

# Criteria for Evaluation of Simulated Emergencies

## General Anesthesia Protocol

The practitioner and staff must demonstrate knowledge, recognize and treat simulated emergencies. This must be done with the active participation of the staff. A staff member may be used as the “patient” during the “dry run” simulated emergency. The staff will supply emergency drugs, syringes, and other armamentarium as requested by the surgeon. This treatment is not discussed but demonstrated in a rapid and efficient manner consistent with sound therapeutic principles.

The surgeon must demonstrate competence in recognition, diagnosis, and treatment of simulated emergency scenarios. The failure to treat cardiac and respiratory depression, any action or omission that results in a life-threatening situation or inability to properly treat will result in a grade of “failure.”

The following information is provided prior to the onsite examination as an outline of acceptable responses expected from the surgeon and staff. These responses are taken directly from the 8<sup>th</sup> Edition of the AAOMS Office Anesthesia manual Appendix 9.

### Airway Obstruction

1. Reposition mandible jaw tilt, jaw thrust
2. Reposition tongue with hemostat
3. Ventilate positive pressure
4. Succinylcholine 20-40mg IV & ventilate
5. Intubate ...if unable consider LMA, cricothyrotomy
6. If unable to ventilate consider Bronchospasm
7. Albuterol inhaler
8. Administer meds;
  - a. Epinephrine 5ml 1:10,000 solution
  - b. Diphenhydramine 25-50mgs
9. Hospital as needed

### Myocardial Infarction

1. 100% Oxygen
2. Nitroglycerin
3. Aspirin
4. Activate 911
5. EKG, Blood Pressure, Pulse Oximeter
6. Morphine, Versed
7. Treat Dysarrhythmias as per ACLS protocol

### Angina

1. Terminate surgery
2. Administer Nitroglycerin
3. 100 % oxygen
4. Monitor patient
5. Nitroglycerin at 5 minute intervals x three doses
6. If no relief assume MI treat as above

### Hypotension

1. Identify cause
2. Trendelenburg
3. IV fluids
4. Drugs
5. Hospital

### Hypertension

1. Identify cause
2. Oxygen
3. Terminate procedure
4. Monitor Blood Pressure
5. Medications
6. Hospital

### Cardiac Arrest

1. Recognize
2. CPR, activate EMS, surgeon to direct team with chest compressions
3. ACLS protocol as per AHA
4. Transport to hospital

### Allergic Reaction

1. Diagnose mild to severe
2. Oxygen assess airway
3. Medications
  - a. Diphenhydramine
  - b. Steroids
  - c. Epinephrine 5ml 1:10,000 ml
4. Hospital

### Hypoglycemia

1. Diagnosis
2. Medicines
3. Hospital

### Syncope

1. Recognize

2. Trendelenburg
3. Oxygen, consider spirits of ammonium
4. Monitor vital signs

#### Convulsions

1. Etiology
2. Prevent injury
3. Monitor respirations
4. Drugs
5. Hospital

#### Respiratory Depression

1. Recognize
2. Diagnose cause
3. Positive Pressure Oxygen
4. Treat cause, consider reversal agents
5. Hospital