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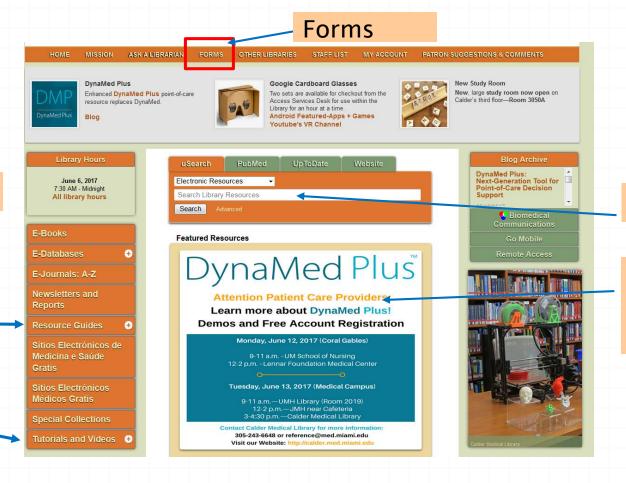
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Carmen Bou-Crick
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cbou@med.miami.edu
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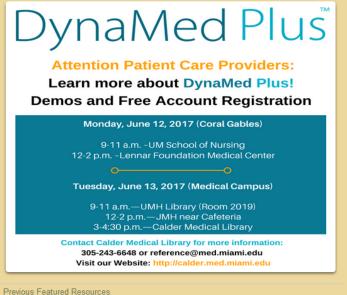
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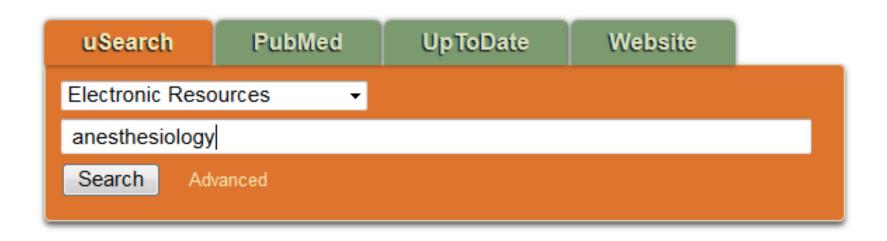
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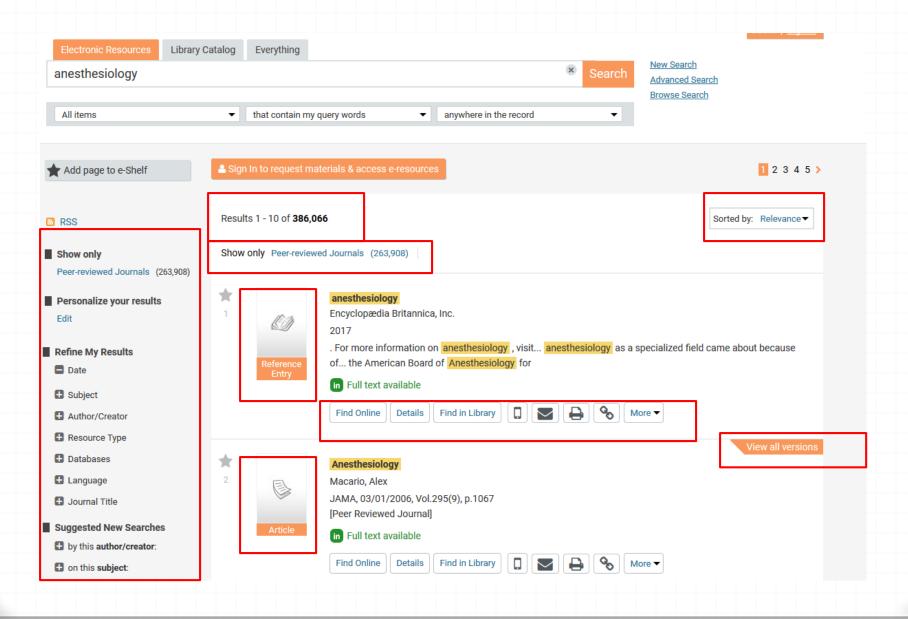




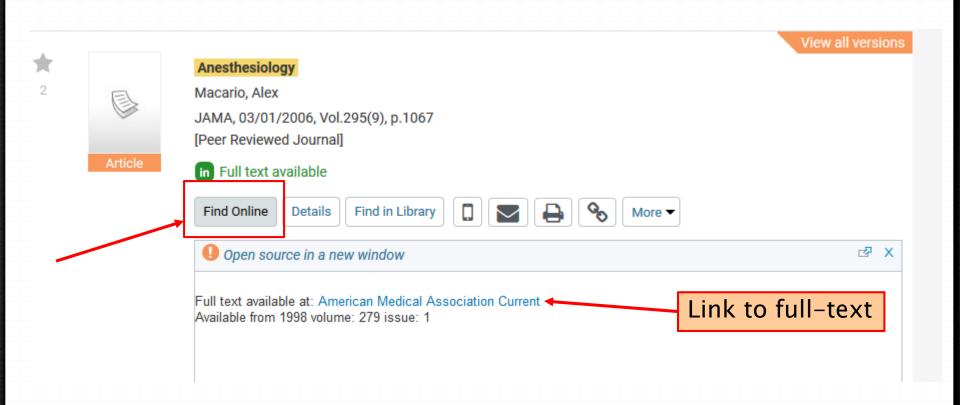
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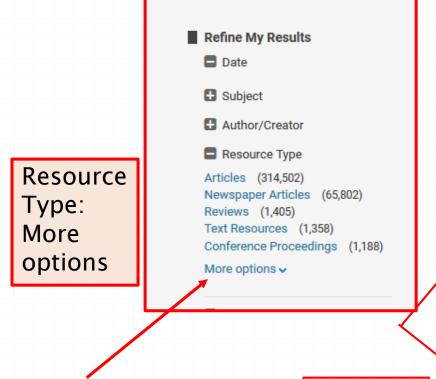
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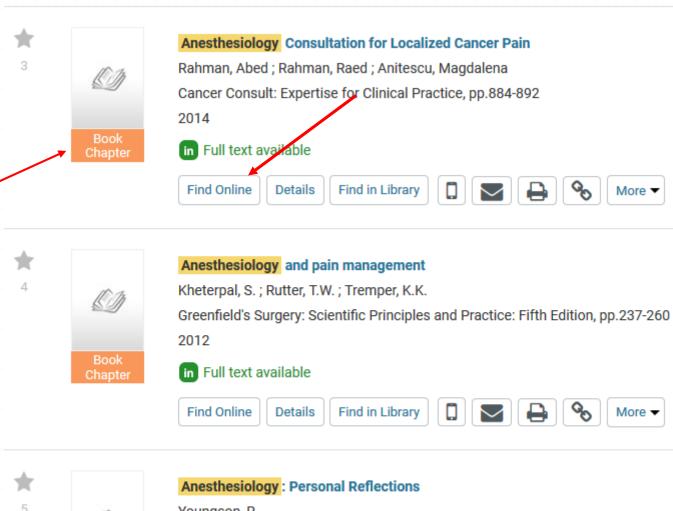
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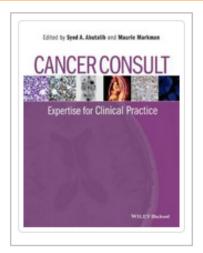


