



SLEEPY TIMES

VOLUME 18, ISSUE 9 SEPTEMBER 2024



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MESSAGE FROM THE CHAIRMAN: LIFE LESSONS BY USHER

-Scott T. Reeves, MD, MBA

Recently, I read an article in the Wall Street Journal entitled, “Why Usher Doesn’t Eat on Wednesday.” It goes on to lead with “ahead of his world tour, the Grammy winning musician talks about his Super Bowl exercise regimen, trying to impress his kids, and the advice he lives by.” I could easily relate to his kids not considering him cool. At kids age, parents enter the dumb as dirt phase of life. To be honest, I did not get the fasting on Wednesday but obviously it works for him.



He was asked what one piece of advice you’ve gotten that’s been important to you? “I’ll tell you one. It’s a bit long, but you will really enjoy it, I promise you.”

- A. *Avoid negative sources, people, places, things, and bad habits.*
- B. *Believe in yourself.*
- C. *Consider things from every angle.*
- D. *Don’t give up, don’t give in and don’t let a damn thing get you down.*
- E. *Enjoy life today. Yesterday is gone and tomorrow will never come.*
- F. *Family and friends are hidden treasures. Talk to them and enjoy their riches.*
- G. *Give more than you plan to give every day.*
- H. *Hang on to your dreams.*
- I. *Ignore the bullshit.*
- J. *Just do it.*
- K. *Keep on trying. No matter how hard it may seem, it will always get easier.*
- L. *Love yourself first, and most importantly, love God always.*
- M. *Make it happen.*
- N. *Never let them see you sweat.*
- O. *Open your eyes, and see everything around you.*
- P. *Practice makes perfect.*
- Q. *Quitters never win, and winners never quit.*
- R. *Read, learn, study about everything important in your life.*
- S. *Stop procrastinating.*
- T. *Take control of your own destiny.*
- U. *Understand yourself first so that you can better understand others.*
- V. *Visualize it.*
- W. *Want it more than anything.*
- X. *You’ve already made your spot on earth. X marks it.*
- Y. *You’re unique in God’s grace and no one can replace you.*
- Z. *Zero in on your target and go forward.*

That is my Alphabet that I’ve been reading every day.

I hope you were inspired as much as I was. He is a great entertaining and his a healthy positive life attitude.

FACULTY PROMOTIONS

Congratulations to Drs. McCoy, R. Wilson, Guldan and Heinke. The work involved to be promoted is significant but a constant stream of faculty promotion is one sign of a healthy academic department.



Nicole C. McCoy, MD
Associate Professor

I am very excited and proud to share my promotion to Associate Professor. As I start my 6th year on staff, I happily reflect on the last five years. Among the highlights: the practice changing research I have spearheaded with bone marrow donors, the partnerships made with colleagues here and nationally, impactful leadership opportunities within the Society of Pediatric Anesthesia and even extracurricular participation like Swim Across America with members of the department! Dr. Reeves asked if I would slow down a little after this promotion and the honest answer is no... continuing to influence practice change, educate learners and mentor students is driving me daily and will continue to advance my career until I reach the professor level. Thank you to Dr. Reeves for the support in my academic and leadership endeavors. Thank you to Dr. Hebbbar for her mentoring and encouragement. Thank you to Mrs. Glenda Ross for her exceptional logistical work. Thank you to Dr. Mariah Tanious, my partner in crime, endlessly patient proofreader, collaborator and cheerleader. Thank you to Haley Nitchie for keeping all things research constantly on the right track- you are an asset to the department and a fantastic training partner! Finally, thank you to my incredible pediatric anesthesia team for always been supportive, collaborative a joy to spend my days with! I am so lucky!



