

## INTRODUCTION



Welcome to the Department of Paediatric Anaesthesia, KK Hospital. This book is written to give you some basic information on the practice of Paediatric Anaesthesia in our department. The information provided here is not exhaustive; further tutorials and lectures will be given during your attachment with the department. If in doubt, please feel free to consult any of our staff members.

## THE DEPARTMENT

The department was started in May 1997 when KK Women's and Children's Hospital opened its doors. For the first time in Singapore, there was a tertiary center dedicated to the care of children.

There are 5 major operating theatres and 2 Day Surgery theatres providing elective and emergency surgical care for paediatric patients. The surgical disciplines are General Surgery/Urology, ENT, Eye, Neurosurgery, Dental, Orthopaedic, Plastic and Cardiothoracic Surgery. Anaesthesia for Diagnostic Imaging procedures, including Interventional Cardiology, Therapeutic Radiation Oncology and assistance to the Emergency department are some of the other services provided by the Department.

## PAEDIATRIC ANAESTHESIA

Our current staff members are:

Dr Siow Yew Nam	Dr Josephine Tan
A/Prof Agnes Ng	A/Prof Lim Suan Ling
Dr Serene Lim	Dr Shahani Jagdish Menghraj
Dr Hee Hwan Ing	Dr Evangeline Lim
Dr Bong Choon Looi	Dr Lee Sumin
Dr Kavitha Chakravarthy Raghavan	Dr Ayesha Jabeen Ali
Dr Lee Shu Ying	Dr Olivia Wijeweera
Dr Sharon Wan	Dr Tracy Tan
Dr Angela Yeo	Dr Satish Challa Kumar Reddy

### Department Administrative Staff

Ms Jessie Tan	DID +65 6394 1091
Ms Siti Nur Diyanah	DID +65 6394 8459
Ms Lim Hui Lian	DID +65 6394 8270

## DUTIES OF RESIDENTS

All clinical work will be supervised by one of our staff members during the day. When on night-duty, you will be supervised by the Specialist-on-call who will be in-house.

All in-patients for elective operations should be seen preoperatively and assessed. You are expected to inform your supervisors before you anaesthetise *any* paediatric cases or *whenever* you are in doubt. When on night duty, your responsibilities include providing anaesthesia for emergency cases, covering the Acute Pain Service and attending Paediatric Code Blue/Trauma Code/ Paediatric Airway Code.

### Emergency OT cover

On Saturday, the designated staff will cover EOT. On-call staff should be punctual when taking over calls i.e. 0830h on Saturdays, Sundays and Public Holidays.

Hand-over Items :On-call room access card and PCA key must be personally handed over to the next person on call. Do a detailed hand-over to the on-call team about patients on the Acute Pain Service (APS) and any other patients listed for Emergency operations to ensure continuity of care.

### Acute Pain Service

Patients on pain service are seen twice a day by the pain team. The Pain Team will include the pain consultant, pain nurse and the resident assigned for the day. Following the afternoon rounds, the pain resident will handover cases to the resident on call. The resident on call will then convey the cases to the resident covering pain round at 0830H the next morning.

On weekends the incoming consultant and resident on call will do the pain round. In the event that there is an ongoing emergency case in

the theatre, the post call team and the incoming call team will decide who to do the pain round.

## **DEFINITIONS**

- **REGISTRAR**

An anaesthetist who has passed the M.Med(Anaes) or equivalent.

He/she should be in the process of Advanced Residency Training.

- **IN-HOUSE REGISTRAR**

A Registrar who has signed up with KKH Dept of Paediatric anaesthesia.

- **ROTATING REGISTRAR**

A Registrar who is employed by other Hospitals and is rotating through who has signed KKH Dept of Paediatric anaesthesia as part of their AST training.

- **ASSOCIATE CONSULTANT**

An anaesthetist who has completed AST but not in Consultant grade.

- **SUPERVISOR**

An anaesthetist of Consultant Grade or above.

