



Department of Anesthesia

Title: Inpatient Preoperative Evaluation
Guidelines for Trainees

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Inpatient Preop Guidelines for Trainees

- Once being released from duty by the Anesthesiologist In Charge (AIC) for the day, trainees must check in with the assigned senior resident for an inpatient preop assignment. This includes the PACU resident.
- The name of the senior resident assigning inpatient preops will be listed at the top of the OR schedule posted in the anesthesia office. Assignments will be made by one of the chief residents, or another senior resident if neither chief resident is at GUH on a given day.
- Preops will be assigned on a first come, first served basis so that those out of the OR early will help those working late in the OR. Trainees should check in **immediately** after being released from duty in the OR. **They are not to do their own preops, socialize, or otherwise delay checking in.**
- The preop assigner will cross check the availability schedule for the day with the active room assignments on the board in the afternoon to keep track of who does and does not check in in a **timely manner**. Those who make a habit of not checking in in a will have their program director notified of noncompliance with this policy.
- Trainees who have a break in the day after the schedule is out should check in to get a preop, as it will save them from having to do one later.
- GI inpatient preops will be done by trainees assigned to GI the next day. A list of GI preops will be faxed to the anesthesia office by 4pm daily. If no list is posted, trainees are to call the endoscopy suite to obtain the list and post it in the anesthesia office. The trainees assigned to GI will communicate with each other to divide the patients and ensure that all are completed before leaving. In the case that there are no trainees assigned to GI the next day, the main OR trainees will complete the GI preops. The OB trainees will no longer take on this responsibility.
- Once the preops have been completed for the day, a notice will be posted in the anesthesia office. Trainees are only excused from checking in after this notice has been posted.
- Trainees on overnight call/late call are responsible for checking at the main OR front desk at the end of the day (and in the morning for those on overnight call) to be sure that all preops and add-ons have been covered.
- For selected patients (room 21 & 22) who have undergone anesthesia recently during the same admission (within a week or so), trainees should start a new preop form, but may write "see previous anesthetic record" in small print. Please leave room for the anesthesia provider who eventually takes care of the patient to copy forward the past medical history from a previous record. Trainees are to **update the labs, vital signs, and note any changes that have taken place since the last anesthesia record was completed (check progress notes, consultations,**

and check for new imaging studies). Use your judgment. Do what's right and what makes sense. We are all professionals.

- When preoping a non-consentable patient (minor, intubated, altered mental status, etc), if unable to obtain consent the day before the scheduled case (SRNA assigned to preop, or resident otherwise unable to contact POA), **notify the resident on call**. The trainee assigned to preop this patient will provide the resident on call with a consent form that includes a patient identification sticker, room number, and contact information for the POA. The resident on call will make additional attempts to obtain consent. If unable to obtain consent overnight, the resident on call will **notify the AIC**.
- When completing preops, if any issues arise that may cause a patient to be **unsuitable for the OR, or further intervention** needs to be made before bringing the patient to surgery (ie. blood product transfusion, cardiac studies, etc) **notify the AIC**. Trainees may, at the AIC's or their own discretion, be asked to notify the anesthesiologist assigned to case.



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