Augusta State Medical Prison (ASMP) Rotation
Goals and Objectives

Department of Anesthesiology and Perioperative Medicine
AU Medical College of Georgia

Rotation duration: 4 weeks
Location: 3001 Gordon Highway, Grovetown, GA 30813
About 5 miles past Gate 1 of Fort Gordon as you are driving from MCG. Park In front of the facility.
Front desk: 706-855-4877
Other phone: 706-855-4872, 855-4771

Introduction
Welcome to the ASMP Anesthesiology rotation! We hope this elective rotation will provide you with valuable experience and education that will further advance your anesthesia training. The ASMP section is responsible for approximately 1100 anesthetics each year in our two operating rooms.

The ASMP operating rooms function like an efficient ambulatory outpatient surgical center. Our caseload is primarily a mix of simple general surgery, simple plastic surgery, ENT, urology, orthopedic surgery, ophthalmology, and oral surgery. For the most part, we are anesthetizing healthy patients for cases lasting 1-2 hours.

The practice of anesthesia for outpatient surgery offers many different challenges compared to other anesthesia specialties. The goals for outpatient surgery include a safe, efficient anesthetic combined with a quick emergence. The goals also include controlling pain and postoperative nausea and vomiting in the PACU for an early discharge from the PACU. At the ASMP, residents get a “real life” OR experience and learn to maximize their efficiency along with the nursing and surgical teams.

In addition to giving standard general anesthetics using endotracheal tubes and laryngeal mask airways, we also provide moderate and deep sedation and perform many quick procedures under mask anesthesia. The oral surgery department operates regularly at the ASMP, and residents will perform many nasal intubations each month.

This is primarily a CA-1 rotation in which residents continue to expand their base of knowledge and techniques of anesthetic care for patients undergoing common surgical procedures in a hybrid outpatient setting. By the end of the rotation, residents should be developing the knowledge and confidence to provide appropriate perioperative care of surgical outpatients.

Goals

Patient care
- Perform preoperative assessments on patients and discusses plan with attending physician.
- These assessments will inform the anesthetic management plan and subsequent acute postoperative pain management as well as nausea and vomiting in the PACU
- Titration of general anesthetic agents to promote rapid emergence and recovery
- Appropriate monitoring, sedation, and anesthetic maintenance
- Apply knowledge of the ASA difficult airway algorithm to prepare equipment and supplies for airway management.
• Perform basic airway management in patients with normal airways, including endotracheal intubation, supraglottic airways, videolaryngoscopy.

**Medical Knowledge**

• Demonstrate knowledge of the etiology, pathophysiology, diagnosis, and treatment of common medical and surgical problems.

**Interpersonal and Communication Skills**

• Communication with surgeons regarding site of surgery, positioning, and anticipated postoperative challenges of their patients
• The resident will present a 30-45 minute inservice to the nursing staff at the end of the month on a relevant topic concerning anesthesia or operating room education
• Learn how to become part of a new OR team, within a short few weeks. This skill will help you during your entire career as an anesthesiologist

**Professionalism**

• Demonstrate professional behavior through the interactions of patients, nurses, and surgeons
• Help manage challenging patients with behavior and psychiatric disorders in a professional way

**Practice-based Learning and Improvement**

• Daily feedback from anesthesia attending staff concerning technical skills and patient management
• Analyze own practice and determine ways in which you can improve your comprehensive anesthetic plan

**Method of Evaluation**

• The resident will receive a summative written evaluation form at the end of the rotation from the Site Director, as well as verbal feedback informally throughout the rotation.
• The resident’s case-logs will be evaluated periodically by the Clinical Competency Committee for the number and type of procedures and anesthetic techniques entered to ensure they are obtaining adequate experience.

**Scholarly Research Activities**

• Prepare abstracts and medically challenging case submissions for the American Society of Anesthesiologists meeting
• Prepare a senior project and present during Grand Rounds

**Suggested Reading**

• Clinical Anesthesiology (Morgan, Mikhail, Murray)
General Information

- Please lock your car after you arrive. Trusted inmates are outside occasionally doing lawn maintenance. Prison security guards perform periodic checks on the vehicles parked throughout the day. If a car is found unlocked or with its windows down, the guards will search it.

