

EP CHEAT SHEET

(Helpful tips/considerations/suggestions to make your day in the electrophysiology lab a bit smoother)

You don't need to bring anything from the main OR with you. There is a pyxis with all of the drugs that you will need. If you need a drug that is not there, just call the OR pharmacy at 24-5607 and have it tubed to you (station 82).

Say good morning to Janelle (or Lois, or Phyllis). You can save yourself a lot of time and setup really efficiently if you get the latest low-down from the ever-changing list that Janelle carries in her hand.

Though there are some generalities, it's ALWAYS best to check with Janelle or the lead circulating nurse in your room to find out the anesthetic your EP doc prefers for your next case.

Notwithstanding patient-specific exceptions: all devices are MAC cases; right heart, SVT, VT, and flutter (usually) are MAC cases; fib and left heart are usually GETA.

If you have a general anesthetic in the EP lab, unless it was a case that could have been a MAC, save yourself some time and start with a tube (vs any attempt with an LMA) and use an esophageal temp probe. Place the probe high in the esophagus so you have the ability to measure temperature without being in view of the heart (unless/until the EP doc wants the probe adjusted).

There is a supply closet outside of lab 3 with most of the expendable supplies that we use.

For generals, the EP bed can swing laterally (so you don't have to straddle the C-arm to intubate). But your case will start much more smoothly if you allow the EP nurses to place MOST of their monitors and patches BEFORE you begin induction.

For generals or MACs (if you don't go to the EP lab often), you'll save a bit of time if you place your EKG leads AFTER the EP nurses place theirs (I.E. make this the last item you place on the patient).

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Make sure you have your senior staff's cell number programmed, and they know your number, if that is going to be your mode of communication for emergencies. Also, be sure to have Summer's number and the hallrunner's number (OK, I have them on speed dial).

On the computer, it's good idea to open the browser to favorites, Intelliweb, then pull up a blank box with your staff's pager open and ready for you to jot a quick 911 if needed.

REASON: during an escalation, the EP staff may be focused on helping the EP doc; often that involves gathering various catheters and equipment from other rooms. You may have very little time, and few available hands, to activate help while you prevent a crisis.

After the intubating dose, the EP docs prefer you NOT use muscle relaxant.

For cryo-ablation, be alert to the temperature decrements. Note the baseline before ablation begins. Alert the EP doc with each decrease and particularly at 5 degrees and 10 degrees below baseline.

A written chart maybe helpful, as there will be many iterations, and many "baselines".