

FROEDTERT BIRTH CENTER

OB Anesthesia: Resident Orientation

Welcome to the Froedtert Birth Center!

• Location:

- Labor and Delivery CHW East Tower 8th Floor
- Mom / Baby CHW East Tower 7th Floor
- Antepartum CHW East Tower 6th Floor
- Shift change at 0630 and 1830 every day unless otherwise noted on your schedule.
- Board report to 1st call / fellow / faculty is mandatory at each shift change
- Zone Phones are passed off at shift change. The phone and the Emergency Pager must be carried during the call.
- Call Room #1 8th Floor
 - Door Code: 1750
 - Closet Code: 2244
 - Bathroom Code: 1750
- EPIC Department: 3275 (IP OB ANESTHESIA)
 - You can use the "Advanced" tab to search for Dr. E. Ellinas' order set, which has the defaults already, selected. Right click on her order set and save it to your favorites!
 - ANE IP Obstetric Anesthesia / Epidural
 - ANE IP Obstetric Neuraxial Duramorph
 - ANE IP Labor and Delivery PACU

Pre-First Call Resident Responsibilities

Write post-op note

- Document on consent form in post-op box
- Create 24 hour post op note in EPIC in the Post tab.
- Close sign and close EPIC encounter once post op completed.
- Email attending if attestation missing.
- Complete QI form in Anesthesia Sharepoint site
- Sign off to staff/fellow/1st call resident.

Dear Residents:

Please be aware that you may be needed as FBC2 at the FBC until 5 pm.

While all faculty are aware that FBC2 is pre-SJ1, and will try to get you home at a reasonable hour, please don't either assume that your afternoon will be free, or make any appointments that you can't miss.

With thanks - Libby Ellinas, MD

Zone Phones Resident Phone: 805-1516 (dial 5-1516) Faculty Phone: 805-1517 (dial 5-1517)

- To answer a call: push the green phone button.
- To end a call: push the red phone button.
- Nurses call our Zone phones with their Vocera units:
 - To call a Vocera user back: call 5-2117 and follow the prompts.
 - You are calling the Vocera unit, so you will need to use the Vocera name (eg: the nurse's first and last name).
 - Do not say the word "call," just the name of the person you want to reach.
- To make an outside phone call: dial 9 first, then the number, then press the green phone button.
- The phones will work on floors 6-8 at the FBC as well as in the Froedtert Cafeteria. The hallways and tunnels are dead zones, missed calls will not be recorded if you are off of the FBC floors.

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OB Anesthesia Consent Forms

Every patient needs a signed consent form and a completed pre-op entered into EPIC.

Patient signatures are good for 30 days.

Remember to sign on the Resident line or have the Staff sign below if they complete the pre-op/consent process.

Read the labels on the bins to process the forms correctly!

EPIC Charting

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Epic 2014	
Department: FH IP OB ANESTHESIA [3275]	
OK Cancel	
Last login Tue Sep 15, 2015 10:41 AM CDT.	
© 1979-2013 Epic Systems Corporation. All rights reserved. Protected by U.S. patents. For details visit www.epic.com/patents Additional.convicibits and/v. CDT®.convicibit AMA_SNOVED_CT®.convicibit IMTSDO_More	
Inappropriate access, use, or disclosure of our patient information is PROHIBITED!	
All access is recorded and auditable. Users are accountable for all activities under their login credentials.	
Report privacy concerns to Compliance Hotline: (414)-259-0220	
Call the IT SERVICE DESK for technical difficulties: (414)-805-2101	

EPIC – L&D Greaseboard View

🔒 🙀 My Pa	tients tDR/Triage/OR ZC-Sections	🙂 Mom Baby 🛛 🍰 Nu	sery/NICU & Pended	Babies	Y Moms wit	h Pending Newborns	🛜 Reg Needed 📝 🦯	Anesthesia	Antepartun	n (23) 🎤	Anesthesia - Postpartum			
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NEW: ANES Pause event; shows when the last time the patient was checked!

EPIC Charting: New L&D Patient

• Create an ad hoc encounter for all NEW L&D Patients that do not have a pre-scheduled surgical encounter already in EPIC.

Anesthesia Record Select	×
Select a procedure to document on for Zzlabor-Inpatient,Isabelle.	<u>^</u>
STABLISHED on 01/21/2014 at 11:15 AM by Chris Grecabbage at Internal Medicine, Sargeant Health Center	
Other: OB Anesthesiology	
Accept	<u>C</u> ancel

• O NOT document in an open **outpatient** encounter that may populate in our Anesthesia Record Select (eg: MFCC, ESTABLISHED, RHEUM, etc)

EPIC Charting: New L&D Patient

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Required in Anesthesia Plan: ASA, Anesthesia Type, informed consent info and any pertinent documentation re: your anesthesia consent discussion with the patient.

•

- DO NOT FILE A BLANK PRE-OP!!
- Check to make sure you are documenting in the correct department / procedure!!