- Rarely (once a month or less) the guards and dogs will search each employee and their vehicles in the morning as they arrive in the parking lot. This is usually a quick 60-second search. Please leave at home anything that may cause a problem.

- No revealing clothing can be worn inside the prison. No shorts, capris, skirts, dresses, sandals, open toed shoes, tank tops, etc. No workout pants or jeans. The simplest thing to do is to wear a set of your own scrubs if you have one.

- Electronic devices are normally not allowed inside the prison. iPads and cell phones can be brought in by physicians, so you can bring them in if you like. You are allowed to bring in your MCG pager. It is recommended to leave your wallet in your car; do not bring in large amounts of cash or credit cards.

- Bring your lunch here if you wish. There is no cafeteria and only a few vending machines on the first floor. No cans, glass bottles, aluminum foil, flatware, etc. allowed in the prison. A plastic soda or water bottle is OK. There is a kitchen area and a break room with a refrigerator and microwave in the operating room area.

- Everything you bring into the prison must be in a plastic bag so that the objects you are carrying are visible to the guards. The employees use clear backpacks. A plastic grocery bag is acceptable to carry your lunch in. Purses, regular backpacks, and regular lunch containers are not allowed.

- The guards will not allow you to bring in any extra clothing. Every article of clothing that you bring in to the prison must be worn by you when you are passing through the guard house. If you want to bring in a jacket, etc., make sure that you are wearing it in. The prisoners are identified here by their clothing, and the guards do not want any loose articles of clothing available for them to take.

- You will pass through a security building as you enter the prison area. Your bags will be x-rayed and you will walk through a metal detector, like at an airport. You will give your driver’s license or MCG ID to a guard, and you will be issued a visitor’s pass for the day. It must be displayed on your shirt, and visible at all times.

- There is a sign-in notebook for visitors in the security building after you pass through the metal detector, and you are required to sign in and out each day. When you leave the prison at the end of the day, your ID will be returned to you.

- Visitors must always have an escort when they are walking through the prison. Only employees with permanent badges may walk unescorted.

On Mondays, you may go to Grand Rounds, but you will need to leave at least 30 minutes early so that you can get the prison by 8am and be ready for an 8:30am start.

For Tuesdays through Fridays, please arrive no later than 6:30am as we do plan for an early start. There will be plenty of nurses also arriving at that time, and one can walk with you to the operating room. The goal is to be ready to take the patient back by 7:15am if the surgeons are ready. Please plan on having your room completely ready to start by 7am.
Operating Room

- The operating room is a locked unit inside the prison on the second floor. There are trusted inmates walking unescorted in the hallways who are cleaning, transporting goods, etc. Security officers are patrolling the halls as well. Inmates are usually not allowed to use the elevators unless they are transporting goods, and are not allowed to ride an elevator with a staff member.

- There are two entrances to the OR, both of which are locked. Security cameras are outside each entrance, and the nurses check the cameras before they unlock or “buzz” someone into the OR area.

- Scrubs and jackets are available in the locker rooms. When leaving, place all ASMP clothing in the hampers inside the locker rooms. All ASMP clothing is counted before being sent to the laundry. Do not leave with ASMP clothing or place ASMP clothing in other hampers around the department. You can wear your own scrubs into the OR or use the ASMP scrubs. It is your choice.

- The OR at the ASMP functions like a very efficient surgical center. The cases are fairly short, and our goal is to titrate our anesthetic delivery for a quick wake up and a short PACU stay. The turnover times here are very short, often less than 10 minutes. All of the nursing staff and surgical techs work together to move as efficiently as possible to get the cases finished and the surgeons appreciate it and expect it.

- Please visit the ASMP OR for an hour or two prior to your first day, possibly on a post-call day a week or two before you start. It is important that you are familiar with the OR prior to delivering your first anesthetic. Often this orientation is on a postcall day the month before. If it is not possible to have you come out for an orientation, we will just meet 30 minutes earlier than usual to orient you.

