4A – Emergence & Extubation

Resident preceptor or Attending anesthesiologist directly observes the resident’s independent performance of the following procedure, and assesses elements as Satisfactory (S), Needs Improvement (NI), or Unsatisfactory (U).

Manages Emergence from GA & Extubation

<table>
<thead>
<tr>
<th>Preparation for Extubation</th>
<th>S</th>
<th>NI</th>
<th>U</th>
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</thead>
<tbody>
<tr>
<td>Suctions airway secretions effectively &amp; safely (prevents airway mucosa trauma)</td>
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<tr>
<td>Inserts “bite block” or nasal airway safely &amp; effectively, if indicated</td>
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<table>
<thead>
<tr>
<th>Extubation</th>
<th>S</th>
<th>NI</th>
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<tbody>
<tr>
<td>Determines that (verbalizes) appropriate extubation criteria are met</td>
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<tr>
<td>Decides when to extubate patient, and timing of extubation of trachea is appropriate → not too soon (stage II) … not too late (awake &amp; thrashing) … just right…</td>
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<tr>
<td>uses appropriate technique to extubate trachea</td>
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<table>
<thead>
<tr>
<th>Immed Post-Extubation</th>
<th>S</th>
<th>NI</th>
<th>U</th>
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<tbody>
<tr>
<td>Ensures airway patency after extubation</td>
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<tr>
<td>Ensures adequate ventilation &amp; oxygenation after extubation (all the way to PACU!)</td>
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Vigilance:

<table>
<thead>
<tr>
<th>Maintains aware of VS throughout emergence period</th>
<th>S</th>
<th>NI</th>
<th>U</th>
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<tbody>
<tr>
<td>Intervenes to maintain VS appropriately</td>
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</table>

Overall performance _____________________________ ___________________

(Observer Signature)    (Date)

Discussion Points:

Resident discusses each of these points with Resident Preceptor or Attending:

<table>
<thead>
<tr>
<th>S</th>
<th>NI</th>
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<tr>
<td>Emergence &amp; extubation are considered critical portions of anesthetic care. Why?</td>
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<tr>
<td>Describe the classic stages of GA. Discuss relevant to emergence &amp; extubation?</td>
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<tr>
<td>Describe the process of bringing a patient from state of surgical anesthesia to wakefulness. Consider the timing of this with the conclusion of surgery.</td>
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<td>Neostigmine reversal – Always? How much? Maximum? Twitch monitor criteria?</td>
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<tr>
<td>On the back of this form, list extubation criteria, incl. how you assess them in OR. How meticulously must we assess these? Are there modifying factors? Is so, what are they (list on back)?</td>
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<tr>
<td>Method of assessment of motor impairment in the partially anesthetized patient</td>
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<tr>
<td>Describe the appearance of a patient who is awake, but has significant residual NM blockade. What are the issues? How should one manage such a situation? How to prevent?</td>
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<tr>
<td>Extubation: Describe detailed step-by-step procedure, including rationale. Pos pressure during cuff deflation? Mask application immediately upon extubation?</td>
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<tr>
<td>Describe what you do (incl. issues &amp; rationale) in response to the following: o Patient begins to vomit immediately after extubation. o Patient airway is obstructed immediately after extubation. o Patient is very hypertensive during emergence, but before full awakening.</td>
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Overall performance _____________________________ ___________________

Comments (NI and U require comment) → use reverse.

☐ Feedback was provided & the results of this Competency Assessment were discussed.