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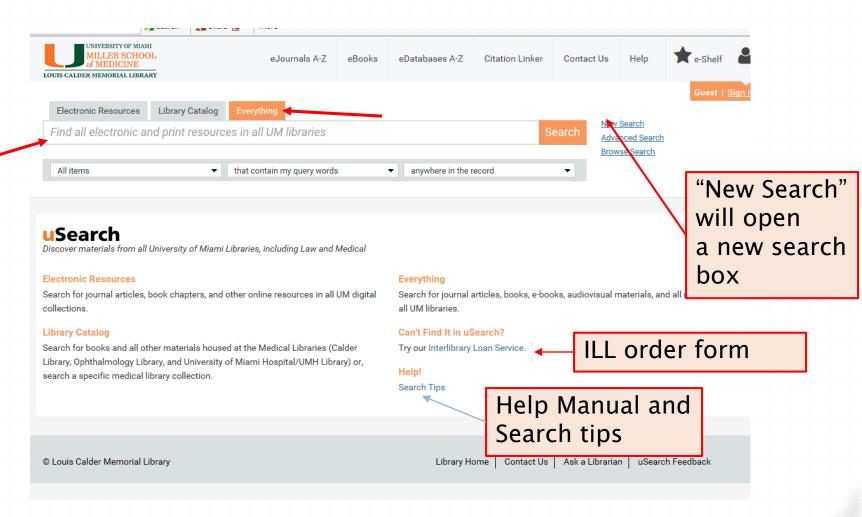
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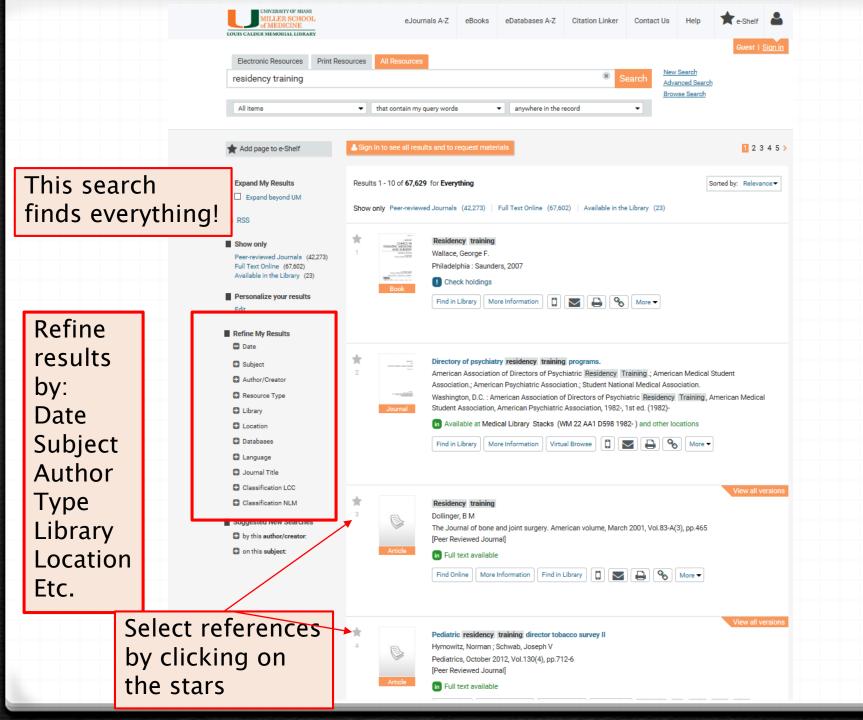
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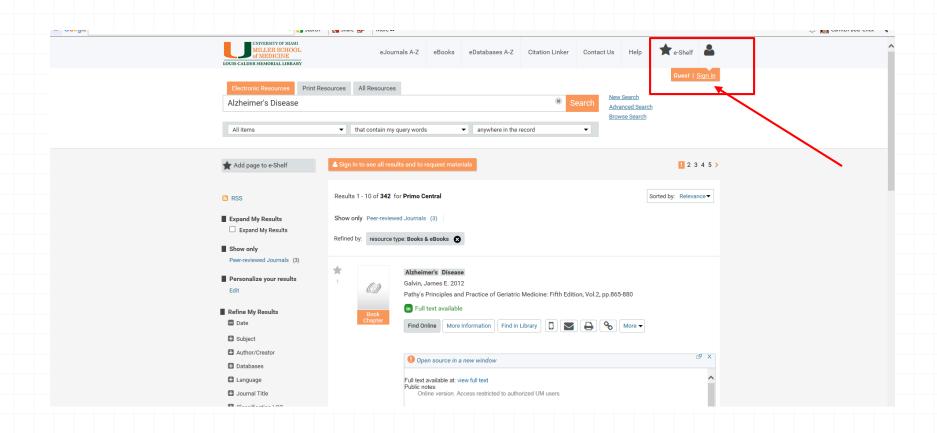
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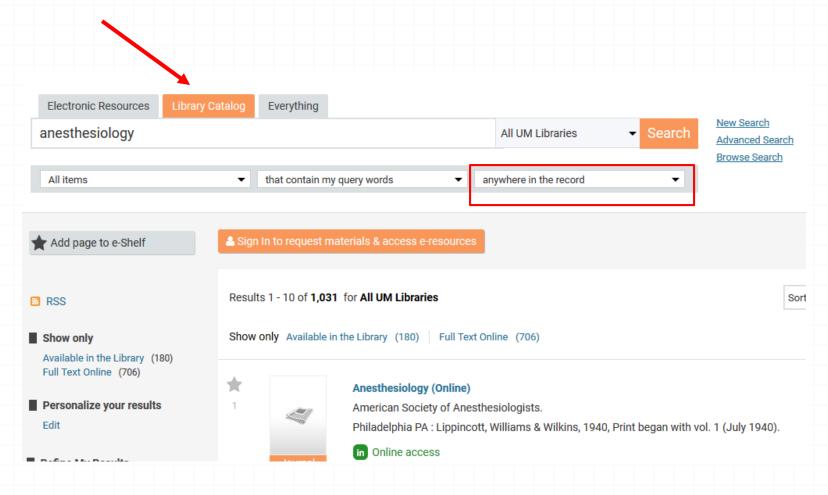