Ryan Wilson, MD
Associate Professor

Dr. Ryan Wilson was born and raised in Charleston, SC, and completed his undergraduate degree in Biochemistry at Clemson University. A life-long Tiger fan, he braved four years of medical school at the University of South Carolina in Columbia and subsequently completed his anesthesia residency at MUSC, where he happily joined as faculty in 2018. Dr. Wilson enjoys the clinical variety of working as a general anesthesiologist, and has made various contributions to departmental practice within colorectal surgery, burn surgery and perioperative GLP-1 agonist research. He enjoys active participation within resident education, coordinating resident lecture series and contributing to the resident ultrasound curriculum. Outside of work he takes much more pride in being a cool dad to two daughters, Ellis (10) and Valley (6), and is lucky to be married to his talented artist wife, Hayden. Dr. Wilson is very appreciative of the mentorship he has received from various department faculty, particularly Drs. McSwain, Bridges and (other Dr.) Wilson, and thankful for the many opportunities he has been given within the department.

FACULTY PROMOTIONS

George J. Guldan III, MD

Professor

Dr. Guldan completed his anesthesiology residency at MUSC in 2007, and proceeded to be in our first class of ACGME Cardiothoracic anesthesiology fellows. He has been an MUSC faculty member in the department since 2008, active in resident and fellow education, became Associate PD in 2010 and then Program Director in 2013. He is an active member in the Society of Education in Anesthesiology, Association of Anesthesiology Program Directors, Society of Cardiovascular Anesthesiologists and the ACGME. Dr. Guldan performs clinical and educational research focusing on cardiothoracic anesthesiology and education methodology. In 2023 Dr. Guldan became the Associate Dean for GME at MUSC leading efforts to improve program quality and support program directors, residents and fellows across the institution. When he is not at work he enjoys working in his garden at his farm, motorsports and Gamecock football.



Timothy L. Heinke, MD

Professor

Dr. Heinke joined the MUSC anesthesia department 2008 as resident after completing medical school at Indiana University. He is also a graduate of MUSC cardiothoracic anesthesia fellowship. He is currently the ART Anesthesia Medical Director. He is active nationally as member of the Society of Cardiovascular Anesthesiologists Opioid Task Force. His academic interests focus on perioperative cardiac surgical outcomes and patient safety. Outside the hospital, he enjoys spending time with his wife and three children, boating, fishing, gardening.

M3: MAXIMIZING MEDICAL STUDENT MENTORING BY NICOLE MCCOY, MD

Fall at an academic medical center is a busy time! Everyone is moving up and new medical students and residents are matriculating in. Our fourth-year medical students might be the busiest right now as they are tasked with finalizing their residency applications. In my mini lecture recently presented at the July faculty meeting, I discussed some ways to successfully mentor students in their preclinical and clinical years. Here are some highlights. If you are interested in the entire slide deck, feel free to reach out and I am happy to share!



Medical student's mentoring needs vary over the course of their four years. In the preclinical years, students need exposure to a variety of specialties via shadowing experiences and participation in scholarly activity to begin to build their academic resume. When they transition to their clinical years, students begin to determine what specialty is the best fit for them via additional shadow days, the Careers in Medicine curriculum and formal rotations. Unique to third year medical students, they work towards finalizing a specialty, evaluate their competitiveness within that specialty, identify recommendation letter writers and plan their fourth schedules with a career focused mindset. Specific to this time of year, our fourth-year medical students are tasked with completing STEP 2, finalizing their residency applications, and preparing for interviews.

In academic anesthesia we face multiple challenges when it comes to successfully mentoring medical students. The hierarchical nature of our daily workflow creates an environment where the students are primarily paired with residents, limiting our time to get to know them and create meaningful relationships. This is a specific detriment to drafting compelling letters of recommendation. A busy clinical load can also contribute to a decrease in the amount of available time to meet with the many students interested in anesthesia. Others may have hesitancy or discomfort with crafting letters of recommendation. Finally, many of us may not understand the intricacies surrounding the ongoing changes with the residency application process.

The college of medicine has identified key Careers in Medicine (CiM) specialty mentors within each specialty here at MUSC. Our departmental CiM mentors are Katie Hatter, Joel Sirianni, Brenden Moore, and myself. We have a variety of resources we can share with the department to aid in the successful mentoring of all our students.

