RADX ONC/ XRT Pearls

* ALWAYS ask AAA to BRING AN ANESTHESIA MACHINE down to XRT SUITE!!
* ALWAYS CHANGE THE O2 TANK to a FRESH FULL TANK PRIOR TO STARTING CASE!! The current XRT Suite HAS NO PIPELINE OR WALL O2!! USE LOW FLOWS AND SAVE YOUR TANK!!!!! Have a BACK UP TANK readily available to exchange with tank on Anesthesia Machine. Also, have a TANK WITH A REGULATOR that you can use to AMBU your patient if needed. The stretcher should have an extra tank or ask the XRT Tech for one.
* The current XRT Suite DOES NOT HAVE WALL SUCTION or PIPELINE SUCTION!!! Therefore, you CANNOT SAFELY USE AN ANESTHESIA AGENT, since you have no ability to use your scavenger system. TIVA CASES ONLY!!!!!
* USE MUST USE THE XRT SUITEs GOMCO Machine for suction!! You will NEED TO USE OUR SUCTION Tubing TO GET THE LENGTH OF TUBING REQUIRED TO REACH YOU PATIENT!! EXCHANGE THEIR SHORT SUCTION TUBING PRIOR TO INDUCTION!!
* The XRT Department is NOT OPEN until 7:30 and CASE STARTS at 8:00 AM usually. In the meantime, you can find the XRT Anesthesia Cart outside of AAA workroom & begin to set up your supplies for the case. Gently remind AAA that you have a XRT case & would like them to bring the Anesthesia Machine down. AAA does NOT always get the schedule communicated to them ACCURATELY, so communication is the key.
* With your TIVA, you will run High Doses of Propofol, so it’s best to have a Neo. Gtt in line. There is NO PYXIS or access to meds once you’re in the XRT Suite. Bring down what you think that you’ll need,
* Typically, an LMA would be adequate (unless contraindicated in your particular patient). PLEASE ADD A CIRCUIT EXTENSION to allow enough length to get pt into the CT Scanner. All your cables & IV’s will need to reach, but you do NOT NEED IV extensions. The IV PUMP CAN BE moved close to CT Scanner without harm. The XRT tech will do a “DRY RUN” test & move pt in the CT Scanner to verify that circuit, IV tubing, cables, etc. will reach without pulling.
* In the current XRT Suite, the ventilator & V/S monitor DOES NOT communicate with EPIC!!! Therefore, you will have to MANUALLY ENTER ALL DATA (O2, Agent, TV, RR, PIP, PEEP, Vital Signs, Settings, etc.)
* The patient must be able to WALK INTO XRT SUITE from outside common area, because the Suite is to small for a stretcher, a OR bed and the CT Scanner to all fit inside the room together. Sometimes they call for an RN to do Post-op teaching or verify consents, so be conscientious of any Versed you may be considering giving. The pt will walk into XRT Suite and position themselves on the OR bed for GA & placement of “The Device”. They DO NOT use arm boards, so be conscientious of the pt’s arms. Tuck with a blanket or secure them prior to GA. They will ask for STEEP T/B to place the device after pt is positioned in Lithotomy position.
* You will go to sleep on the OR bed, but be cognizant of your O2 flows thru induction so that you don’t drain your tank before they start the procedure. After LMA/ETT is placed, decrease your flows as low as you feel comfortable & start your propofol gtt immediately.
* The “MOST PAINFUL PART OF PROCEDURE” is placing the device which occurs right after intubation & positioning.
* Some adjuncts to the Propofol TIVA that some providers use are: Fentanyl, Ofirmev, Precedex, Ketamine, etc. Typically, these pt’s receive 4-6 treatments in their series. You can look at old

records to get an idea of the starting doses of Propofol, Neo and other meds. Remember to bring ALL THE MEDS WITH YOU DOWN TO XRT SUITE. You have NO ACCESS to a pyxis once your down there.

* The XRT staff is an XRT tech. NOT AN RN!!!! They will NOT GO TO DS WITH YOU to help transport the patient. You will verify that it is the CORRECT PT, MRN, Birthdate, pre-op, consent, etc. PRIOR to bringing them down to XRT Suite. Furthermore, they DO NOT assist the Anesthesia Provider with transporting the patient back to DS or PACU when treatment is completed. So, verify that you have a TRANSPORT MONITOR, if the Anesthesia Machine does not have a “brick” (if you feel that your patient needs monitoring). The Anesthesia Provider WILL NEED TO CALL DS OR PACU to secure a bed assignment at the end of the case.
* After intubation & positioning & placement of the “device”, the pt will be moved to the CT Scanner bed & they will scan pt to verify the placement of the “device”. Currently, they then have to wait for the scanner to “cool down” before re-scanning to verify a re-positioned device. The CT Scanner has to be cooled down before actual treatment is started no matter how many times they have to re-position the device. Once they tell you that they are ready for actual Radx treatment CHANGE THE PROPOFOL BOTTLE OUT FOR A FULL BOTTLE to verify that you have enough for the entire treatment!! The treatments average about 20-25 minutes and you will be OUTSIDE OF THE XRT SUITE in their common area. So, start that treatment with a FRESH FULL BOTTLE!!!
* During the “treatment phase” you will use the computer outside of the suite at the desk (or a WOW/COW) to enter your data during the 20-25 minute treatment. The XRT Tech will place TWO separate cameras to transmit a picture to you outside of the XRT Suite. CAMERA #1 will be directed toward your patient & your IV Pole. CAMERA #2 will capture your ventilator & V/S Monitor. VERIFY before you leave & CHECK THE CAMERAS to verify it’s capturing all the images that you want to capture before they close the XRT Suite door.
* Reception via CELL PHONE &/or TEXTs is “hit or miss” in the XRT Suite 2nd to the lead walls. Verify that you have a way to contact your staff prior to needing them emergently. Try calling, texting, Intellaweb, SecureChat, etc prior to induction!! Call the HR for emergency if you CAN NOT reach your staff!! (#24-3884)
* As soon as Tx is complete, they will scan the Suite for Radx levels. Once you are “cleared” to go inside, STOP the Propofol gtt ASAP!! Then CALL DS/PACU & your staff. The surgeon will come into XRT Suite & remove the device & check for any bleeding while the patient is still on the CT Scanner bed. Then you will move pt back to stretcher for emergence. AGAIN…..XRT TECH is NOT AN RN!! You MUST COMMUNICATE THAT THEY STAY INSIDE SUITE DURING EMERGENCE. They have NO FRAME OF REFERENCE RE: AIRWAY CONCERNS!! They begin to clean up room and leave the area on occasion, so you must communicate your concerns and expectations regarding emergence.
* DS CHARGE RN’s # 24-2297
* PACU DESK # 24-2606
* HR’s # 24-3684/3683