

ROVER (Rolling handOVER)

Dandenong Hospital Anaesthetics Registrar

UNIT STAFF MEMBERS – KEY CONTACTS

Dr Rohan Hegde is the supervisor of the ED trainees.

Each day there will be a consultant in charge of the floor. They are approachable and very helpful if you need anything. Extension 3054, or 0439529665.

USEFUL CONTACTS

You will also have a DEMENT allocated from the ED

Dale Ferguson (Dandenong ED admin) completes the Kronos timesheets, collects certificates etc.

If you are unwell call the anaesthetic in charge number 0439529665 which is held by the registrar in charge overnight.

WHERE TO GO ON THE FIRST DAY

Present to the main theatre desk on the first day to arrange change room access and meet the consultant in charge. They will let you know who is running the orientation. You will spend most of the first morning in orientation.

You can leave your lunch in the anaesthetics registrar room. There is a fridge/ microwave there.

Lockers are in short supply in the change rooms, there are a couple of smaller ones in the reg room. Bring your own lock.

WHERE TO COLLECT PAGER (If applicable)

NA

ROLES / RESPONSIBILITIES & TIPS

Day to day

Shifts begin at 0730, which means you start about half an hour before your consultant. Shifts end at 1730. You will almost never be out late unless you really want to follow a case to completion and a list is running over time. You will be rostered Mon/ Tues/ Thurs/ Fri 0730 - 1730 with Wednesdays off for teaching. You may have some days rostered to Cranbourne, usually for gyne lists. It's easy to park there, and easy to navigate as it's pretty small. The nurse in charge will show you the ropes.

In general the day involves:

Check what theatre you are allocated to and which anaesthetist you are working with. You will be emailed a roster each week but this is prone to change. There is a Monash Anaesthesia website that you will need to create a login for in order to be able to access your roster. This site is also used to submit any leave requests including sick leave. A link will be emailed to you prior to your rotation. Sick leave should also be notified to Dale Ferguson, who is overseeing your rotation from the ED admin side. Dale will be completing your Kronos. Medical certificates etc go directly to Dale.

Check your list/ patients for the day. If they are complicated or having a long/ complicated/ interesting procedure you may like to do some reading in advance about anaesthetic considerations in order to help you think about a plan.

Go to your theatre, ensure the machine has been checked. The anaesthetist you are working with will take responsibility for this, but it's useful to learn to do this yourself. Check that the airway trolley is stocked, and emergency drugs are present in the anaesthetic trolley. It's useful to familiarise yourself with the drugs that are stocked in the trolley. Knowing these will give you a bit of a crash course in anaesthesia. See photo at end of this document.

The theatre tracking screen on EMR will give you a list of patients for the list for the day, and their location. They will progress from "sent for holding bay" to "in holding bay". Once they have been checked in by the nurse in holding bay, then you can see them to assess. Don't hold up the check in! The patient cannot progress to theatre without this check in process completed so the holding bay nurse gets priority over you to talk to the patient. You can start your assessment in the holding bay, but it's not a very private place and it is preferable to complete your assessment in the anaesthetics room. Just check that the theatre staff including the techs are ready for you to bring the patient down as for most of the theatres at Dandenong the anaesthetics rooms are the only patient entry AND exit, so you can't bring a patient there if there is still another patient in the theatre or if large equipment needs to be brought in or out.

Complete the anaesthetics assessment on the front of the purple anaesthetics chart, or on EMR. Policy is for the EMR document to be completed. Need to ask about previous anaesthetic history, family history of any anaesthetic issues, fasting status, medical history, exercise tolerance. Assess dentition, airway. Consent for anaesthetic (PONV, dental damage, sore throat, allergic reaction, cardiac/ lung issues as relevant).

Insert peripheral cannulae as required. Give consideration to patient's planned position in theatre. This will depend on the case, so ask for the anaesthetists advice/ preference re location, size and number. Arterial lines can be inserted in the anaesthetics bay or after induction for some patients. Ultrasound is available if needed. The anaesthetic nurse is super helpful for finding whatever you need.

Before giving pre med there is a team time out. This can either be in the anaesthetic room or in the theatre. There is also usually a team huddle with all the staff from that theatre including the surgical team at the start of the day to discuss the plan for the list.