With your AAMC log in you can search the [AAMC Residency Explorer tool](#) to learn about various residency programs and anesthesia match outcomes. This is a great exercise to do with the students when they have interest in a program and are attempting to determine if they should apply to that specific program. Additionally, an alternative web-based data base, *Texas Star*, can help determine an individual's competitiveness—this can be accessed with the students as they have their own individual login.

Letter of recommendation writing may be a daunting task for many. Here are some helpful tips. **Do** get to know the student and make sure that the relationship you have cultivated is reflected in the letter. **Don't** re-state their resume. **Do** avoid gender bias- you can even copy and paste you letter into a website like [this](#) to determine if there is gender bias. **Do** address the student as "Student Doctor X" or "MD Candidate X" at the start and end of the letter (okay to use first name in the body). **Do** emphasize accomplishments, not effort. **Do** complete the letter on MUSC letterhead ([found here](#)) and electronically sign the pdf to keep the document clean. This is an additional [resource from the SPA](#) website that could be helpful.

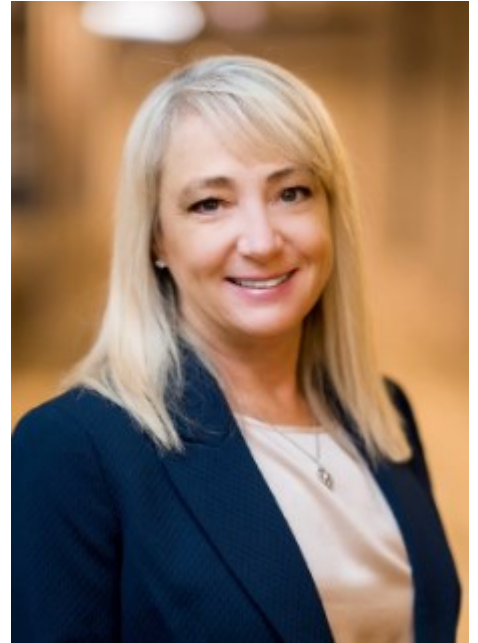
In summary, fostering the next generation of competent anesthesiologists depends on us! When asked to have a student shadow- we'd love for you to say yes! When asked to write a letter of recommendation- we'd love for you yes and write a letter you are proud of! When working on scholarly projects- think if you have a medical student that could benefit from being part of the project and ask them! When a student asks you to sit down with them to discuss their competitiveness- use the resources above to work with them! Providing the students with these key components of mentoring will lead to high percentages of successfully matched students. Thank you for all you do for our medical students and please don't hesitate to reach out to any one of us if you have questions or concerns about mentoring, resources or individual students.

CONGRATULATIONS TO ANGELA MUND, DNP, CRNA— FAAN, FAANA, AND WINNER OF AANA'S 2024 HELEN LAMB AWARD!

The S.C.A.N.A. congratulates our very own Angela Mund, DNP, CRNA, for her latest accomplishments in a career full of them!

As Angie's friends and colleagues, we have long grown accustomed to her achievements, including her recent success as 2022-23 president of the AANA. And the fact of the matter is if you didn't hear about them here or elsewhere, you certainly wouldn't hear about them from Angie herself. She goes about her business preparing future generations of CRNAs and advancing our profession with humility, confidence, and strength—qualities that have endeared her to everyone fortunate enough to learn from and work beside her.

But this summer and fall are exceptional even by Angie's standards. The topper, of course, is the AANA's recognition of Angie's ongoing achievements in nurse anesthesia education by honoring her with the prestigious Helen Lamb Outstanding Educator Award during this year's Annual Congress in San Diego. As you may know, the Helen Lamb Award recognizes an individual's commitment to the profession of nurse anesthesia and to the advancement of educational standards that further the art and science of anesthesiology and result in high-quality patient care. Lamb was revered as a champion for nurse anesthesia education during her career, establishing curriculum and standards for schools of nurse anesthesia while serving as the AANA's Education Committee chair and fifth president during the 1930s and '40s. Angie is more than well-deserving of this honor! (Read the [S.C.A.N.A. press release](#).)



