

University at Buffalo Pediatric Emergency Medicine Fellowship

Anesthesia rotation – The pediatric anesthesia rotation is a one month rotation completed in the first year of fellowship. The rotation takes place in the OCH operating rooms located on the 2nd and 3rd floor

Contact in charge is Dr. Dayle Cotter at dcotter@greatlakesanes.com but contact Megan Roemer; Phone: 323-6570; Email: Mroemer@kaleidahealth.org at least 4 weeks prior to the start of the rotation (Anesthesia Coordinator) and give her the standard information about expected absences. Please remind her you are a PEM fellows and would like to be scheduled in the ENT and dental procedures room if possible.

Schedule:

Fellows will report to the OR Monday –Friday starting at 7 am until all case assignments are completed for the day.

Fellows will assist the anesthesiologist with cases. Fellows are expected to participate in the care of a given patient including IV access, initial airway management and to remain with the case long enough to gain further insights into the anesthesia management of the patient.

Fellows can request to be in ENT, and Dental procedures but please be patient with the anesthesia scheduler.

The PEM Fellow is scheduled for three 10 hour clinical shifts in the PED during the month. These scheduled clinical shifts are in compliance with ACGME duty hour regulations.

Attendance at PEM Thursday conferences is required

Rotation Goals:

The main goal of the anesthesia rotation is train the fellow in airway management, intubation skills, vascular access, and techniques of sedation/anesthesia.

Objectives:

1. Learn technical Skills:
 - a. Provide bag and mask ventilation for all ages of pediatric patients.
 - b. Demonstrate oral and nasal intubation of all ages of pediatric patients.
 - c. Ventilate and monitor each patient appropriately during their surgical procedure.
 - d. Place appropriate intravascular lines for both monitoring and access.
 - e. Recognize the patients with difficult-to-manage airways or respiratory problems and become familiar with alternative management options for these patients (laryngeal mask, flexible bronchoscopic intubations, tube changers).
2. Understand basic anesthesia medication management

- a. Discuss the indications, contraindications, pharmacology and potential complications for the different anesthetic agents including but not limited to:
 - i. Etomidate
 - ii. Fentanyl
 - iii. Ketamine
 - iv. Midazolam
 - v. Propofol
 - vi. Rocuronium
 - vii. Vecuronium
- b. Explain the indications, describe the anatomic considerations, appropriate techniques, equipment and recognize the complications of emergent cricothyrotomy and replacement of tracheostomy tube.

Evaluation:

- Direct observation of Fellow performance in the OR. Concern and compliment cards submitted to MedHub, which are reviewed by Program Director and Fellow.
- End of rotation evaluation submitted to MedHub by Faculty Mentor
- End of rotation evaluation of rotation by Fellow submitted to medHub for Program Director's review.