**From:** Lavu, Navin D.O.   
**Sent:** Thursday, May 21, 2015 2:53 PM  
**To:** Temple Sr. Staff, CRNAs, Residents  
**Subject:** Endoscopy Recovery Room Improvements

In response to some near misses in the endoscopy recovery area, anesthesia and endoscopy has collaborated to improve the consistency of care in the recovery area of endoscopy.

1. STOP signs indicating “patient must be reevaluated by anesthesia before discharge” will be used in recovery when needed, along with the RN using the associated dry erase board to note any pertinent information  (i.e. Dr. Lavu needs to talk to patient after awake).

The front-liner or anesthesiologist should alert the recovery room RN if a further anesthetic evaluation is needed before discharge.

1. 30 min minimum recovery time for general anesthesia unless anesthesiologist dictates otherwise.
2. ICU patients will need better coordination (especially on weekend) between GI/ICU/Anesthesia regarding whether safe to bring a patient to endoscopy. This will be somewhat facilitated by the RN getting report of patients status/gtt’s/etc before calling for transport.  Further discussion at the combined GI/Anesthesia M & M in August where more standardized solutions can be discussed.
3. Finally, when needed for complicated patients or patients who have had long/complicated procedures, we can use the PACU for recovery.  That is, if the PACU is available and if the Senior Staff Anesthesiologist deems this necessary.  The final call must be made by the Senior Staff member in those circumstances.

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