

GP Anesthesia Trouble Rounds- The Nunavut Experience

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DISCLOSURE

- I have no affiliations, sponsorships, honoraria, monetary support or other potential conflicts of interest from commercial sources

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LEARNING OBJECTIVES

- Participants will gain an understanding of a successful anesthetic practice in a remote Arctic hospital
- Participants will have the opportunity to share their approach to challenging clinical cases in rural GP anesthesia
- Participants will gain a new understanding of management of challenging cases in rural GP anesthesia

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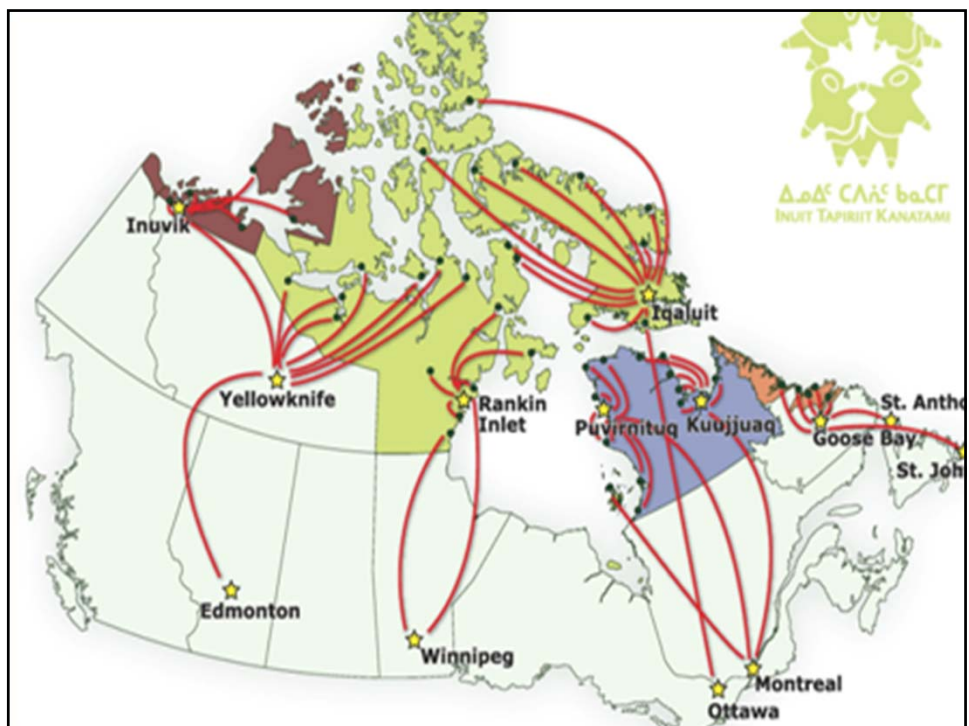
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The Nunavut Experience

- *Health care challenge:*
to support a small, widely dispersed Inuit population in the Canadian Arctic to achieve a Canadian standard of health care

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The Nunavut Experience: Anesthesia at QGH

- Referral centre for 20,000
- 25 bed hospital-run by FPs
- 2,000 discharges/year
- 70% adult/30% pediatric
- 400 deliveries/year


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The Nunavut Experience: Anesthesia at QGH

- ~1500 surgeries/year
- 2 fully equipped ORs
- Most common case: Dental GA on children ages 2-7

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The Nunavut Experience: Anesthesia at QGH

- General Surgeon who does sections
- 4 FP/As: do anesthesia plus clinics, Emerg, obstetrics, community visits
- FP/As are a resource for other clinicians: critical care


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The Nunavut Experience: Anesthesia at QGH

- Visiting surgeons: Gyne, Adult Ortho, ENT, Ophthalmology, Dental, Urology
- ASA 1-3 unless emergent: “low risk anesthetic practice”
- 2000 km (1300 miles) from Tertiary Care Centre (Ottawa)


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The Nunavut Experience: Anesthesia at QGH

- ~400 deliveries per year
- Low to medium risk
- Managed by family docs
- Sections by Gen Surgery


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The Nunavut Experience: Anesthesia at QGH

- Section rate <10 %
- Epidural rate < 1%
- Spinals for sections


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The Nunavut Experience: Anesthesia Case

- Sections: highest risk procedure at QGH
- On call availability policy
- Anesthetic technique: GA experience?
- Back up?