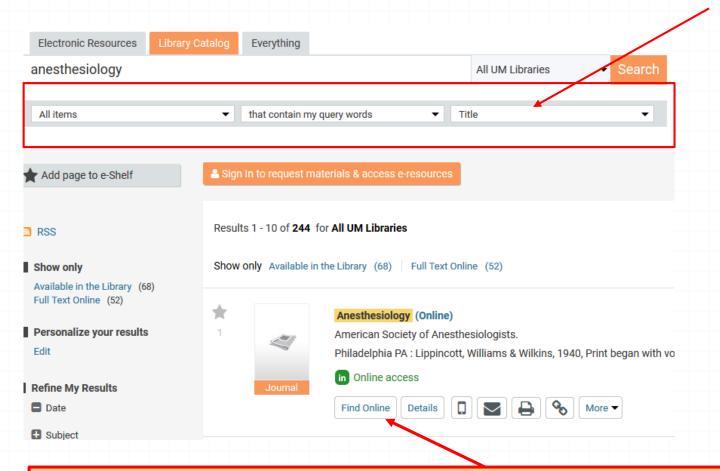
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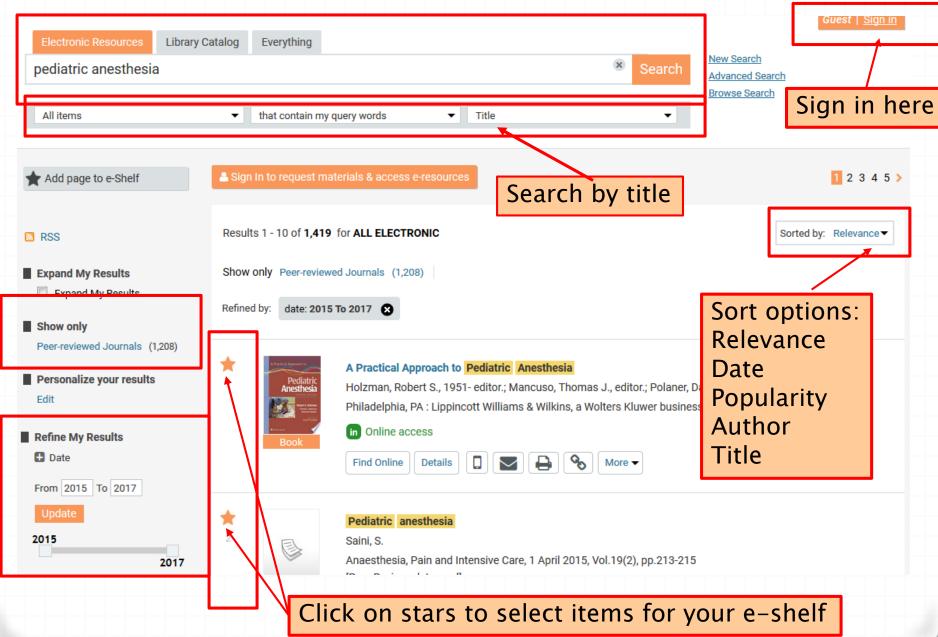


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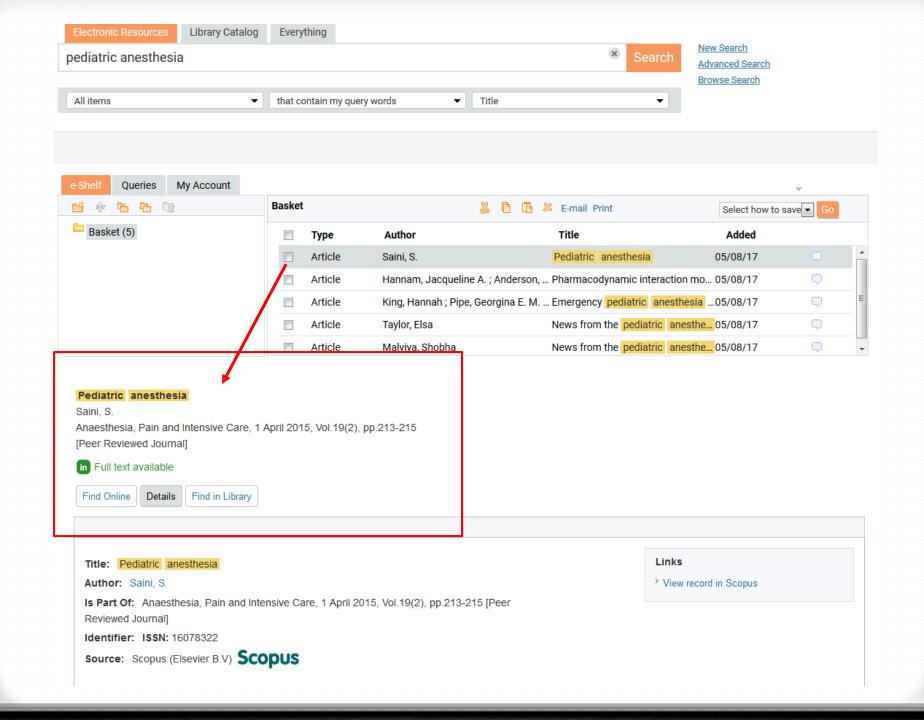
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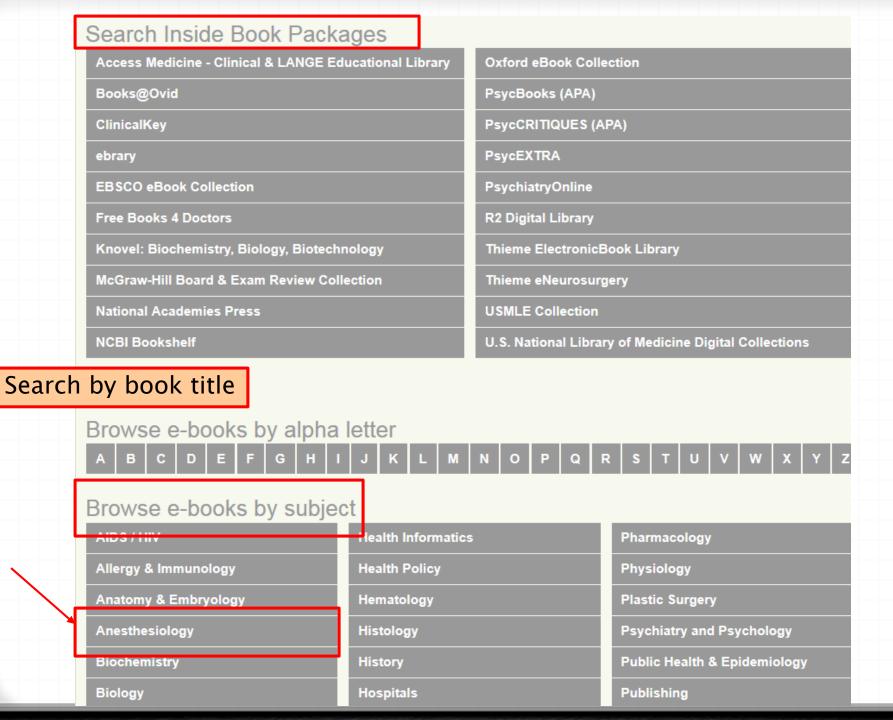




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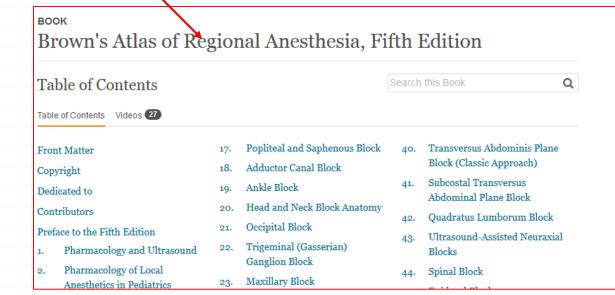


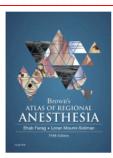
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David L. Brown Brown's Atlas of Regional Anesthesia, 3, 25-31

David L. Brown

Man uses his arms and hands constantly ... as a result he exposes his arms and hands to injury constantly. ... Man also eats constantly. ... Man's stomach is never really empty. ... The combination of man's prehensibility and his unflagging appetite keeps a steady flow of patients with injured upper extremities and full stomachs streaming into hospital emergency rooms. This is why the brachial plexus is so frequently the anesthesiologist's favorite group of nerves.

