**Introduction:**Pediatric Residents will have the opportunity to work with Anesthesiology residents, fellows and faculty in the perioperative setting. They will be able to gain greater knowledge of Anesthesiology as a speciality and procedural experience. Resident will be supervised at all times and will see and care for patients as a member of the anesthesiology team, their role is to learn about pertinent anesthesiology practices and processes.

**Goals and Objectives:**

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| **1) Airway Patency/Oxygenation: Recognize/manage upper airway obstruction & desaturation.** |
| **2) Anesthesia: Participate in the care and management of children requiring general and regional anesthesia.** |
| **3) Sedation: Explain the principles of pediatric sedation and apply them in the appropriate setting.** |
| **4) Pain Management: Recognize and manage pain occurring in postoperative patients.** |
| **5) Professionalism: Demonstrate high standards of professionalism while caring for perioperative patients.** |
| **6) I&CS: Be an effective member of the perioperative team; receive & relay information clearly and concisely.** |
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| **1) Diagnostic and Interpretation:** Describe the following tests or procedures, including their purpose and application; competently perform with direct supervision. |
| **Perform risk assessment:** NPO status, CV, Pulmonary, GI, FH, IV access, airway anatomy, surgical positioning |
| **Interpret monitors:** Pulse oximeter, ECG, EtCO2, BP, RR,TV, Temperature |
| **Judge depth of anesthesia/sedation:** responsiveness, protective reflexes, VS, posturing, dysconjugate gaze |
| **Assess airway patency & respiratory effort:** stridor, snoring, hypoventilation, paradoxical movement |
| **Evaluate intravascular volume:** BP, perfusion, blood loss, urine output, positioning & ventilation |
| **Assess pain and sedation levels:** selection/use of scales, interventions, responses to interventions |
| **2) Technical and therapeutic procedures:** Describe the following procedures, including their purpose and application; perform with direct supervision in the perioperative setting |
| **Preoperative assessment:** H&P, studies, consultants, level of anxiety, cognitive development |
| **Induction/Maintenance of GA:** contraindications, risks, safety practices, appropriate monitoring |
| **Sedation:** GA vs. deep vs. moderate vs. light, providers, appropriate monitoring |
| **Monitor placement and operation:** Pulse oximeter, ECG, EtCO2, BP, temperature probe |
| **Ventilation:** bag-valve-mask, mechanical, assist vs. control, volume vs. pressure |
| **Line placement:** intravenous |
| **Medication delivery:** inhaled, intravenous, oral |
| **Endotracheal intubation:** routine, rapid sequence, difficult |
| **LMA placement:** selection, placement, assessment of fit |
| **Suctioning:** nares/oral pharynx/ stomach |
| **Treatment of postop symptoms**: pain, nausea, vomiting, pruritus, delirium, apnea, airway obstruction |

**Recommended Reading and Resources:**

1. Lerman, Steward and Cote. Manual of Pediatric Anesthesia. 6th ed. New York, NY: Churchill Livingstone; 2010.
2. <https://childrensnational.org/specialty-care-patients/preparing-for-your-visit/having-surgery-what-to-expect/anesthesia>