## **LEVELS OF SUPERVISION**

- Supervisor in the same operating theatre. All aspects of the case are discussed with and performed with direct supervision.
- Supervisor in the same Operating Theatre complex. The supervisor is overseeing more than one Trainee.
- Supervisor in the Hospital, but not necessarily in the Operating Theatre.
- Supervisor not on site in the Hospital.

## **ASA STATUS OF PATIENTS**

ASA 1: a normal healthy patient

ASA 2: a patient with a mild systemic disease

ASA 3: a patient with a severe systemic disease

ASA 4: a patient with an incapacitating disease that is life threatening

ASA 5: a moribund patient who is not expected to survive with or without surgery

E: in the event of emergency surgery, precede the grade with an E

## **TYPES OF CASES AND SUPERVISION LEVELS**

In general, the type surgery for which a Registrar may administer anaesthetics without direct supervision is determined by the following:

1. ASA status of the patient.
2. Age of patient
3. Degree of physiologic trespass the surgery may create
4. Type of surgery

The criteria above are more applicable to anaesthetists than Surgical Fee Tables, which do not take into account the first 3 issues.

Registrars are expected to inform the Supervisor in all of the following cases:

1. Neonates
2. Infants under 6 months of age
3. Ill patients of ASA 3 and above
4. Airway compromise
5. Major trauma
6. Cardiothoracic surgery
7. Major neurosurgery

Rotating Registrars may administer anaesthetics to the following with Level 2 supervision, at the discretion of the Supervisor:

1. Infants > 6 months of age
2. ASA 3 patients
3. ENT operations in which there is no airway compromise
4. compromise

In House Registrars/ AC may administer anaesthetics to the following with Level 2 supervision, at the discretion of the Supervisor:

1. Infants < 6 months of age, but not neonates
2. ASA 3 patients
3. ENT operations in which there is no airway compromise
4. compromise

In House Registrars/ AC may administer anaesthetics to the following with Level 3 **or** 4 supervision, at the discretion of the Supervisor:

1. Infants < 3 months of age including neonates.
2. ASA 3 patients.
3. ENT operations in which there is no airway compromise
4. compromise

Associate Consultants are expected to inform the Supervisor in all of the following cases :

1. Neonates
2. Infants under 6 months of age
3. Ill patients of ASA 3 and above
4. Airway compromise
5. Major trauma
6. Cardiothoracic surgery
7. Major Neurosurgery

Associate Consultants may administer anaesthetics to the following with Level 3 or 4 supervision, at the discretion of the Supervisor and Head of Department:

1. Neonates
2. Infants
3. Patients of ASA status 3
4. Thoracic Surgery

Associate Consultants may administer anaesthetics to the following with Level 2 supervision, at the discretion of the Supervisor and Head of Department:

1. Cardiac operations – simple congenital hearts  
e.g. PDA ligation, ASD (secundum) closure.

**\* Please consult when in doubt for any matter.**

Teaching – refer to *Teaching Roster*

Attendance is compulsory for *all* staff.

Library

The department has a library of Anaesthesia texts and journals. You are encouraged to use the library. Please adhere to the rules and regulations of the library.

The Hospital library is located in the Patient Education Centre (Women's Tower, ground floor) and is open during office hours only.

Paediatric Anaesthesia Notice Board

Please refer to it for notices concerning teaching, meetings and other important matters.

### Sick Leave

If you are unwell and need to take sick leave, call the Paed OT Reception 63942228 / 9 *before 0800h*, leave full name and number of days taken. In the event that you are on call on the day that you have taken ill, the person whose name is at the top of the *Back up Roster* will do the call.(unless the person is off call/on leave, in which case the next person is up for duty).

### Leave

Please book any leave *early* (annual, reservist etc) with the Consultant in charge of the Roster. Your request for leave should be made not later than the second last week of the previous month. Priority will be given to those taking examinations and those presenting papers at conferences/meetings. Otherwise it will be on a "first-come-first-served" basis.

### Filling forms

There are forms which are required to be filled for every patient: Anaesthesia audit, APS forms. You may need to fill in other study/audit forms as and when the need arises. Please ensure that such forms are filled in properly.