C3L13 - Ashley Hay

(0:05 - 0:30)

Hi, welcome back. So as we continue along in course three, treating the surgical patient, we're gonna talk a little bit more about anaesthesia and recovery. So in diving into this, first for anaesthesia, it's really imperative that you understand the difference between general and regional or local anaesthesia.

(0:31 - 1:16)

Also, there's some anaesthesia concepts and terms that we went over, things like the difference between sedation and analgesia, amnesia or consciousness. So make sure that you are taking some notes and making some cards for that, some flashcards. We also talk about different kinds of personnel, right? So do you know what the difference is in terms of role for the anesthesiologist versus a certified anaesthesia assistant, an anaesthesia tech versus a CRNA, certified registered nurse anaesthetist.

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So just kind of get generally familiar with those different roles. There's a great video about how anaesthesia works and kind of the different areas there for anaesthesia. And we go into general anaesthesia a little bit more there.

(1:34 - 1:44)

So make sure that you're reviewing that and really comfortable with that content. And of course, reviewing your ebook as well. So we talk about patient assessment.

(1:46 - 2:18)

So there's always a comprehensive assessment done before, during and after anaesthesia. And then we can modify these assessments based on what type of surgery, what type of anaesthesia and what known risks, right? So do we know that this patient maybe is a smoker? So they may have difficulty maintaining their airway. Do we know that they have some drug allergies or a latex allergy? These are things to be aware of.

(2:18 - 2:44)

Also ensuring that a patient prior to receives adequate education to resolve any of their fears or maybe even misconceptions about anaesthesia and pain control. You know, they're often afraid to go under anaesthesia but then they're also concerned about waking up in pain. So making sure that they've gotten proper education and they're comfortable, as comfortable as possible will be helpful.

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And then there is a risk assessment to be aware of for sure. So there's a patient risk assessment for all surgical patients. And this was put together by the ASA, the American Society of Anesthesiologists.

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So there are classes one through six and they are graded appropriately. Class one, for example, is no disease and it's a physically healthy patient. Whereas moving down the line somewhere towards class three, maybe a massively obese patient, maybe they have severe disease and, you know, kind of moving down the line, class five and six tends to go more towards near death or brain dead, where it's just organ procurement.

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And then there's also an emergency modifier, which, you know, is an emergency case. So maybe, you know, they don't fall into any of those other classes, we're just gonna get them in. So patient preparation the day before surgery, there was a nice kind of graphic on this within the lesson.

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And so, you know, patients will always have kind of a free surgery consultation with a physician, you know, their surgeon and blood tests done just to kind of, you know, look at where they're at prior to their surgery. Then we'll do a medication review to see if there's any issues that may interact with the anaesthesia, certain drugs need to be stopped, things like blood thinners prior to surgery for obvious reasons, right? We don't want the patient to bleed out because they're on a blood thinner. Other, you know, types of medications, things like seizure medication are sometimes, you know, continued even till the day of surgery for again, obvious reasons, but that all kind of depends.

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So medication review is performed for those reasons. And then bathing before the surgery, then there, you know, we make sure that they don't have any nail polish on. And the reason for that is so that way we can monitor their oxygen saturation.

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But if a patient has nail polish on their nail, it makes the sensor not as effective. You know, we try and encourage them to evacuate their bowels if they haven't already, make sure that they're abstaining from alcohol. And going back to the bowel evacuation for GI surgeries, this may be a little bit more important, obviously.

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So there might be a prescriptive process for that. Like they may be given, you know, certain types of medication to make sure that their bowels are empty and clean before surgery. And then typically, especially with any kind of anaesthesia, there is some preoperative fasting and the times may vary.

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So it could be anywhere from, you know, four to six to 12 to 20, you know, whatever you have, whatever it may be. But the patient should be fasting for a specific amount of time. There are fasting recommendations.

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I don't think that you have to go really deep into detail, but just to be aware that sometimes there are fasting requirements like, you know, you can only have clear liquids certain amount, you know, before if it's children, you know, they can have either breast milk or formula within a certain period before. And then sometimes if there's going to be anything like solid food, it might be eight hours prior or even longer, depending on certain surgical cases. Other things that you want to make sure.

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So just like a quick checklist before surgery, you know, again, that the patient has been properly educated. We're identifying that this is the correct patient. We're identifying that this is the correct procedure, the correct side.