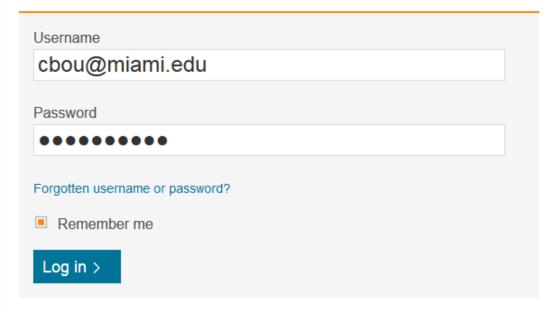
The late David Little's appropriate observations do not always lead anesthesiologists to choose a regional anesthetic for upper extremity surgery. However, those selecting regional anesthesia recognize that there are multiple sites at which the brachial plexus block can be induced. If anesthesiologists are to deliver comprehensive anesthesia care, they should be familiar with brachial plexus blocks. Familiarity with these techniques demands an understanding of brachial plexus anatomy. One problem with understanding this anatomy is that the traditional wiring diagram for the brachial plexus is unnecessarily complex and intimidating.



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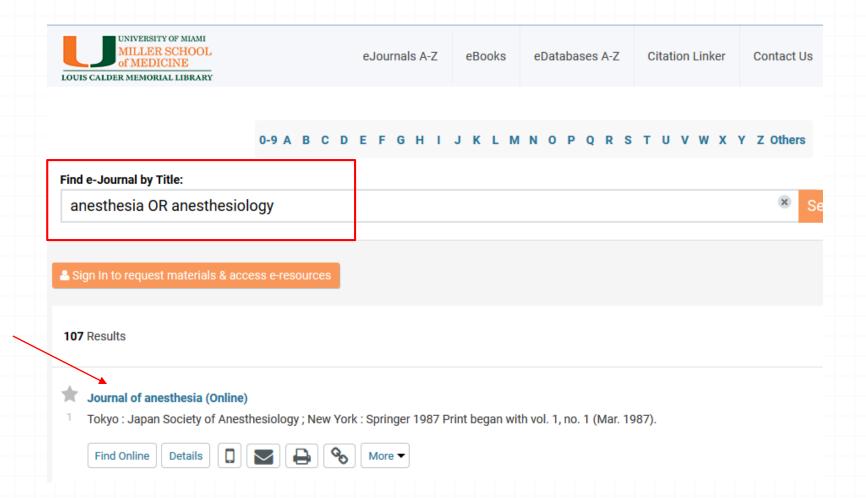


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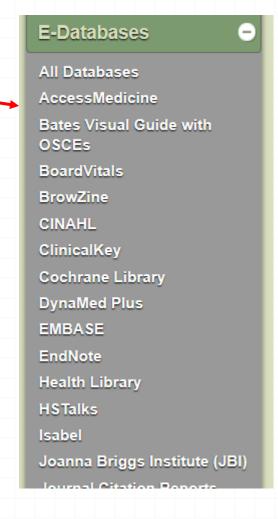
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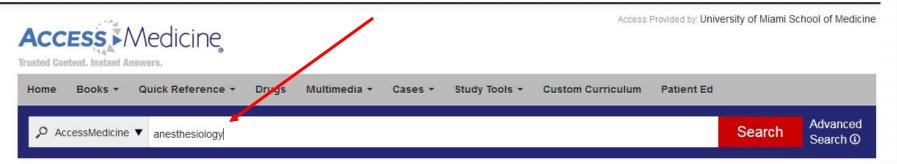
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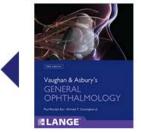
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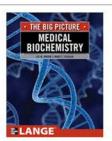


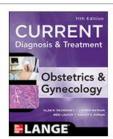
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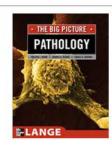


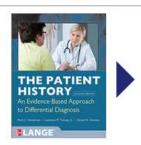












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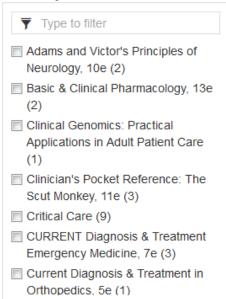
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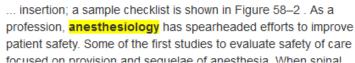
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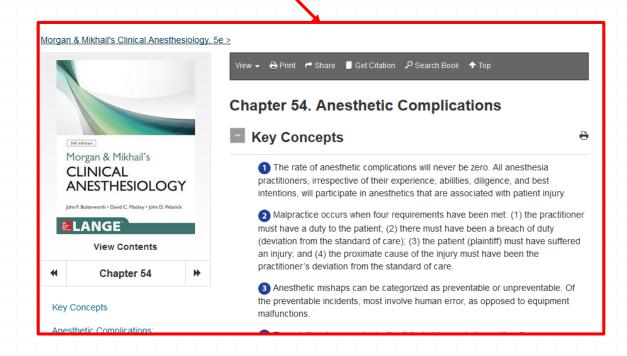


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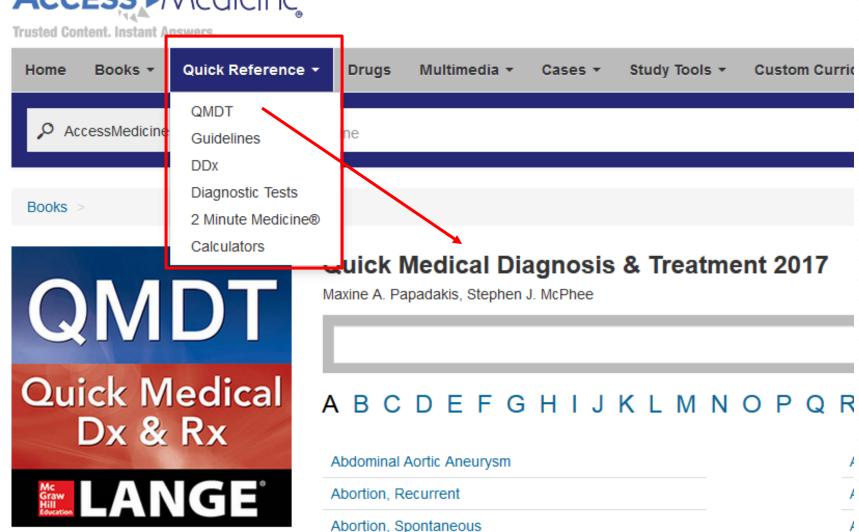
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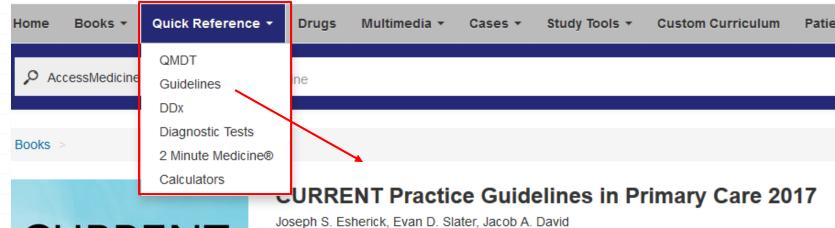