EPIC Charting: Laboring L&D Patient

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<u>8</u> 2	IV Colloid Volu (mL)								Procedure: OB
Staff Attest	PRBC's (mL)		-					-	Anesthesiology ASA: 2
#2 1	Albumin (ml)								INFECTION: None
Position Blood	FFP (ml)							· · · · ·	Allergies
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A	Cryoprecipitate (ml)		_	events - Arabesque, Katelyn					Abx: No antibiotic orders
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• Check in on a laboring patient Q2 hrs during the day and Q4 hrs after midnight. Remember to pause and resume and document any pertinent information.

• Note the Anes Start, time of delivery, and Anes Stop as these are key billing points.

	Laboring Patient \rightarrow C-S	Sectio	n	
🕶 CMF - Pra	actice Environment - FH IP OB ANESTHESIA - ALEX A.			×□
Epic -	🛛 🏠 Patient Station 🎢 User Order Sets 🖳 Patient Lists 🔇 Schedule 📆 Snapboard 📆 Snapboard 🤉 Re	eports - 🔹 🔌 🥬 🏸	🗃 Print 🗸 🖇	🖢 Log Out 👻
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- If a laboring patient goes for a C-section (eg: failure to progress) the HUC will create a surgical encounter in EPIC. After opening the patient's record, click on the new surgical encounter, you will be prompted to link with an open anesthesia record. Find your OB Anesthesia encounter to link to the new surgical encounter.
- If there is no surgical encounter available, please speak with the HUC / front desk staff and ask them to create an encounter for this visit.
- If you have trouble or miss the linking step please email cbrummer@mcw.edu for help.

Epidural \rightarrow C-section

 Remember to click the Epidural to C-Section macro in your intraop documentation. This event is a key billing point.

Events - Arabesque,Katelyn		
Add New	Anesthesia Stop	0
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Pidural Stop 1415		
Baby Delivered 1411	🗩 🏘 😰 🐨 🖉 🦪 🥵 💠 [Insert SmartText 🔄 🖨 🖨 🐇	
Uterine Incision 1410		<u> </u>
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Anesthesia Start 1401		
		<u>C</u> ancel
	×	Close

Prescheduled C-Section, Induction, Cerclage

- If a patient has a prescheduled surgical encounter (C-Section, Induction, Cerclage) an Anesthesia record type will already be entered in EPIC by the HUC. Document in that record when available.
- Make sure the date on the encounter matches the date the procedure will take place!! If it does not, speak with the HUC/Front desk staff and ask them to EDIT THE DATE of the encounter available!
- Problems / Unsure? create OB Anesthesia and link to surgical case.

. ct a procedure	to document on for Zz	iabor-Csection,Courtne			
CESAREA	N SECTION on 03/13/2	013 at 6:45 PM by Franci	s Mountain, MD at OR OE	FH	
O Other:					

C-Section Intraop Documentation



Vaginal Delivery with Tubal

- Please document the delivery under OB Anesthesia. You will need pre-op, intra-op, and 24 hour post-op documentation.
- Document in a SEPARATE Tubal Ligation encounter for that procedure. If there is not Tubal Ligation encounter available please speak with the HUC/Scheduler so they can create the correct type of procedure. The preop from the labor will need to be copied and pasted into the Tubal encounter; please indicate the delivery has occurred and any changes in vitals or EBL at the end of the Tubal pre-op EPIC document. You will need pre-op, intra-op, and 24 hour post-op documentation to complete the encounter.

*Why do we have to separate our documentation?: If we document the vaginal delivery and tubal in the same encounter we will lose 5 base units for the delivery anesthesia. In order to get all of the billing possible for both procedures we need to separate our documentation.

Anesthesia Not Administered



Post-Op Documentation

Post-Op Documentation:

- Please record the type of anesthesia, type of delivery and/or surgical procedure on the consent form.
- Document the date of the post-op visit directly on the consent form.
- Don't forget to record wet taps, HA, and other adverse outcomes that require additional follow-up.
- Make sure you are using the correct template (Immediate vs. 24 hour and are filing the note in the Post area of the correct encounter!! We do not use the Follow-up tab in L&D for post op documentation.
- All patients that have an anesthesia procedure must have a 24 hour Post-Op!!
- Patients that have a surgical encounter (C-Section, Tubal, etc) get an Immediate Post Op Note right after surgery is complete.
 - These patients also need a 24 hour post-op to be completed (please see details re: how to post op for Tubal Ligation patients!
- Please call the patient at home if a post op has not been completed while admitted!