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The Nunavut Experience: Anesthesia Case

- Back up?
- OR team for sections: who looks after the baby?

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Qikiqtani General Hospital
PREANESTHESIA EVALUATION

Date of Consult: 1 Dec 2018 Anesthesiologist: Richard

PLANNED PROCEDURE: 1st ct scan

HISTORY: 27 y/o at term

• Hx relating to Procedure: No previous surgery

• Hx of Illness with Anesthesia: None

• Hx PCPN:

• Hx: None

• Tobacco smoking: Yes No

• Alcohol intake: Yes No

• Exercise intolerance: Yes No

• Allergy: Yes No

• Anaphylaxis: Yes No

• OSA: Yes No

• Other significant: Schizophrenia

• Obstetric Hx: 2 1/2, deep lacerations with contracture

Vital Signs: 99.5 HR, 99 BP, 99 RR, 99 SpO2, 99 T

LAB: Dec 17

PHYSICAL: clear

RESPIRATORY: 5/5

CVS EXAM: Normal

BODY WEIGHT: Term person

GLAUCOMA: Spinal → GA (unable to do spinal)

PERIOPERATIVE MEDICATION ORDERS:

- Micronize/Ranitidine
- Maxilone → all previous on ward

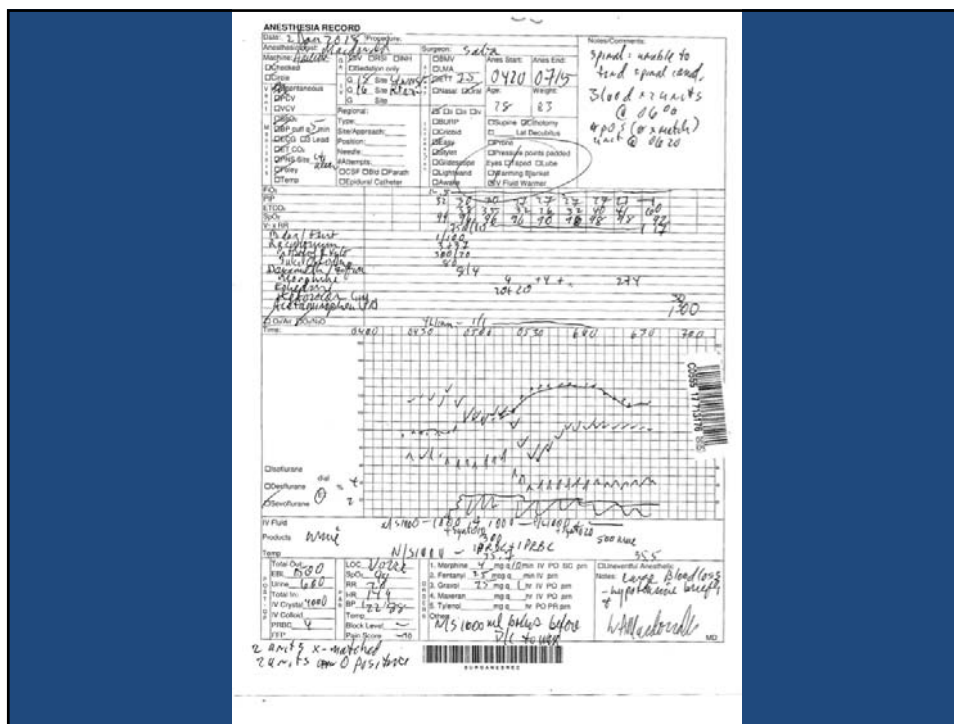
PERIOPERATIVE ISSUES DISCUSSED:

GA Spinal Epidural Spinal Regional


Risk of Dental Damage:

MID: W. Willard

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The Nunavut Experience: Anesthesia Case

- Ddx of low ET CO2 mid case?
- What do you do?
- Pattern of low BP/high HR/low CO2
- How many iv's for C/S; how big?

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