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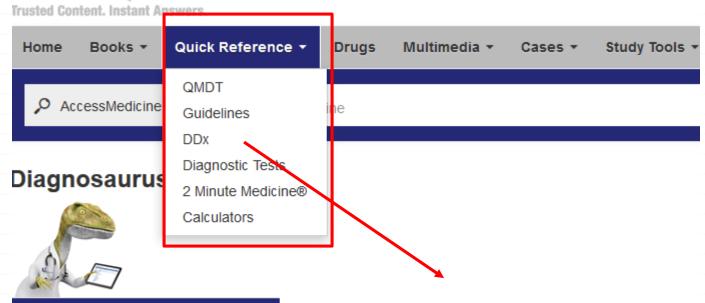
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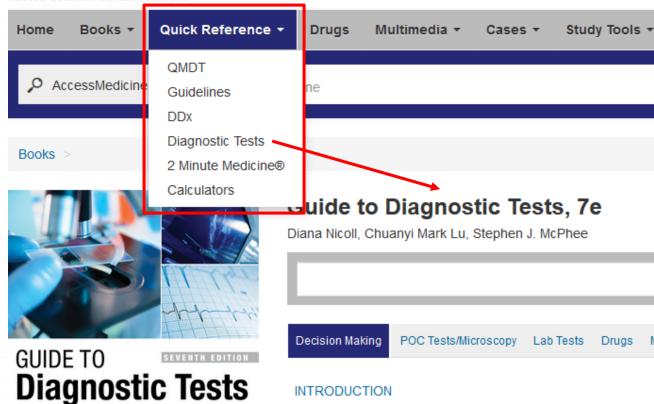
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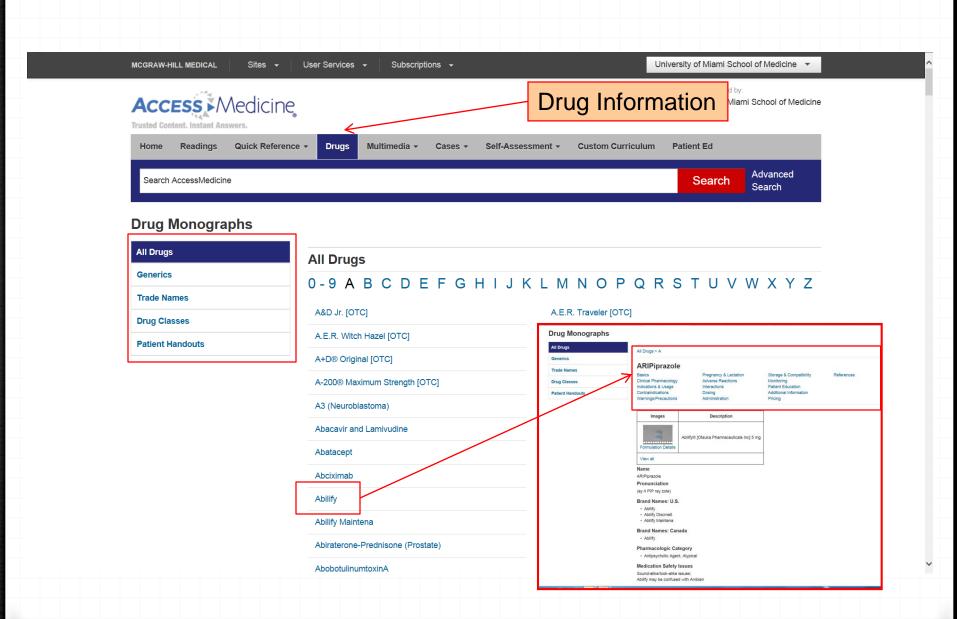


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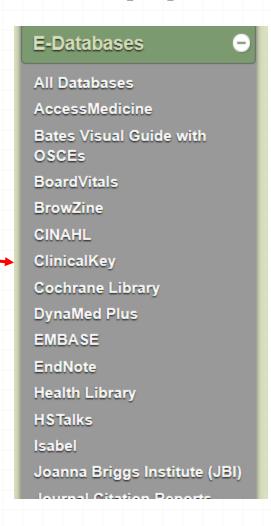
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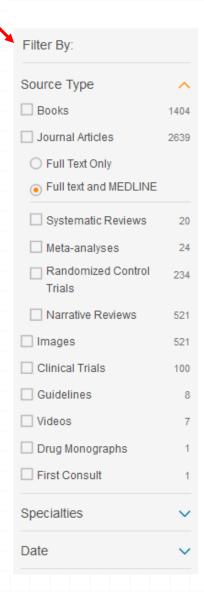
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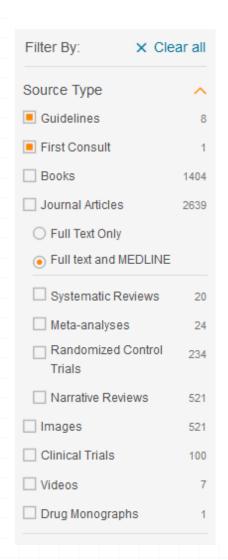
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Sims, Paul G., DDS; Kates, Charles H., DDS... Show all. Published November 1, 2012. Volume 70, Issue 11, Supplement 3. Pages e31-e49. © 2012.

☐ GUIDELINE

Guidelines for the use of local anesthesia in office-based dermatologic surgery.

American Academy of Dermatology - Medical Specialty Society, Published June 1, 2016.

■ GUIDELINE

Practice guidelines for central venous access. A report by the American Society of Anesthesiologists Task...

American Society of Anesthesiologists - Medical Specialty Society. Published March 1, 2012.

☐ GUIDELINE

Practice advisory on anesthetic care for magnetic resonance imaging: an updated report by the American...

FULL TEXT ARTICLE





European Annals of Otorhinolaryngology, Head and Neck Diseases, 2012-10-01, Volume 129, Issue 5, Pages 264-271, Copyright © 2012 Elsevier Masson SAS

Summary

Objective

This article presents the Clinical Practice Guidelines for Pediatric Tonsillectomy of the French Society of ENT and Head and Neck Surgery (SFORL), entitled "Amygdalectomie de l'enfant: Recommandation pour la pratique clinique" (SFORL, 2009).

Method

The French Society of ENT (SFORL), in partnership with the French Association for Ambulatory Surgery (AFCA) and French Society for Anaesthesia and Intensive Care (SFAR), set up a representative panel in the fields of anesthesiology, ENT and head-and-neck surgery, pediatrics, sleep medicine and general medicine. Following the literature analysis reported in the Presentation of the Guidelines, recommendations were drawn up taking account of risk/benefit ratios, levels of evidence, feasibility in pediatric tonsillectomy and baseline risk assessment in the relevant population.

Results





European Annals of Otorhinolaryngology, Head and Neck Diseases

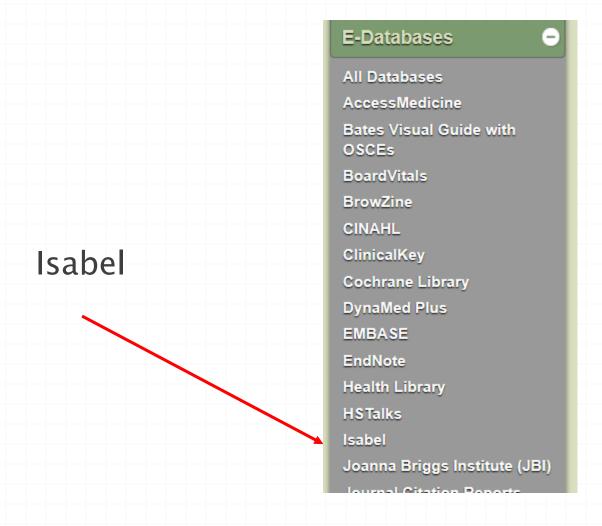
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Clinical Decision Support