24 Hr Post-Op Screen Shot

	Notes	Arabesque, Katelyn - New Note by AEJEJ, ALEX	_ X
Chart Review	New Note E	Type: Service: Anesthesiology Date: 1/21/2014 Time: 02:25 PM	E
Patient Summary	All Notes OF		
Results Review	1 of 1 note dis		
Notes			
Intake/Output		OB FOST ANEST HESIA CHECK	
Doc Flowsheets		Patient Name: Katelyn Arabesque	
Enter/Edit Results		MRN: 1000/825 DOB: 7/17/1984	
MAR		Presedure: * Ne presedures listed *	
Letters		Procedure Date: 1/21/2014	
Orders		Anesthesia Type: {P2 ANE TYPE:11215014}	
Intra		Katelyn Arabosque has JANE:16405	
Pre		Tracelyn Alabesque nas (Ant. 10430)	
Post		Vital Signs:	
Follow-up		I here were no vitais filed for this visit.	
	Anesthesia Special ter Perioperat Vital Signs BP: *** Temp: *** HR: *** Sp02: *** RR: *** Respirator Mental Sta	Level of Consciousness: {ANE LEVEL OF CONSCIOUSNESS:16496} Exam: {ANE OB NEURO POST-OP:17665::"ambulating","voiding","no back pain"} Neuraxial Block Site Assessment: {ANE NEURAXIAL BLOCK SITE ASSESMENT:17664::"non-tender","non-erythematous","no drainage"} Assessment: Katelyn Arabesque 29 Y female status post ***, post partum day {DAYS :10498}, {ANE:16498}. Follow Up: {ANE FOLLOW UP:16499}	*
	Patient Pa		E
	Pain: (ANE	Var Pend Variation Sign	X <u>C</u> ancel

Nauses and Vomiting: JANE NA/165711

Post Dural Puncture Headache: FBC Protocol

- Document the PDPH (signs/symptoms/treatments) in the typical OB postanesthesia check note.
- Make sure to document PDPH in online QI form.
- Sign out to the incoming resident, so that they may continue to follow that patient and write a note daily until symptoms resolve or until discharge.
- Write patients name on white board in OB anesthesia work room, including the date of expected follow up call (one week from discharge).
- About one week after discharge, create a telephone encounter and call patient, document a telephone note.
- * If a patient requires a blood patch, blank outpatient blood patch order forms are in the clear filing box on the desk in the OB Anesthesia workroom.

Accessing Sharepoint: QI at the FBC



From the Froedtert Intranet site – Click on "More Applications" on the right hand navigation

Accessing Sharepoint: QI at the FBC



Accessing Sharepoint: QI at the FBC

0	
Ø	Enter username and password for http://auth.froedterthealth.org
User Name:	-
Password:	

Enter your Froedtert User Name and Password!

Creating a NEW FBC QI Form

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New OR Form Vame Proc Date Proc 1 Staff Proc 1 Res MD Proc 2 Staff Proc 2 Res MD	
My OR Forms	
My Incomplete OR Forms Form Status : Incomplete (2) Form Status : Complete (4675)	
My Complete OR Forms	
• EVERY patient that receives an anesthesia	
Compliance procedure at the FBC needs a QI form	
Past 30 Days Totals completed! *	
FY16 FBC QI Form	
New FBC Form	
• You can see submitted forms details by clicking "All	I
New SJBC Form Documents" and expanding by clicking next to "For	m
Status" Those in the incomplete section need Post-offiled out and the form submitted.	эр

Submitting a (NEW and INCOMPLETE) FBC QI Form



VEID2 - New Form

Copy

Use the "Submit" button to submit a partially completed (before post-op) form, AS WELL AS for submitting a completed (with post-op) form.

views						
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	* 🗸 Res	MD#/CRNA	Cont	tinuous spinal		LMA/Fast Track
			CSE		Ultrasound	Rapid Sequence
🔘 CA-1 🔘 CA-2	CA-3 🔘 CRNA 🔘	Fellow 🔘 Sta	ff Only 🗍 Gene	eral	Pre-Procedure	C Other
Needle:	(cm) US:	(cm)	MAC		Rescue, mid-procedur	e
2:	(em) eet	()			Rescue, replacement	
procedure done						
***		* -	Anesthe	tic Technique	Lines	Intubation Techniques
	* 🗸 Staf	f#	Epidu	ral	A line	Direct Laryngoscopy
			Spina	al	CVP Line	Fiber optic
	* 💌 Res	MD#/CRNA	Conti	nuous spinal		LMA/Fast Track
🚫 CA-1 🚫 CA-2	CA-3 🚫 CRNA 🚫	Fellow 👸 Stat	ff Only CSE	ral	Ultrasound Pre-Procedure	Rapid Sequence
Needle:	(cm) US.	(cm)	MAC		Rescue, mid-procedure	
e:	ciii) us.	(ciii)			Rescue, replacement	
is Applicable						
ies - See below for Se	verity Index (SI) in	structions				
orbidities						
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None None		None None	1003	None	None None	
DM I/	II	🖾 Hx of Se	eizures [CO]	Asthma	GERD	
vere Features 🛄 Gesta	ational diabetes	🛄 Spinal d	leformity/scoliosis 🔲 s	Sleep Apnea	Liver dz	
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Questions / Concerns / Problems with EPIC / Want to Moonlight?

- OB Anesthesia Program Coordinator:
 - Cathy Brummer, MSM
 - cbrummer@mcw.edu
 - 805-3914
 - Office Hours: Mon-Thur (0900-1500)
 - Email is the best way to reach me!
 - Sick? Please use visit: https://www.dayoff.site/
 To record your day away!

