Fellow FAQ and the Pediatric Anesthesiology Case Log System

Why does the way I decide to log my cases matter to anyone but me?

1) Many centers are granting staff privileges based upon objective procedural and case experience data.
2) Second, your fellowship program uses the case experience summary to guide programmatic changes and growth. Your case metrics ARE compared to those of other fellows in your program and nationally in planning the best educational program at your center. *If we don't all follow the same "rules" in the logging, the information is not useful for programmatic planning.*
3) This data is used in part to determine accreditation of your program.

What about shared cases, handoffs?

You should record any case where you gained significant experience. From time to time, two fellows or a fellow and resident will both be involved in the same case. DO take credit for the experience. DO NOT take credit for a procedure if you only observed. DO take supervision credit if that was your role with a more junior trainee.

You CAN claim credit for the case as the **administering** anesthesiologist and also log the patient a second time as a **supervisory** anesthesiologist for a procedure (eg: arterial line) if you were supervising a junior trainee

What about the Administered vs. Supervised categories?

You may have both administered and supervised responsibilities on the same patient.

Example 1: Fellow supervises a CA-1 in a major orthopedic oncology extremity reconstruction. Fellow places the nerve block catheter, while the CA-1 places the arterial line and intubates fiberoptically. *Fellow logs one case as a major ortho with nerve block catheter as the administering anesthesiologist. Fellow logs a second case as ONLY arterial line and*

fiberoptic intubation as supervised.

Example 2: Fellow is on the pain service but comes to the OR to place an epidural on a child undergoing thoracotomy with a cRNA in the room. cRNA misses the arterial line; fellow assists cRNA and teaches ultrasound A line technique. Fellow does not do the case or supervise. *Fellow records the epidural placement as "administered". Fellow logs the case again as (presumably can use the same case number) arterial line placement supervised with no other boxes checked.*

Ages

You'll notice that the a. and b. categories look a little confusing:

a. Preterm (<37 wks PCA at birth) and <45 wks PCA at surgery

b. Full term neonate (>=37 wks PCA at birth) and < 5 weeks old at surgery

They are different categories to separate preterm neonates from term neonates

What about attempted but missed procedures?

We all learn from our attempts that fail (maybe even more) -these should still be recorded under procedures (you can note attempted vs. successful in the notes). Do not record observations. Exception: you were supervising a more junior trainee; this is teaching, not observing and would be logged as a supervised case even if it was not a successful line placement

What about other procedures, including advanced airway techniques besides fiberoptic?

In years past, fiberoptic intubation was the proxy for difficult airway. 3 comments:

1) In pediatric anesthesia, one of the hallmarks of managing an anticipated pediatric difficult airway is the planning. Sometimes the airway is never manipulated. Hence the category **"Noninvasive Management of the Difficult Airway".** We feel strongly that you should be given credit for each difficult airway patient you care for. Example: Hunter syndrome patient in MRI with an oral airway, mask strap and CPAP

2) **Flexible Fiberoptic Technique**: includes
    a. fiberoptic intubation de novo,
    b. fiberoptic through an LMA
    c. fiberoptic visualization through a double lumen tube. It's important to be able to use a fiberoptic bronchoscope with facility
3) **Alternate intubation Technique**: With the advent of newer technologies for management of the difficult airway, we hope to capture intubation techniques other than direct laryngoscopy, LMA placement and FOI. If only for your own edification, it may help to write details of whether it was a difficult airway patient in the comments section.

I did a general anesthetic on a child for orchidopexy and placed a caudal. What do I record under "Techniques for Anesthesia"?

Record both "General" and "Central Neuraxis Blocks" The the area below select "Epidural,caudal – single shot".

I did a sedation case in a teenager. He slept through parts of the procedure but was easily arousable and never required airway support. I did not do a block. What do I record under "Techniques for Anesthesia"?

Sedation.

Can a single case be recorded in more than one place in the "Type of Surgery" category?

Yes. A neonate having repair of a tracheo-esophageal fistula *via* right thoracotomy has all the considerations of a TEF patient as well as all the considerations of a patient undergoing thoracotomy, so this case should be recorded in both the "Neonatal emergency – TEF" and "Intrathoracic – non cardiac" categories (it is a NON cardiac case). Similarly, a liver transplant may be logged as "liver transplant" and "Intra-abdominal". The "Type of Surgery" section may exceed the case total derived from the "ASA status" section.

My patient had a PDA ligation done through a thoracotomy – shouldn't this be recorded as both "Cardiac without CPB" and "IntraThoracic – non cardiac"?

No. Although this patient has all the considerations of a patient undergoing thoracotomy, the category for “IntraThoracic” specifically states “non cardiac” and most everyone agrees a PDA ligation is a cardiac case.

I did a nerve block on a child to manage chronic pain, but it was done under GA inside the OR and I did not administer the GA. How shall I log this?

Log the patient data. In the section for “Techniques for Anesthesia” select only the appropriate nerve block and do not select general or sedation.

I performed a liver transplant in which I placed two arterial lines and two central venous lines. The current system only allows me to log one arterial and one central venous line per patient entered. What should I do to get credit for all the lines?

The current system does have limitations with multiple lines. Place another entry including only the Case ID number, age, role as “administered” and log the other arterial line and central line without selecting another liver transplant

I am not on a pain rotation, but I did a block in the OR for acute postoperative pain and wrote an admission note to the pain service and initial pain orders including for PCA. What do I record?

This block should be recorded under Techniques for Anesthesia” as whatever block was placed, then record ”initial consultation” and “PCA” under Pain Management – Acute (Post-procedural).

I placed bilateral TAP blocks on a patient in the OR. How can I get credit for two blocks when the form only lets me log one?

Record all the data for the case with one TAP block. Then place another entry including only the Case ID number, age, role as “administered” and log the other TAP block without putting in other case information