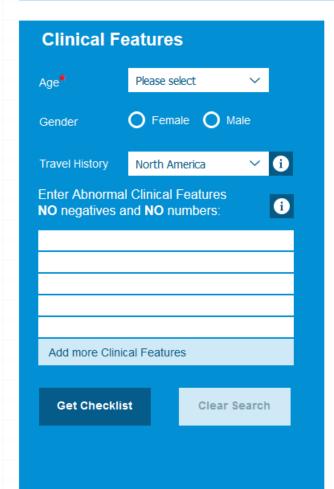


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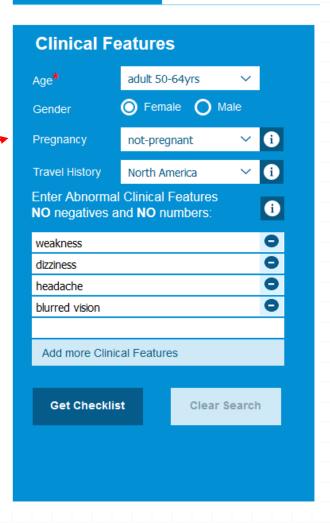


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Administration Menu

5

Enter clinical features and symptoms



Ranked Diagnoses 1

Drugs

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Ischemic Stroke		47		
Fibromuscular Dyspl	asia	47	Vasc	
Intracranial Abscess	-	47	Neuro	•••
• Intracranial Hematon	na 📙	47	Neuro	•••
Giant Cell Arteritis	l	47	Rheum	
Toxoplasmosis		47	Infec	•••
Head Injury		47	Neuro	•••
Chiari Malformation		47	Neuro	•••
Brain Neoplasms		47	Neuro	
Medulloblastoma		47		
Transient Ischemic A	ittack 📙	47	Neuro	

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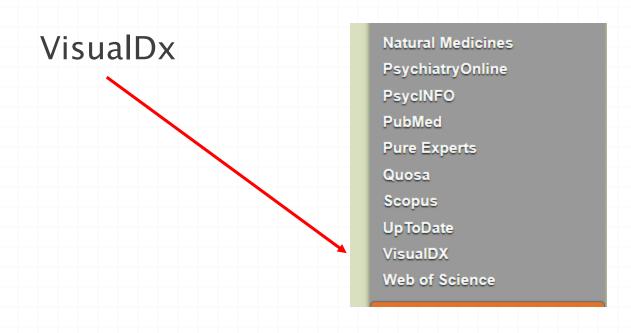
Drugs

Ranked Diagnoses (1)

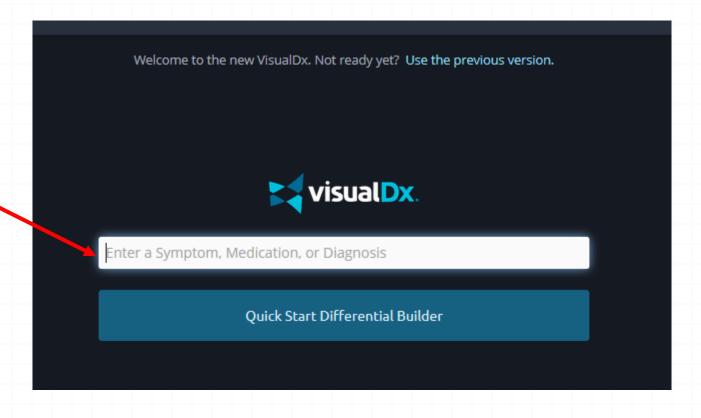


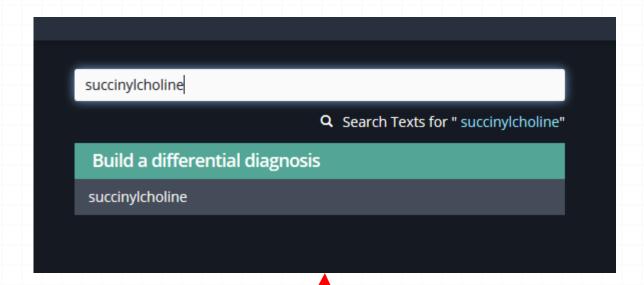
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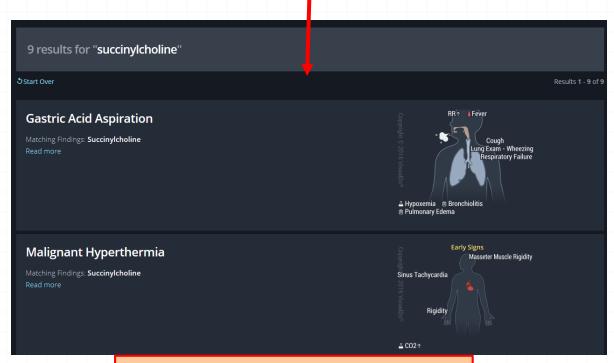
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Enter a Symptom, Medication or Diagnosis







SCROLL DOWN TO SEE MORE

Anaphylaxis

Matching Findings: **Succinylcholine** Read more



△ Hypoxemia

Drug-Induced Hypotension

Matching Findings: **Succinylcholine** Read more

Click on Read More to Expand Text



Nerve Agent Poisoning

... to effect seen with **succinylcholine**, which is a depolarizing paralytic ...

... intubation, DO NOT USE DEPOLARIZING AGENTS SUCH AS SUCCINYLCHOLINE. For ... Read more





Drug-Induced Hypotension

Print

Images (1)

Synopsis

Medications are a common cause of hypotension, particularly in the elderly. Medications most commonly cause **orthostatic hypotension**. In severe cases, drug-induced orthostatic hypotension can lead to syncope, falls, or ischemia to vital organs. Rapid changes in medications or new illnesses may exacerbate drug-induced orthostatic hypotension. Many drugs are implicated in orthostatic hypotension, but some of the more common ones include calcium channel blockers, beta blockers, diuretics, vasodilators, dopaminergic drugs, and antipsychotics. Discontinuing the offending drug usually resolves the hypotension.

Codes

ICD10CM:

195.2 - Hypotension due to drugs

SNOMEDCT:

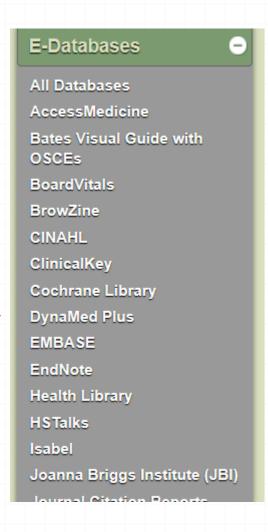
234171009 - Drug-Induced Hypotension

Differential Diagnosis & Pitfalls

- Hypovolemia
- Sepsis
- Anaphylaxis

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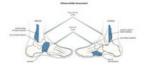




Image Results









Calculator Results

Fentanyl Patch Initial Dosing Estimate Based on Prior Narcotic Dosing

OralMorphineEquiv = 60 * DailyDosage / MedicinePotency

EuroSCORE for Cardiac Surgery Risk Assessment (additive version)

Ca

Ca

More

Thyroid surgery considerations

Overview Anesthesia and Analgesia Hemostasis

Anesthesia and Analgesia / Anesthesia

Cesarean section

Overview and Recommendations

Indications and Risk Factors for Cesarean Delivery

Incidence



Results Images



Fentanyl Patch Initial Dosing Estimate Based on Prior Narcotic Dosing

OralMorphineEquiv = 60 * DailyDosage / MedicinePotency

EuroSCORE for Cardiac Surgery Risk Assessment (additive version)

Cardiac Output

CaO2 = (Hgb * 13.4 * O2Sat / 100) + (PaO2 * 0.031)