Also during the Annual Congress, Angie was inducted as a Fellow of the AANA (FAANA) during the annual awards and recognition luncheon on Aug. 3. AANA Fellows are recognized in their field for being outstanding practitioners, educators, researchers, and advocates. Acceptance criteria include professional achievements that demonstrate impactful contributions to promoting and advancing nurse anesthesiology in the following areas: clinical practice, education, research, professional advocacy, and meeting the high standards of the AANA. Clearly, Angie checks all these boxes! (Learn more about [Fellows of the AANA](#).)

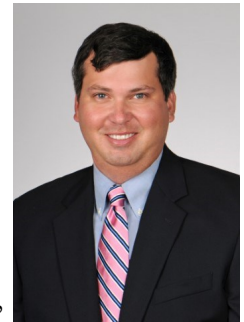
Last, but definitely not least, the American Academy of Nursing (Academy) has announced its 2024 cohort of nurse leaders who will have the great honor of being inducted as Fellows of the American Academy of Nursing (FAAN) during the annual Health Policy Conference Oct. 31 – Nov. 2 in Washington, DC. Angie is one of four CRNAs out of nearly 250 nurse leaders from around the globe who will be awarded the FAAN credential this year.

The Academy serves the public by advancing health policy through the generation, synthesis, and dissemination of nursing knowledge. According to the Academy's website, "Fellows are inducted into the organization for their extraordinary contributions to improve health locally and globally. With more than 3,000 Fellows, the Academy represents nursing's most accomplished leaders in policy, research, administration, practice, and academia." (Learn more about [Fellows of the American Academy of Nursing](#).)

Congratulations to Angie for these recognitions and accomplishments, and thank you for all you do on behalf of our profession

EQUIPMENT AND SUPPLIES UPDATE BY ROBERT HARVEY, MD**Equipment**

Much has happened over the past year within the realm of equipment and supplies, with plenty more to anticipate in the near future. Centers for Medicare and Medicaid services approved the Health Access, Workplace, and Quality Program (HAWQ), which allowed the state to allot an historic amount of funding for purchasing new equipment. We were approved to utilize these funds to purchase anesthesia machines and ultrasound machines both here in Charleston and across the MUSC Health system. Many facilities were in severe need of updated equipment, with some sites using anesthesia machines approaching 20 years of age. Several facilities purchased their first ultrasound machines, no longer having to go to other departments to share or to borrow an ultrasound.



Anesthesia Machines. In Charleston we purchased 13 Carestations and 11 Aisys machines distributed between ART and UH. This purchase completes our replacement of 42 Avance models that had reached end of life status and were no longer serviceable. This update was quite the herculean task that required the hard work of many individuals over the course of about 5 years. The Carestations were installed recently. The last parcel of Aisys machines have arrived and will be installed following their assembly. With the installation of this last consort of new machines, the main ORs at ART and UH will now be completely outfitted with Aisys machines.

In coming months, these state-of-the-art machines will receive software upgrades to include end tidal control functionality. End tidal control allows the user to set specific targets for end tidal oxygen and end tidal anesthetic agent, and very rapidly achieves these targets. This specific control allows for rapid onset and offset of anesthetic agent, as well as use of very low flows. Ultimately this function leads to significantly decreased consumption of volatile anesthetics, less exposure to patients in the form of a lower overall dose of agent, and a decreased environmental impact of these agents. There is FDA-mandated training required of all providers using this software, so stay tuned for the rollout of this training.

Ultrasound. In terms of ultrasound purchases, ART, RT, and UH each received a new ST machine. Main received a new LX machine with 2 TEE probes, and RT received a new phased array probe. A very convenient feature of Sonosite's latest lines of machines (ST, PX, and LX), is that all probes are interchangeable across all machines. Of note, the TEE probes may only be used on the new LX machine because an upgraded software module is required for their use, which was installed only on that particular machine. Additionally, a new TEE machine was purchased for ART.