(6:54 - 7:24)

Remember, you know, if it's right versus left, the proper site, let's say, you know, abdominal versus like a right foot, that there are consents on file and verified, and they're all signed and dated. That we know if there's any resuscitation orders. And it is important to know, we recently discussed, you know, things like healthcare proxies, advanced directives, and DNR do not resuscitate.

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It is important to know that a DNR status is typically suspended during the procedure. So during the procedure, the patient is typically a full code, and this is historically because if we are doing something to the patient directly, and we cause them to code, we need to revive them. However, with patients being aware of that, they are able to request a modified code status.

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So they can talk to their surgeon or anesthesiologist and work on getting a new resuscitation order. Some patients may also refuse some or all blood products. That's important to know.

(8:07 - 8:35)

We always wanna verify their allergies, make sure that we have recorded their medications and when they last took them, make sure that we have recorded their fasting status and when they last ate and drank. We wanna make sure that any and all prosthetics are removed. So whether that's a limb prosthetic or dentures, we wanna make sure that all jewellery is removed as well, and that their medical records accompany the patient to the surgical setting.

(8:35 - 9:15)

So aside from knowing the differences between the different types of anaesthesia that we can administer, you should also just briefly know a little bit about intubation and really just all that I would encourage you to know is that this is done by a trained provider and it's pretty routine and done for general anaesthesia. It is done to maintain the airway and it is done by placing an ET tube, an endotracheal tube or a breathing tube for artificial ventilation during surgery. So just to help the patient breathe.

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So there are some risks of general anaesthesia that you should be aware of. And also because if you do notice any of these occurring, either during the surgical case or after when you're transferring the patient into recovery care, you should be aware of these so that way you can report it to a provider. So some of the risks and things that we may see, some typical side effects are nausea, maybe vomiting, nerve damage is possible depending on positioning, shivering sometimes can occur.

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So also, you know, wrapping them in warm blankets on their way to recovery is helpful. Some patients may get itchy just on their skin thanks to the, you know, the drug being used for anaesthesia. Aspiration pneumonia is possible.

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This is when there are any kind of secretions or fluids, so even saliva, and it drips down into their lungs instead of being swallowed into the GI system. And that can cause a pneumonia fluid in the lungs. Other risks, headache and muscle aches as well.

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And then we talk about regional anaesthesia, local anaesthesia. So like I said, make sure that you're kind of going through those. There's also something that we call conscious sedation.

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Sometimes it's referred to as dissociative anaesthesia. There are also some, in some cases it's

called twilight or twilight sedation. And basically different levels of this conscious sedation can be used depending on the procedure.

(11:09 - 12:08)

So the idea is that it's either minimal, moderate or deep sedation, but we basically use it however we need to, to get the patient comfortable and maybe not have a memory of the procedure and also to block any sort of awareness of what's going on. We also covered some anaesthesia emergencies, things like laryngeal spasm, where their airway is spasming, any kind of airway emergency, obviously cardiac arrest, allergic reaction, any kind of drug toxicity or allergic response, anaphylaxis where they completely stop breathing and they have some swelling of the palate on the top of the mouth, even the airway. So yeah, a lot of different anaesthesia emergencies.

(12:09 - 12:44)

I think that you should just be familiar with all of the ones that are possible and what they mean. And then just some basic ways to try and help them. Okay, and then lastly, you should be familiar with what the PACU is, Post Anaesthesia Care Unit, and the fact that the patient will need to be transferred there when they are stable enough after surgery and they will be there while they recover and wake up from their anaesthesia.

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And then just knowing that you want to hand off that patient, giving all of the information and their chart over to the care provider in the PACU. And also just knowing that they will undergo a number of assessments. Often it's at very specific intervals, like every two minutes or every five minutes, and then depending on how the patient's waking up.

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So often the PACU nurses will continue this assessment repeatedly until the patient is fully back and awake. So they will monitor their pain level, their level of alertness, their level of calmness, any movements that they're able to do, blood pressure, heart rate, once they're able to start speaking again. And with that, it is pretty normal for any patient who's been intubated with a breathing tube to feel a little bit of a sore throat for about a day or so.

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They'll also do any kind of wound assessment, make sure that the patient is able to urinate or if they have a catheter, producing some urine. And then of course, just knowing that the PACU staff will work with the surgeon and the anaesthesia provider, and they will begin the discharge planning process. So whether that means kind of moving them to the hospital for observation or in cases of ambulatory or outpatient surgery, discharge planning to home and what that might look like.

(14:35 - 14:38)

I hope this was helpful and I'll see you next time.