Senior Call Protocol

Senior call can be a challenging assignment as you wear many hats and sometimes may feel that you are spread thin trying to deal with multiple things at once. However, it is essential that as Anesthesia residents we learn to multitask and learn the basics of running an operating room. This protocol is to give the senior resident a template on their duties and ideas on how to perform them efficiently.  Senior call duties include:

* Carry the senior call phone
* Lunch breaks
* Help manage relief of anesthesia staff
* Take over PACU after PACU resident goes home
* Dinner breaks
* Manage traumas
* Help junior residents
* Cover overnight cases with call team

**Senior call phone**

The PACU resident will pick up this phone at 7am from the overnight senior resident and carry this until 11am. When the senior resident comes in at 11am they are to pick up the phone from the PACU resident and carry this throughout the night. If there is no PACU resident that day then an “extra” senior or senior assigned to a room will carry the phone until the senior call arrives.

**Lunch breaks**

The senior resident typically starts off by lunching the heart rooms as they are usually the only qualified person to lunch these rooms. The CRNAs do a good job starting with breaks and lunches in NORA and working to get this completed.  However, this does not mean that the NORA locations are allocated just to our CRNA staff.  It is the senior resident’s duty to make sure that everybody has eaten before they eat lunch. And although the peds hospital has recently been able to provide lunch breaks for the residents on the peds side, it is still advised to check in with the peds residents or peds service director to make sure they have had lunch.

**Relief of Anesthesia staff after lunch**

This is where the role of senior resident can be challenging, but as long as you try your best to be fair and make sure there is enough staff to cover emergencies and rooms re-opening, then people will understand that you are trying your best. Each service director has a different style of running the board, but most will give the senior resident some latitude in coordinating the resident and CRNA room assignments. Please run things past them as the service directors have the last word. Communication is key. In the PACU office there is a deserving list of residents who stayed past 1800 the day before, the latest of which should be the LO resident. After the juniors have helped finish with lunches and get lunch themselves, they will start taking over rooms. There is no perfect order, but typically starting with the deserving list is most fair.   Discretion needs to be taken with the LM1 and LM2 CRNAs to adjudicate the timing of who and when staff is relieved as you will need staff to relieve the daytime CRNAs by 17:00. Sometimes the LCH (late peds CRNAs) can staff the adult CRNA rooms that run past 17:00 but that is at the discretion of the peds service director and the CRNAs and is not guaranteed.

A suggested collaborative order that is most fair usually is as follows:

* Deserving, pre-call, regular, MC7,MC6,MC5,MC4,MC3
* Deserving list/ solo attendings (If a resident stayed particularly late, they will be relieved before the solo attending, otherwise solos will generally be relieved first -- discuss with the service director)
	+ Try to relieve residents chronologically on the deserving list.
	+ If it’s Monday, consider who worked over the weekend as deserving (Sr. Am, Jr. Am, 3rd call, 4th call)
	+ If a deserving person is on the peds side that day, please communicate that with the peds service director as the peds side will try to relieve that resident if possible.
* Pre-call residents [OB call, Senior (MC1), Junior (MC2), Hearts (MC3), Peds call, Late out (MC7)] – don’t forget about OB rotators that are MOR for the day and may be OB call the following day – They should be the first of pre-call residents out. This is becoming rare with the new OB night float, but is still possible so please double check. Also, while the pre-peds call resident is likely on the peds side that day, still double check in case they are on the adult side and would thus be part of your pre-call/ go home list.
* Fellows (they may be regular or deserving, treat them as you would treat a resident. Please be fair.)
* Regular day staff (Resident & CRNA staff)
* Always confirm with the service director before sending a resident home.

**CRNA Colleagues**

The CRNA staff is essential for helping run the OR at LLUMC and typically do most of the NORA cases. There may be LM1s and LM2s occasionally.  All the other CRNA staff’s shifts are from **7 am - 5 pm**. The late CRNAs help with giving morning breaks, lunches, and afternoon breaks to staff. They may be carrying the **53812 phone** (which will be listed on the OR board).  Communicate with one of the CRNAs (preferably an LM1 or LM2) and with the service director to figure out which CRNA rooms will be going past 5 and which regular CRNA day staff are okay with staying past 5pm if it is necessary. For the regular day CRNAs, it is typical that they are able to go home if their room (or location if in NORA) closes and the service director does not need them for anything else. It is important for the senior call resident to keep track of what time rooms will be finishing. This information will allow the senior resident to know which rooms will close before 5, which rooms will likely go past 5, which CRNAs are okay with staying past 5, what rooms the late CRNAs will go into. The CRNAs know that it is not guaranteed that they will be relieved by 5pm, but we will do our best to get them out as close as possible if we have the available staff to do this.

**Dinner breaks**

Around 6pm is when it is time to start thinking about dinner breaks for the remaining anesthesia staff (including the late CRNAs). The best people for helping with giving dinner breaks will be the on call team and the late CRNA staff as anesthetizing locations are winding down for the day as they are typically finished with their NORA locations around this time. Try to give dinner breaks first to your call staff (MC2,MC3,MC4,MC5,MC6,MC7).  Try not to give dinner breaks to a regular day staff if they are going to be relieved soon. If it looks like a regular day resident will be staying late, then make sure to give them a dinner break too.

**Relief of Anesthesia staff after dinner**

After 7pm, the OR is typically running a minimum number of rooms. The late call staff include: MC1-MC7 and late CRNAs. Try to be considerate if there is going to be a liver transplant, heart transplant, or organ procurement which would require the MC3 residents to be up most of the night. The senior resident is the extra person in the evening in case there is a trauma or emergency in which they are needed.

A number of factors play into when it is appropriate for the senior to take over a room. Every effort should be made to get our colleagues out at a decent time, but coverage for potential emergencies needs to also be taken into account. Coordinate with the service director as to when it is appropriate to take over a room.

The absolute latest the LO resident (MC7) can stay is 10:30pm in order to get the required 8 hours off between shifts. The absolute latest the LC1 resident (MC6) can stay is 3:00am and the latest the SS residents (MC4 and MC5) can stay is 7:00am as all residents should have a minimum of 8 hours off between shifts. These are extreme situations as it is likely that these residents will be going home well before those times. If however this cannot be accommodated the service director for the following day will need to be notified that these residents will come in at a later time to allow for the required 8 hour off duty time or have a post call day awarded.

Keep in mind there are always other seniors and attendings around who are willing and able answer questions or bounce ideas off. This is a learning process and it's ideal to ask for help. Enjoy your senior call!