Airway Equipment. New airway equipment is on the way! ART will be receiving 2 new 4.0 scopes and 6 new cables. RT will be receiving 3 new cables and 1 upgraded monitor. SJ will be receiving 1 upgraded monitor, 3 new cables, 2 size 3 scopes, and 1 size 4 scope. New equipment on the way to UH includes 1 new tower and monitor, 10 new cables, 5 new D-blades, and 3 size 4 scopes. East Campus, West Campus, and SMP each shall be receiving 1 upgraded monitor and 1 new cable. These new purchases and upgrades should help maintain an updated fleet of airway equipment, provide each site with appropriately sized equipment commensurate with the needs of their patient population, as well as increase inventory to help mitigate equipment related delays.

Forced Air Warming Blankets. In the coming months we will see new forced air warming blankets. Frequently we use the brand name "Bair Hugger" as a colloquial reference to the forced air warming blankets, but now we will be technically correct! Stryker is discontinuing support of their Mistral system that we currently use, so MUSC is making a system-wide conversion to the 3M Bair Hugger. More information and demonstrations will be on the way in the upcoming months.

EQUIPMENT AND SUPPLIES UPDATE BY ROBERT HARVEY, MD

Supplies

Over the course of the past year, we have implemented many significant operational changes regarding the manner in which we manage supplies. Some changes are very visible, while changes are less obvious. Roughly over a year ago our anesthesia techs assumed the role of stocking carts in the ORs and NORA sites, rather than supply chain personnel. They have done a fantastic job, with episodes of empty bins drastically reduced outside of backorder issues. Around that same time, we began the process of moving away from Pyxis machines. This process began at UH with two major projects: replacing those machines in the ORs with anesthesia carts, and converting the workroom from Pyxis machines to open shelving. After a transition period, these two major changes have allowed for more consistent stocking. Within the past several months both ART and SJ main OR workrooms have converted to open shelving as well. Very recently the regional anesthesia Pyxis machine in RT Holding was replaced with a supply cart. Other sites will continue to transition away from Pyxis machines to supply carts in the future.

Captis. Last fall MUSC joined a new purchasing group, Captis. Membership within this group allows the hospital significant purchasing discounts, however those discounts are accompanied by very strict contracts. Many of these contracts are awarded for single sources, which has required us to convert manufacturers of multiple items in order to remain in compliance. Hence, we have seen a seemingly never-ending litany of product conversions over the past year, with more on the way. Products that have already converted include laryngoscopes (Teleflex to Flexicare), intubating LMAs (AirQ to Teleflex EVO), blood pressure cuffs (GE to Welch Allyn), and resuscitator bags (Medline to Ambu brand).

Peripheral IV Catheters. The next significant product conversion in the very near future will be peripheral IV catheters. We will be converting from the Braun IVs currently in use to the BD Cathena Safety IV Catheter. Of note, SJ and SMP will not be converting, nor will IV catheters $3\frac{1}{4}$ inches long, due to unavailability of those sizes. The new IV catheters are fairly similar to our current catheters, including a passive safety valve, with the exception that some feature a Luer Lock-style valve that prevents free flow of blood once the catheter is in place intravenously. Further information and demonstration sessions will be announced once scheduled. An overview video is available [here](#).



Transport Transducer Holders. New transducer holders for transport are available in the UH workroom. Produced by the same manufacturer as our flexible arterial line arm boards, they are composed of similar materials. The elastic armband features 3 color coordinated Velcro loops with which to secure the corresponding pressure transducers. These arm bands should aid in preventing loss of our clamp style transducer holders, as well as help minimize line “spaghetti” during transport to the ICU.

We have experienced much change over the past year, and changes will likely continue into the coming year. Much gratitude is due to those who have helped install and assemble new equipment, to those who have assisted in the conversion and rollout of new products, and to everyone for accepting these many changes in stride. These devices and supplies allow us to continue to strive to provide the best care for our patients.



OLYMPIC LEVEL RESUSCITATION IN THE OR

While the Paris Olympics have been incredibly inspiring, I want to share a summer story of an absolutely heroic and Olympic effort in the OR earlier this week.