Oxygen Content of Arterial Blood

CaO2 = (Hgb * 13.4 * O2Sat / 100) + (PaO2 * 0.031)

Ventilation Index

VentIndex = (RR * (PIP - PEEP) * CO2) / 1000

Cardiac Risk Index for Orthopedic Surgery (Lee)

Cardiac Risk Index for Abdominal Surgery (Lee)

Pulmonary Vascular Resistance

PVR = 80 * (MeanPulmonaryArteryPressure - LeftAtrialPre ssure) / PulmonaryFlow

Systemic Vascular Resistance

SVR = 80 * (MeanAorticPressure - RightAtrialPressure) / S ystemicFlow

Oxygen Delivery Units Conversions

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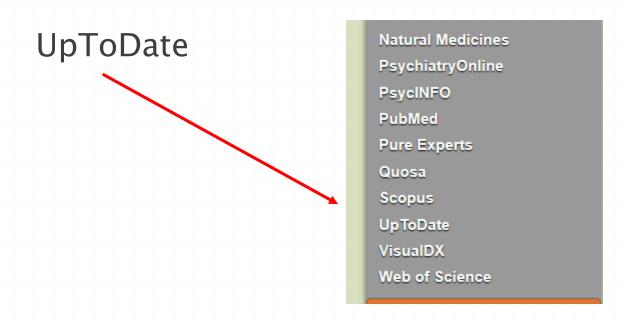
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pediatric anesthesia	Q

In an all-new episode of <u>UpToDate Talk</u>, members of our clinical faculty discuss the following important updates:

- · Scalp hypothermia to prevent chemotherapy-induced alopecia (Dr. Hope Rugo)
- . Immunotherapy for stinging insect hypersensitivity in adults (Dr. David Golden)

UpToDate°

pediatric anesthesia

Q

Search Results for "pediatric anesthesia"

All

Adult

Pediatric

Patient

Graphics

Anesthesia for tonsillectomy with or without adenoidectomy in children

...blocking agents (NMBAs) – For most **children**, especially younger **children**, we routinely intubate without the use of NMBAs. Maintenance of **anesthesia** – We maintain **anesthesia** with sevoflurane and a low concentration ...

Anesthetic management for adenotonsillectomy

Local anesthesia

Summary and recommendations

Supraglottic devices (including laryngeal mask airways) for airway management for anesthesia in adults

...than to a specific manufacturer. Use of SGAs in emergency medicine and in **children**, and the use of other airway devices in **anesthesia** are discussed separately. The laryngeal mask airway (LMA) is used clinically ...

Summary and recommendations

General anesthesia in neonates and children: Agents and techniques

...resolves. Intraoperative bronchospasm in **children** is discussed separately. Inhalation **anesthesia** is the mainstay of **pediatric anesthesia**, with the exception of **children** at risk of malignant hyperthermia (MH) ...

Monitoring

Summary and recommendations

Anesthesia for the child with asthma or recurrent wheezing

...performed in **pediatric anesthesia**; however, IV induction is gaining more widespread acceptance. In our institution, well over two-thirds of patients receive an IV induction of **anesthesia**. IV induction ...

Strategy for general anesthesia

Regional versus general anesthesia

Summary and recommendations

Topic Outline and Summary & Recommendations for quick and easy access to all topics



pediatric anesthesia



Anesthesia for tonsillectomy with or without adenoidectomy in children

Topic Outline

SUMMARY & RECOMMENDATIONS

INTRODUCTION

PREANESTHETIC EVALUATION

ANESTHETIC MANAGEMENT FOR ADENOTONSILLECTOMY

Anesthetic strategy

Preparation for anesthesia

Induction of anesthesia

- IV versus inhalational induction
- Children with OSA

NMBAs

Remifentanil intubation

Choice of airway device

Maintenance of anesthesia

Anesthesia for tonsillectomy with or without adenoidectomy in children

Author: Senthilkumar Sadhasivam, MD, MPH

Section Editor: Andrew Davidson, MD Deputy Editor: Marianna Crowley, MD

Contributor Disclosures

All topics are updated as new evidence becomes available and our <u>peer review pi</u> **Literature review current through:** Apr 2017. | **This topic last updated:** Apr

INTRODUCTION — Tonsillectomy with or without adenoidectomy is one of the morecurrent infection are the most common indications for adenotonsillectomy. Forty cases.

The following features make airway management for adenotonsillectomy particula

- . The airway is shared between the anesthesiologist and the surgeon and mus
- . The incidence of laryngospasm is higher than during other surgical procedur

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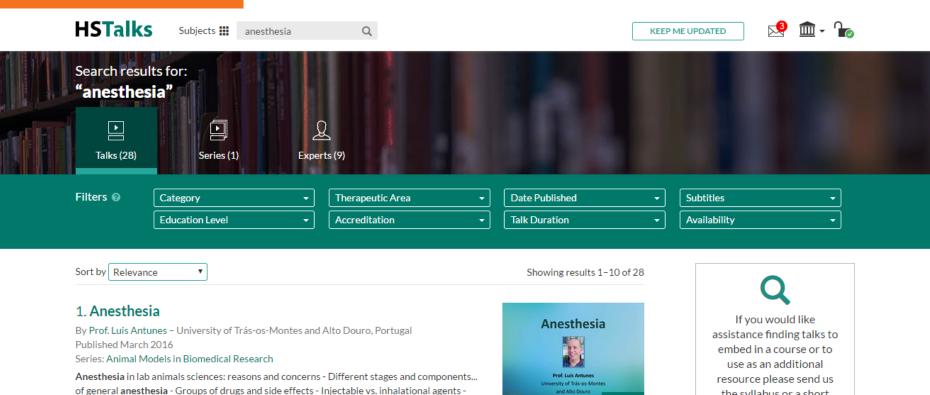






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2. Analgesia, anesthesia monitoring and perioperative care

Equipment... Anesthesia; Animal models in research; Laboratory animals/Surgery; Veterinary

By Prof. Luis Antunes - University of Trás-os-Montes and Alto Douro, Portugal Published January 2016

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anesthesia...

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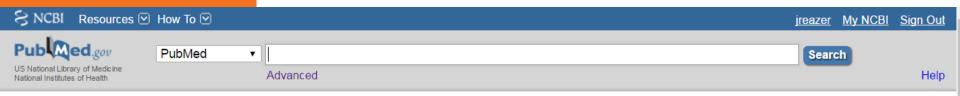


