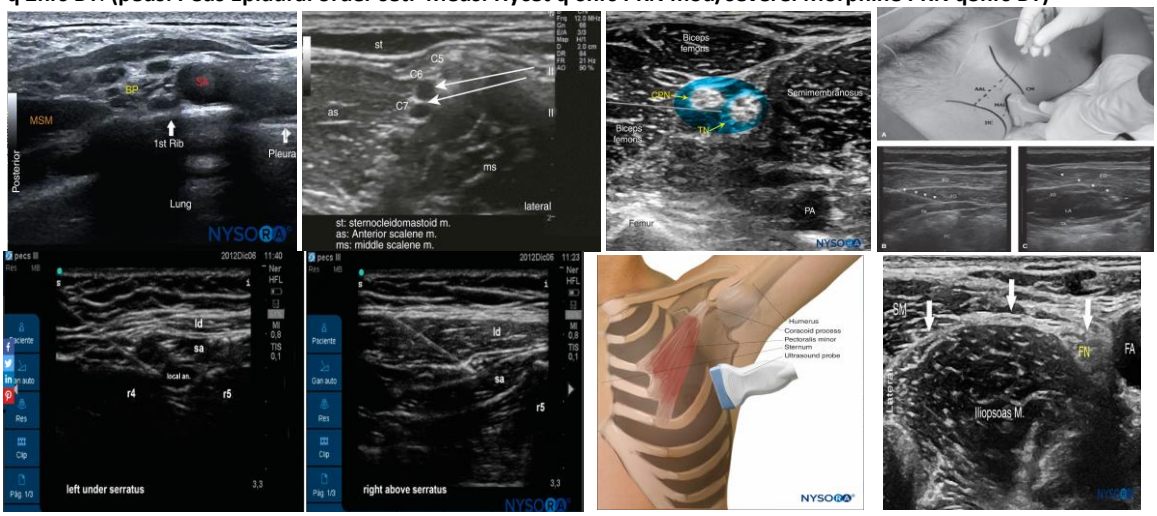
LOMA LINDA UNIVERSITY
School of Medicine

Acute and Perioperative Pain Rotation Orientation

Welcome to one of the most exciting rotations of Anesthesiology Residency! We will do some awesome blocks and learn everything you need to know about regional anesthesia! Please see the following items to ensure success and competence of regional anesthesia.

- Usually I check with surgical attending and inform you which cases will be candidates for blocks from the day before. If you are coming off from a non-OR rotation (like PACE clinic) please txt me @ 818-515-4042 the day before so that I can add you to the acute pain list.
- Please make sure you relay any consult requests via acute pain pager to attending covering acute pain right away.
- The acute pain list will be under shared patients list and I will give you access the day before you start the rotation.
- In a nutshell: **All of the open general surgery/acs (adults or peds ex laps/colorectal cases/rib fracture cases at medical center/HSH/ICU will be candidates for thoracic epidurals- levels of placement T7-T12).**
- **Robotic and laparoscopic cases for colorectal surgery, GYN/onc/general surgery at MC, HSH will be candidates for intrathecal opioid injections after confirming with the surgical team.** (Morphine 150-250 mcg and fentanyl 20-30 mcg obtained from the pdcu pyxis machine. **For any intrathecal opioid we place post-op spinal order set after we finish the spinal.**
- **Serratus chest wall blocks for VATS. Thoracic Epidurals for open thoracotomy cases.**
- **TAP blocks for minimally invasive abdominal surgeries such as inguinal/ventral hernias.**
- **Upper extremity blocks for vascular surgery fistula cases after checking with the surgeons (Dr Patel welcomes).**
- **Lower extremity blocks for adult/peds orthopedic rooms/trauma/ amputations/vascular: Drs. Rajfer, Johnson, Fuller and Morrison/Hayton, Murga.**
- Please check on anticoagulant medications that were given to patient before you consent for any neuraxial procedure.
- Every morning, most residents arrive to medical center at 6:00 am for obtaining consent while patient is in observation (pre-pdcu) unit and to expedite flow to PDCU. (Wednesday morning 7:15)
- I usually like to start on thoracic epidural placement around 6:15 am at the latest.
- **List of items that are needed prior to starting: Chloroprep (Surgical one-large size), masks, gloves, epidural/spinal kit/peripheral nerve needle, tegaderm, medapor tape and ultrasound (if it's a nerve block).**
- As soon as patient arrives to pdcu and gets their IV placed, please timeout with nursing team and get patient positioned for procedure.
- Please ask the surgical team to add the consult request for acute pain consultation.
- Write consult note: consult notes, check off AP Consult. Daily Progress Note. New note "progress note"- "APS" into SmartText field. For any block we do we place note in the intraoperative record.
- It's very important to update the patient problem list with acute postoperative - pain (need to be very specific and include laterality if applicable, e.g. acute postoperative left hip pain.
- For adult epidurals: **Epidural Analgesia Orders (PCEA) – ADULT order set: fentanyl 2 mcg/ml, bupivacaine 0.0625% (8/3/15). Multimodal: Tylenol/Robaxin IV. Gabapentin PO. NSAID. Oxycodone 5 PRN 6 hrs mod/sev. Dilaudid 0.4 IV q 2hrs BT. (peds: Peds Epidural order set. Meds: Hycet q 6hrs PRN mod/severe. Morphine PRN q3hrs BT)**



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