Without getting into detailed patient specifics, a patient shows up to the OR having just had hemodialysis where they removed 2.5L of volume. They have a severely infected vascular stent and are thought to be teetering on the edge of sepsis. During timeout the surgical team describes a nearly 0% of any significant blood loss.

All plans went out the window when a massive hemorrhage occurred at the level of the abdominal aorta, resulting in uncontrolled blood loss of an estimated 3.5 L.

The anesthesia team of Allison Hossfeld, CRNA and Dr. Katie Bridges went into full Olympic sprint mode. Limited IV access and blood product shortages were not a problem for this dynamic duo of anesthesia providers. 22 blood products were transfused over the next two hours, pressors initiated and escalated, and a massive fluid resuscitation was fully underway.

Given the combination of factors: 2.5 L down post HD, teetering on the edge of sepsis, and an unexpected massive hemorrhage; the survival of the patient was certainly not guaranteed. The quick and efficient actions of this GOLD MEDAL anesthesia team directly resulted in saving this patient's life.

Days later this patient is out of the ICU, awake and doing well! Absolutely Incredible!

The only downside of this fairytale story is that two goobers (Dr. Joseph Abo and me-Jason Cage, CRNA) took over the case in the late afternoon after the hard work was completed. We trickled in the last drops of blood products and came down and off pressors and then got to celebrate with a victory lap to the ICU as if we had done the work.

It takes a village for stories like this to come together. Special thanks to our RN, surgical scrub, and surgical team colleagues. Additional shoutouts to our blood bank friends that worked relentlessly to keep the blood products flowing and our awesome anesthesia techs-- Daquan Milligan and Mario Middleton for their huge contributions in keeping us going. Further thanks Dr. Robbie Shepiro for regional blocks and a bonus assist of helping transport (victory lap) to the ICU.

What a privilege to work with such smart and talented anesthesia providers and at a medical institution that can pull together to make this type of save in the OR.

Great job to all involved!

SECOND ANNUAL BRIDGING THE GAP: RN TO CRNA SEMINAR

Dr. Rita Meyers (SJCH CRNA) and Dr. Blake Frazier (ART CRNA) were panelists for the Second Annual Bridging the Gap: RN to CRNA Seminar. In addition to their clinical roles in the department, Drs. Meyers and Frazier both serve as adjunct faculty with the MUSC Anesthesia for Nurses DNAP program. The seminar attracted RNs interested in becoming CRNAs from many different states and was a huge success. Drs. Meyers and Frazier led a panel discussion on "A Day in the Life of a CRNA."



RESEARCH CORNER

Clinical Transplantation

WILEY

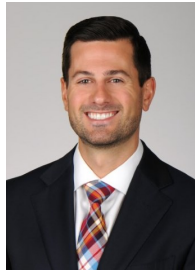

Clinical TRANSPLANTATION
 The Journal of Clinical and Translational Research

ORIGINAL ARTICLE

Utility of Quadratus Lumborum Blocks in Patients Who Undergo Liver Transplant: A Single-Center Retrospective Study

 Nicole C. McCoy¹   | Joel M. Sirianni¹ | Joseph Abro¹ | Kaylee Massman² | Bethany J. Wolf³ | William D. Stoll¹ 


Nicole McCoy, MD



Joel Sirianni, MD



Joseph Abro, MD



Bethany Wolf, PhD



David Stoll, MD

Michael Scofield,
PhD

Neuropharmacology 240 (2023) 109711

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

ELSEVIER

Neuropharmacology

journal homepage: www.elsevier.com/locate/neuropharm

Perirhinal to prefrontal circuit in methamphetamine induced recognition memory deficits

 Jordan L. Hopkins¹, Sarah T. Goldsmith¹, Samuel K. Wood, Katharine H. Nelson,
 Jordan S. Carter, Dylan L. Freels, Stacia I. Lewandowski, Benjamin M. Siemsen,
 Adam R. Denton, Michael D. Scofield, Carmela M. Reichel*

