SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH



SRI DEVARAJ URS MEDICAL COLLEGE

Tamaka, Kolar





Best Practices of Anaesthesia Department

1. Department of Anesthesiology provides Resuscitation services in OT, ICU, & wards. Department also extends its support during interhospital transfer of critically ill patients.

Periodic Resuscitation Workshop (BLS & ACLS) for health care workers & students of RLJH & others. It's being conducted regularly for many years.

Currently Dr Dinesh K, Dr Ravi M, Dr, Sujatha M. P & Dr. Vishnuvardhan V are instructors certified from AHA & participate in BLS & ACLS provider course conducted in the institution & other certified AHA centers.

Basic & Advanced Cardiac Life Support is a must for all the health care workers. Effective CPCR & defibrillation according to AHA guidelines is need of the hour.

2. Point of Care Ultrasonography(POCUS) for managing patients during peri-operative period & requiring intensive care services .

Ultrasound is used in operation theatre for giving neuraxial, peripheral nerve blocks, central venous cannulation, arterial cannulation, difficult venous cannulation, peri-operative assessment of volume status, to rule out lung pathology, assessment, cardiac function, estimation of gastric volume, optic nerve sheath diameter to rule out raised ICP & Trans Cranial Doppler to rule out intracranial pathology in patients with low GCS patient as well.

In ICU ultrasound comes handy for frontline assessors of the critically ill patients in different aspects like FAST (Focused assessment with sonography in trauma), POCUS, POCUS-CA (Point of Care Ultrasonography – Cardiac arrest), Lung Scan, Blue Protocol, TCD (Trans cranial Doppler), Optic sheath diameter, Vex US (Venous excess ultrasound) & Cannulations (Central, peripheral venous & arterial cannulations).

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Use of POCUS in ICU & OT is a standard of care in hospitals delivering quality patient care. This practice improved operational efficiency & result in better outcomes. Ultrasound guided procedures resulted in increased safety, success rate & minimize complications.

- 3. Use of Fiber optic bronchoscope for intubation in anticipated/unanticipated difficult airways & in diagnostic /therapeutic bronchoscopes in both operation theatres & in ICU.
- Flexible fiberoptic endoscope is used to introduce an endotracheal tube into the patient's airway in conditions like cervical spine injury, restricted mouth opening, morbid obesity, congenital airway abnormalities & in failed intubations.
- It can also be used in ICU for performing bronchoscopies in conditions like hemoptysis, unresolving infiltrates & lobar atelectasis.

The regular use of fiberoptic bronchoscope in all difficult airways, would result in increased success rate with minimal complications, thereby ensuring highest level of safety.

4. Labour Analgesia.

Labour Analgesia is one of the important corner stones in management of normal labour. Pain is foremost problem to patient during normal delivery & is addressed in variety of ways. Lamaze technique, Hypnosis, TENS, Pharmacological approaches are used but epidural analgesia is considered as gold standard for labour analgesia.

Labour analgesia i.e. epidural analgesia is practiced widely in our institute. It offers pain free labour to patients undergoing normal delivery. Compliance of patients & pregnancy outcome is on uphill trend & is very encouraging both to the patient & treating doctors.

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5. Minimally Invasive Pain and Spine Interventions

MIPSI or Minimally invasive pain and spine interventions is a broad term which encompasses all the non-invasive and minimally invasive interventions done by the interventional spine and pain physicians for myriad of conditions right from musculo-skeletal disorders like back pain, neck pain, knee pain, shoulder pain, ankle pain as well as chronic abdominal and pelvic cancer pain conditions etc.

A dedicated pain clinic from 9am to 4pm is situated at Ground Floor of Critical Care Building next to PAE Clinic. Patients suffering from chronic pain conditions will be evaluated in the OPD and appropriate plan of care will be documented.

Interventions to treat chronic pain conditions – MIPSI- will be performed in the operation theatre under Fluoroscopy or Ultrasound guidance.

Pain clinic services are catered by dedicated pain physician Dr. Sujatha M P, who has completed fellowship in interventional pain management.