Status Classification system and the use of examples, the following publications are helpful. Additionally, in the reference section of each of the articles, one can find additional publications on this topic.

1. Abouleish AE, Leib ML, Cohen NH. ASA provides examples to each ASA physical status class. *ASA Monitor* 2015; 79:38-9 http://monitor.pubs.asahq.org/article.aspx?articleid=2434536
2. Hurwitz EE, Simon M, Vinta SR, et al. Adding examples to the ASA-Physical Status classification improves correct assignments to patients. *Anesthesiology* 2017; 126:614-22
3. Mayhew D, Mendonca V, Murthy BVS. A review of ASA physical status – historical perspectives and modern developments. Anaesthesia 2019; 74:373-9
4. Leahy I, Berry JG, Johnson C, Crofton C, Staffa S, Ferrari LR. Does the Current ASA Physical Status Classification Represent the Chronic Disease Burden in Children Undergoing General Anesthesia? Anesthesia & Analgesia, October 2019;129(4):1175-1180
5. Ferrari L, Leahy I, Staffa S, Johnson C, Crofton C, Methot C, Berry J. One Size Does Not Fit All: A Perspective on the American Society of Anesthesiologists Physical Status Classification for Pediatric Patients. Anesthesia & Analgesia, June 2020;130(6):1685-1692
6. Ferrari LR, Leahy I, Staffa SJ, Berry JG. The Pediatric Specific American Society of Anesthesiologists Physical Status Score: A Multi-center Study. Anesthesia & Analgesia 2020 (in press)

GRAND ROUNDS– MARCH 2021

"Does the Graft Matter? A Look at Extended Criteria Liver Grafts and Their Impact on the Perioperative Period "
March 2, 2021
Ryan Chadha, MD, Anesthesiologist
Dept. of Anesthesia & Perioperative Medicine
Mayo Clinic





"Medically Challenging Cases: Amniotic Fluid Embolism & Arterial line fasciotomy"
March 9, 2021
Blake Winkles, MD / Michael Marotta, MD
Drew Boehmer, DO / Joel Sirianni, MD
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina

"Updates/Status of Living Donor Liver Transplant"
March 16, 2021
Jared White, MD, Associate Professor
Dept. of Surgery
Medical University of South Carolina

"Spinal Cord Ischemia after Aortic Surgery"
March 23, 2021
Megan Anders, MD , Assistant Professor
Dept. of Anesthesia
University of Maryland

"Ruptured Aneurysm"
March 30, 2021
Elizabeth Genovese, MD, MS , Assistant Professor
Dept. of Surgery
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

3/4/21 Anesthesia for Peds

3/11/21 Anesthesia for GI Surgery

3/18/21 Hematologic Disorders

CA 1 Lecture Series

3/3/21 Anesthesia for Cardiovascular Surgery

3/10/21 Obstetric Anesthesia PBL

3/17/21 Pediatric Anesthesia PBL

3/24/21 Anesthesia Review/Jeopardy

CA 2/3 Lecture Series

Per Rotations

Grand Rounds

See Page 15

Follow us on Facebook, Instagram, and 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.

Thank you Tammie Matusik for taking the time to show me around, introducing me to many people, and teaching me my first days on the job! - Mary Chiappardi

Holiday Party
Friday, December 10, 2021
Carolina Yacht Club

ONEMUSC

INNOVATION | IMPACT | INFLUENCE

ONE MUSC 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 April edition will be March 23, 2021.