Reichel Laboratory, Medical University of South Carolina, Department of Neuroscience, Charleston, SC, 29425, USA

SAFETY HERO—EMILY LONG, CRNA

Safely Speaking™

MUSC Health Daily Safety Tip



Safety Hero: Emily Long, CRNA

During the induction of anesthesia and preparation for a robotic hysterectomy in the Charleston University Hospital OR, Emily Long, CRNA, diligently worked to optimize the patient's respiratory and circulatory status. When first, second, and third-line corrective measures failed to ensure a safe margin for conducting the anesthesia, Emily promptly informed the surgical team about the risks of proceeding with the planned operation and recommended aborting the procedure.

The entire operative team discussed the options and consulted with the patient's family. Based on these deliberations, the decision was made to abort the procedure before surgery began. The patient was awakened, and a cardiology consultation was obtained.

Emily's timely and clearly communicated concerns helped avoid potential patient injury. Her clinical judgment and patient-focused actions exemplify how one clinician's intervention in a complex process can prevent harm.

NOVEMBER 5TH ELECTIONS VIA ABSENTEE BALLOTING-CHARLESTON COUNTY

This year is a presentational election. I would encourage us all to vote. Despite our desire to get to the polls, it is often difficult to make it due to our clinical schedules. I reached out to the Charleston County Election Committee about requesting an absentee ballot. Ms. Dakota Blich's response is as follows. Please reach out now to be included in the absentee process to assure your ability to participate.

Due to a decision made by the South Carolina State Election Commission last year, absentee application requests can no longer be done electronically (online, by fax, or email). To request an absentee ballot application a voter must now do so by phone, mail, or in-person.

Please give us a call at 843-744-8683 to request an absentee ballot or mail your request to PO Box 71419 North Charleston SC 29415. In a mailed request, please include the specific election(s) you are requesting. When requesting an absentee ballot for a primary, party preference must be stated. Let us know if you have any questions.



Dakota Blich | Absentee Services
Charleston County Board of Voter Registration and Elections
p: [843.744.VOTE](tel:843.744.VOTE)
w: chsvotes.gov



GRAND ROUNDS- SEPTEMBER 2024



“Learning how to Teach, while Teaching how to Learn”

Christine Mai, MD, Assistant Professor

September 3, 2024

**Dept. of Anesthesiology
Mass General Brigham**



“Fetal Anesthesia”

Pedro Argoti Torres, MD, Associate Professor

September 10, 2024

**Dept. of Obstetrics and Gynecology
Medical University of South Carolina**



“Cesarean Deliveries: Fuel for an Epidemic and Food for Thought”

Laura Sorabella, MD, Assistant Professor

August 20, 2024

**Dept. of Obstetric Anesthesiology
Vanderbilt University**



M&M

“Intrathecal Hematoma”

Richard Uhlenhopp, MD, Resident Physician

Michael Reynolds, MD, Resident Physician

“TBD”

Davis Osborn, MD, Resident Physician

September 24, 2024

**Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina**



DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

Email: hameedi@musc.edu
Phone: 843-792-9369
Fax: 843-792-9314



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

Admin Team

Kim Pompey, Mary Chiappardi, Tammie Matusik, Erin Wentz, Amande Henline—Thank you all for your help prepping for the storm and during the storm. Thank you for checking and organizing supplies, covering extra duties and always being willing to step up and help. I appreciate you all so much! - Sarah Zuniga

[CHECK OUT OUR WEBSITE](#)

Future Events/Lectures

CA 1 Lecture Series

- 9/4—Anesthesia Complications—Andrew Fisher
- 9/11—Fluid Management & Transfusions—Joel Sirianni
- 9/18—Adrenergic Agonists & Antagonists; Hypotensive Agents—Jackson Condrey
- 9/25—Cardiovascular Physiology & Anesthesia—Martin Steine



Follow us on Facebook, Instagram, and Twitter:



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Holiday Party
Saturday, December 7, 2024
Carolina Yacht Club

[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 October edition will be September 18, 2024.