Each case/ patient/ type of surgery/ anaesthetist will have a slightly different "recipe" for anaesthesia, so ask your anaesthetist before you request any drugs or start drawing up. There is no expectation that you will be able to manage/ anaesthetise a patient independently, but over time they might start to ask what you would do for each patient. ED registrars are supernumerary in theatre and you won't be left alone without an anaesthetist.

Make sure to let people know what your learning needs are and seek out as many airways/ procedures as possible.

Cover shifts/After hours work

No weekends or after ours for rotating ED registrars at Dandenong anaesthetics at time of writing

Discharge Summaries

Not required

UNIT MEETINGS / INTERN TEACHING / SCHEDULE

Day	Time	Meeting Location	Specific preparation required
Monday evening once per month - M&M	7.00pm	Has been online recently, you'll receive an email link	Nil unless you're involved in a specific case or presentation

WORKPLACE GEOGRAPHY

Unit specific information

Location of doctors' room	On corridor opposite main theatre doors, code for door is C5790Y
Printer location and number	
Fax number	

Consultants' Offices	In the corridor along from the main theatre doors, just knock. There is also an anaesthetic admin office across the corridor from the consultants office
Main meeting room	NA
Radiology meeting room	NA
Outpatient clinics	NA
Theatre passwords/codes	Need swipe card access to main doors, tea room and change rooms, this can be arranged by the theatre admin coordinator on your first day
Other important locations	

COMMON CONDITIONS MANAGED BY UNIT/KNOW THE BASICS OF...

- Anaesthesia
- Procedural sedation
- Insertion of central lines, arterial lines
- Peripheral nerve blocks (most relevant for us are femoral nerve blocks but they are all good learning).
The AnSo app is helpful if you're keen.
- RSI
- Insertion of ETT
- Insertion of LMAs
- Bag mask ventilation
- Reversal of anaesthesia, extubations
- Drawing up medications and fluids, administering intravenous medications
- Spinal anaesthesia

COMMON MEDICATIONS USED SPECIFICALLY BY UNIT

- Propofol
- Fentanyl
- Alfentanil
- Oxycodone
- Remifentanil infusions
- Muscle relaxants: suxamethonium, rocuronium, atracurium, cisatracurium
- Inhalational anaesthetic agents: sevoflurane, desflurane, nitrous
- Metaraminol
- Ephedrine
- Dexamethasone, ondansetron, cyclizine
- Paracetamol
- Neostigmine/ glycopyrrolate in combination for reversal of paralysis (NOTE that neostigmine comes in two preparations, both of which may be found in the trolley: with and without glycopyrrolate to check carefully!)
- Oxytocin

PROCEDURES

Lots of peripheral IV cannulas

Arterial lines

Intubation

LMA insertion

Procedural sedation

Spinal blocks - these are useful learning for future lumbar punctures

ANYTHING EXTRA THAT MAY BE NECESSARY TO KNOW

Different anaesthetists might have different recipes for the same procedure - you'll get used to being flexible and learn a lot about different approaches.

ED registrars are warmly welcomed in the anaesthetic department almost universally. Try to get a sense of the whole workflow of the anaesthetic process, as it's easy to fall into the trap of just doing the airway and letting your senior take control of the drugs/ anaesthetic machine. The more you do and take responsibility for the more engaged you will feel. The capacity for you to do this, of course, depends on the list/ patient/ anaesthetist you're working with.

If you're an ACEM trainee, you can keep a log book of the cases that you see on the ACEM portal. Try to do this day by day so you don't have a back log to complete. s

Computer Stuff:

- Change your “experience” on first net to anaesthetist (click the blue icon not the red one when you open the EMR)
- There are folders in the “orders” screen containing commonly used intra and post operative medication orders, recovery room analgesia protocols, PCA orders etc. They can also be accessed by the “surgeon view” tab at the top
- Not all anaesthetic drugs given in theatre get documented on EMR, but important ones to put on there are antibiotics, DVT prophylaxis, parecoxib, intrathecal morphine, paracetamol, antiemetics
- Other things to document are the anaesthetic pre op assessment, IVC insertions and any blood products administered

USEFUL RESOURCES