- During the last week of the month, you will give a **30-45 minute inservice** to the nurses on a relevant topic concerning the OR or anesthesia. Please discuss the topic with the ASMP faculty and have it approved, and plan for that inservice accordingly. We will look at the last week’s schedule together and decide on an appropriate day.

Operating Room Routines

- There are no anesthesia technicians or housekeepers in the ASMP OR department, so you are responsible for making sure that your cart is stocked and your anesthesia machine is set up correctly in the morning, turned over properly between cases, and cleaned and stocked at the end of the day.

- There is an E cylinder oxygen tank in each room against the wall with tubing and an Ambu-bag in case of an oxygen failure from the tower. Please check the oxygen tank level each day in your room.

- When you arrive in the morning, the anesthesia carts will be in the hallway outside the OR.

- There are trays for needles and syringes in a large cart in the handwashing area. Take two trays for your anesthesia cart. Each tray will have five of each size needle and syringe.

- The non-controlled drug tray is located in a blue cart in the hallway. Take one drug tray for your cart. The drug tray contains almost the same drugs as the MCG trays, but drug concentrations may vary. Please check over the tray and familiarize yourself with the location of the drugs and the dosages. Use a sterile syringe each time you administer a dose of drug for a patient. At the end of the day the nurses will remove this drug tray,
dispose of the used drugs, restock the tray, and place it back into the blue cart and lock it for the night.

- The muscle relaxants are kept in a small refrigerator in the hall in two small trays. You will take a tray and have it on your cart for the entire day. Available muscle relaxants are succinylcholine, rocuronium, and cis-atracurium. At the end of the day, place the tray back into the refrigerator. When the supply is low, leave the tray at the window of the pharmacy to be restocked.

- A small plastic sealed narcotic box will be on each cart when you arrive. It is the size of a small fishing tackle box. The nurses place the narcotic box on your cart for you when they arrive in the morning. The box contains six drugs: Brevital, fentanyl, morphine, ketamine, remifentanil, and midazolam. The morphine concentration is 10 mg/cc, but sometimes we are dispensed morphine in the concentration of 15 mg/cc, so please check that each day.

- On the drug sheet the pharmacists will write how many vials of each controlled substance you are given. Please check those numbers as well. Please only draw up controlled drugs for one case at a time as your day progresses. Currently the prison system does not have propofol, so we use Brevital for our inductions. It is dispensed in a 500 mg powder vial, and it is mixed up with 50 cc of normal saline (not LR) for a concentration of 10 mg/cc. The induction dose of Brevital is 1-1.5 mg/kg.

- A narcotic administration sheet is provided in the narcotic box. You will fill this out completely, recording the drug use and wastage for every patient. Please waste the narcotics with your anesthesia faculty only. Please make a copy of the OR record for every patient and include the copies with the narcotic administration sheet at the end of the day to be returned to the pharmacy. At the end of the day, I will go through the narcotic sheet with you and verify the wastage, end count, etc.

- We have a GlideScope with the standard Mac 4 blades. The GlideScope is expensive and needs to be taken care of properly. It would be difficult to obtain another one if this one were damaged. When you are finished with the GlideScope blade, please place the rubber stopper on the fiberoptic attachment tightly so the fiberoptic cables do not get damaged during the cleaning process. The nurses will clean the blades for us after use. The GlideScope charges in the medical supply room when not in use.

- We have a fiberoptic scope available.

- There are the usual sizes of endotracheal tubes, size 4 and 5 LMAs, nasal raes, and oral raes.

- A cricothyrotomy kit is in each anesthesia cart and a jet ventilation system set up in each room.

  **Needles and syringes are treated as controlled substances at** the ASMP and their use must be accounted for every day. The nurses will remove the needle and syringe trays from your cart at the end of the day and restock it for you. These trays are locked at night as well. Please use as few needles and syringes as safely possible. Also, please dispose of all needles and syringes in the sharps containers. Syringes must be disposed of in the sharps containers, not in any other type of trash. Syringes and single dose vials must be emptied before disposal into the sharps container.

