

Fellow FAQ and the Pediatric Anesthesiology Case Log System

When will the unclear and confusing aspects of the peds case log system be fixed?

The pediatric case log system is overdue for revision. The ACGME is developing a more robust computerized system. Technology limitations will delay revisions likely into 2016.

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

Two important reasons: First, many centers are granting staff privileges based upon objective procedural and case experience data. 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.*

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 (B*) if that was your role with a more junior trainee (see the A* and B* FAQ below).

What about the A* and B* categories?

The B* category is a way to document supervisory experience. You may have both A* and B* categories on the same case.

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 records the case Age as B* 12-17 yrs old, ASA is B* ASA3, Procedures, B* for arterial line, B* fiberoptic intubation and Techniques: B* under GA; BUT A* for peripheral nerve lock, Type of surgery as B* Major orthopedic surgery.*

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 A* for the epidural under technique, and B* for the arterial line procedure --no other recorded fields (fellow did not perform a GA or supervise the case)*

What about patients 18 years and older?

Program directors have agreed that until a revised category can be created, you should be recording nothing in the age bracket box. You ARE asked to note in the comments the comorbidity that brought the case to the pediatric center. (examples : congenital cardiac disease, duchennes muscular dystrophy, spina bifida, trisomy 21, severe developmental delay, osteosarcoma recurrent, mitochondrial dystrophy, maternal GA for fetal surgery).

We do fetal surgery; where does this go?

List the case in the neonate section and make a comment regarding fetal surgery and gestational age.

What about attempted but missed procedures?

We all learn from our attempts that fail-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 (see FAQ on A* and B* procedures).

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

For now these are NOT being tracked as a category. You can (and should) make a comment in the case log.

I did a general anesthetic on a child for orchipexy and placed a caudal. What do I record under “Techniques for Anesthesia”?

Record both “General” and “Epidural/caudal”.

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”?

Nothing. There is no category for sedation. You should still record the patient's age, ASA status, and type of surgery.

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). 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. Should I record this in “Pain management outside the OR”?

Yes. This section is confusing because it seems intended to capture data about chronic pain management, but many chronic pain procedures are done inside an OR, especially in pediatric patients who are more likely to require GA or sedation for these procedures than adults. The best solution is to record chronic pain techniques here, regardless of the setting (inside or outside the OR).

I did a thoracic epidural prior to a Nuss procedure. Should I record this in “Pain management outside the OR” under “Central neuraxis blocks”?

No. Pain blocks only get recorded under “Pain management outside the OR” if they were done for chronic pain. This epidural was placed for acute postoperative pain, so it should be recorded in “Techniques for anesthesia” under “Epidural/caudal”.

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 case should be recorded under “pain management outside the OR” as both a “consultation” and “PCA”. The block should be recorded under “techniques for anesthesia” in the appropriate category.

The next day, I started my pain rotation and saw this patient on pain rounds, wrote a follow-up note regarding pain management, and adjusted the PCA orders. What do I record?

Nothing. You have already recorded this case as a “consultation” on your initial encounter on this patient. Although you adjusted the PCA orders, only INITIAL PCA orders are recorded under “PCA”.

That same day, I saw another acute postoperative pain patient. Yesterday my colleague did a block on the patient and wrote the initial orders, but this is my first encounter with the patient. I wrote a note regarding pain management and adjusted the PCA orders. What do I record?

Record this as a “consultation” under “pain management outside the OR” because this was your first encounter with the patient. Do NOT record it as a “PCA” because you did not write the INITIAL PCA orders.

Then our pain team got consulted on an inpatient with chronic pain. We evaluated the patient and I wrote a note, but no orders. What do I record?

This case should be recorded under “pain management outside the OR” as a “consultation”.

We then moved on to a chronic pain inpatient that the pain service has been seeing for several days. This was my first encounter with the patient. I wrote a note on the patient and adjusted the PCA. What do I record?

Record this as a “consultation” under “pain management outside the OR” because this was your first encounter with the patient. Do NOT record it as a “PCA” because you did not write the INITIAL PCA orders.

That afternoon I went to the chronic pain clinic. I saw an outpatient for an initial visit. What do I record?

This case should be recorded under “pain management outside the OR” as a “consultation”.

Then I saw another outpatient who was returning to the pain clinic for a follow-up visit. I already recorded this patient as a “consultation” when I saw her on her previous visit. What do I record?

This case should be recorded under “pain management outside the OR” as a “consultation”. Both initial and follow-up visits on chronic pain outpatients are recorded as consultations.