- **All of our anesthesia waste and disposables are placed in the “Sensitive Waste” bin** rather than the regular trash. This includes the IV acetaminophen glass bottle, IV bags and tubing, antibiotic administration bags and tubing, endotracheal tubes, stylets, anesthesia circuits, LMAs, etc. Everything that we use that is disposable needs to go into the sensitive waste containers. The trusted prisoners handle the regular trash bags, but are not allowed
to handle the sensitive waste bags. If in doubt about anything, place it in the sensitive waste bin, not the regular trash.

- The regular intubating blades are disposable and must be placed in the sharps container after each use. Do not dispose of the handles. We do have a few nondisposable blades, but they are not normally used.

- The anesthesia machines are the Datex Ohmeda Aestiva 5. Sevoflurane, isoflurane, and desflurane vaporizers are available. The bottles of anesthetic gases are in the blue cart in the hallway that holds the non-controlled drugs.

- Liz Castresana, the CRNA assigned to the ASMP, changes the soda lime in each machine each Monday morning. If she is on vacation, it will be the responsibility of the anesthesia faculty.

- The preoperative evaluation and anesthesia record are paper forms. The anesthesia faculty will review the record-keeping format with you on or before your first day. Remember to be as complete as possible when filling out this record. Anesthesia start times are ten minutes before we enter the room and anesthesia stop times are five minutes after arrival in the PACU. When you are finished with a case, make a copy of the OR record for the pharmacy. The white copy is placed in the patient’s chart, and the yellow copies are placed in a bin to be taken back to MCG for billing purposes.

- There is an area on the preoperative evaluation form for a postoperative note. This is where we write our formal postop note required by CMS. The note needs to have the patient’s vital signs (not just VSS) and a sentence or two about how the patient is doing. CMS allows the postop note to be completed in the PACU as long as the patient is able to participate appropriately in the evaluation. The postop note needs to be written by a physician, either a resident or faculty member.

- The nurses will start the IVs on the patients as they are checking them into the holding area. They will also start the antibiotics and give any H2 blockers, etc., if needed.

- Patients are normally seen and evaluated by the anesthesia team the morning of surgery. There will be a history and physical and labs on the chart.

- Fill out and sign a PACU order sheet for each patient. Demerol and morphine are available in the PACU. When taking your patient to the PACU, please give the nurses a complete report on the patient.

- Liz Castresana is the nurse anesthetist who works permanently at the ASMP. If she is on vacation, she is usually replaced by another CRNA or a resident.

- Normally there are two rooms at the ASMP, and they will be staffed by Liz and the resident currently rotating there. If there is only one room scheduled on a particular day, then Liz will work in that room with the anesthesia faculty, and the resident will be assigned to MCG. I will be in contact with you daily, letting you know if you will be at the ASMP or at MCG, and what your cases will be at the ASMP. If you see that you are scheduled for call at MCG during your month at the ASMP, and you will be unable to work at the ASMP because of being post call, etc., let me know. Normally the residents are assigned Saturday call for the month that they are rotating with us, but occasionally there have been conflicts.

**Remember:** everything we use, and every piece of equipment, has to be accounted for at the end of the day by the OR nurses. Do not take anything with you and do not leave anything in your scrubs.
At the End of the Day

- Turn off the anesthesia machine.
- Make sure all anesthesia disposables are in the sensitive waste trash can in the hallway.
- Replace the anesthesia circuit, mask, bag, capnography tubing, and suction for the next day.
- Remove the O\textsubscript{2} sensor from the machine and leave it open to air.
- Clean the work area on the anesthesia machine and cart and wipe down the cords and monitoring equipment.
- Discard all syringes and needles in the sharps container.
- Verify that the narcotic inventory sheet is correct and wastages are co-signed, and return to pharmacy.
- Return the unused muscle relaxant vials to the refrigerator.
- Restock items in your cart and anesthesia machine.
- The nurses will remove your syringe trays and non-controlled drug trays and restock and lock them up for you.
- Verify that the count for laryngoscope handles, Magill forceps, nerve stimulators, stethoscopes, and ETT cuff pressure device is correct.

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