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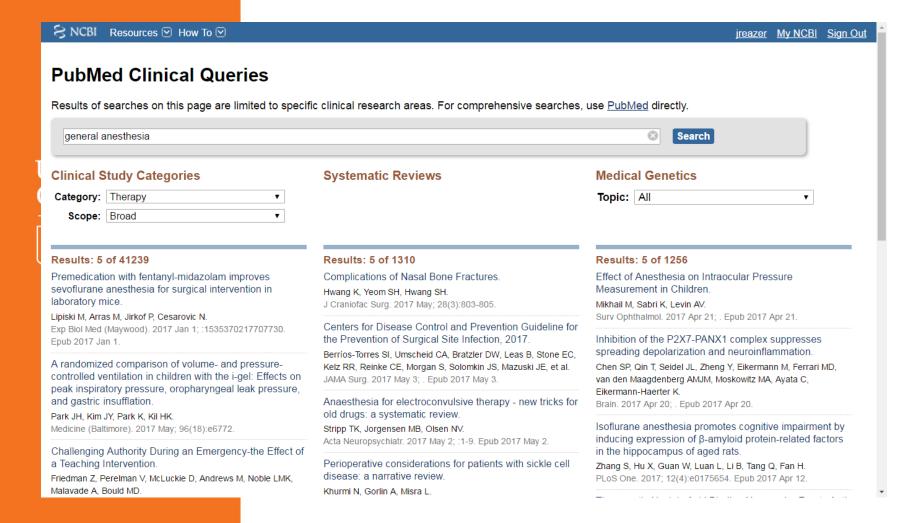
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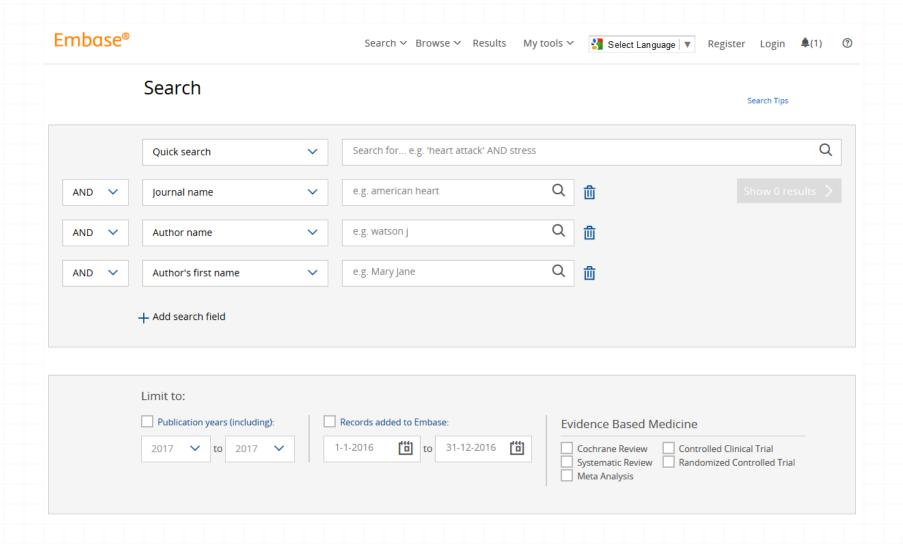
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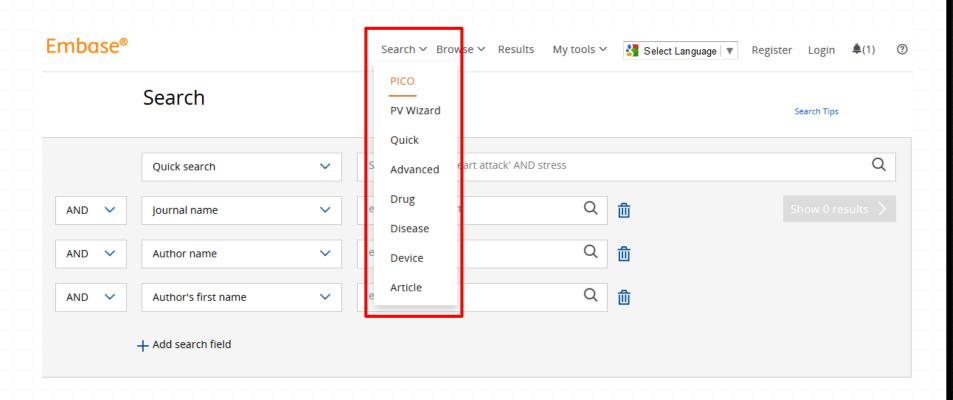


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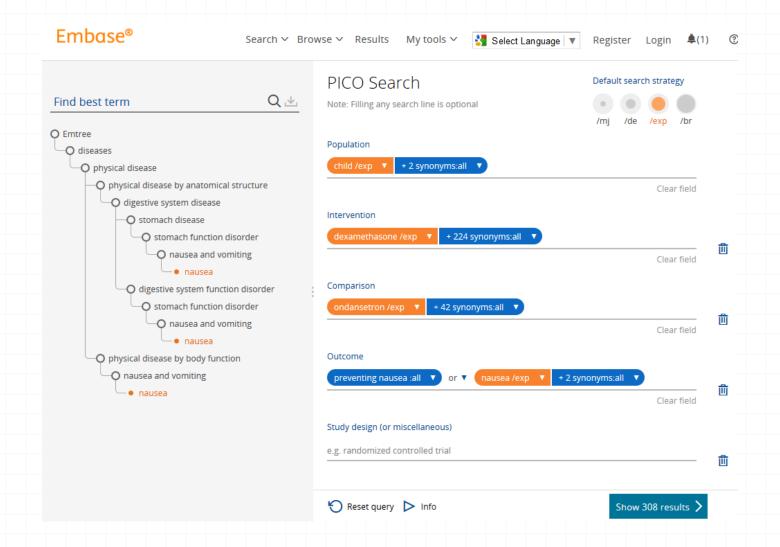
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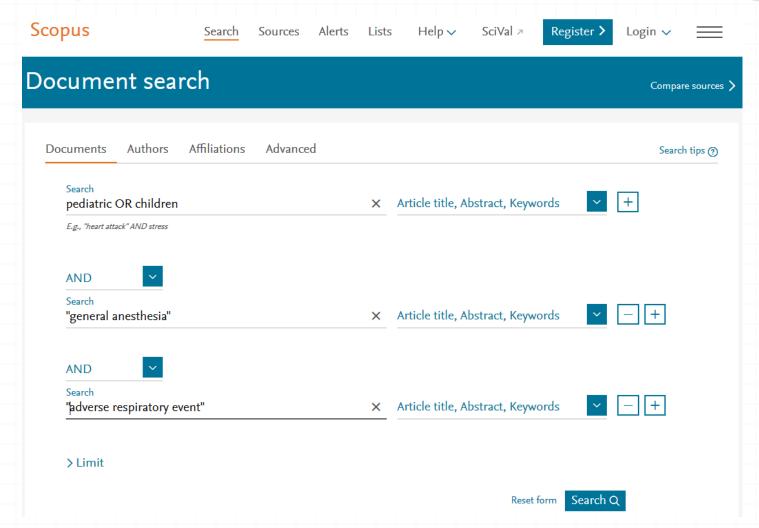
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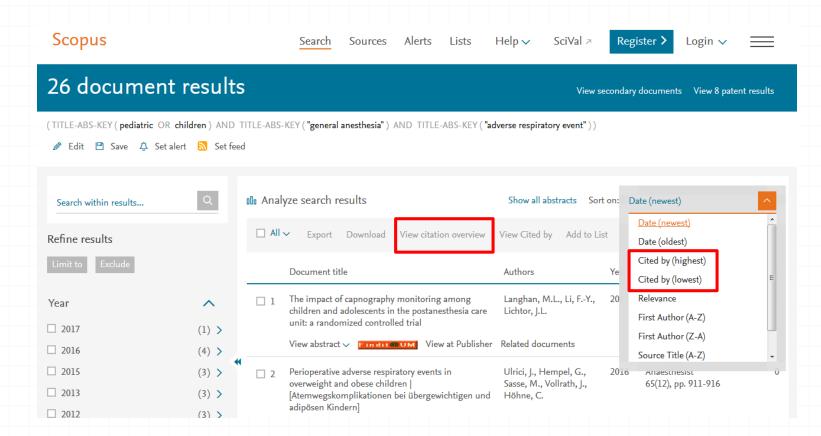
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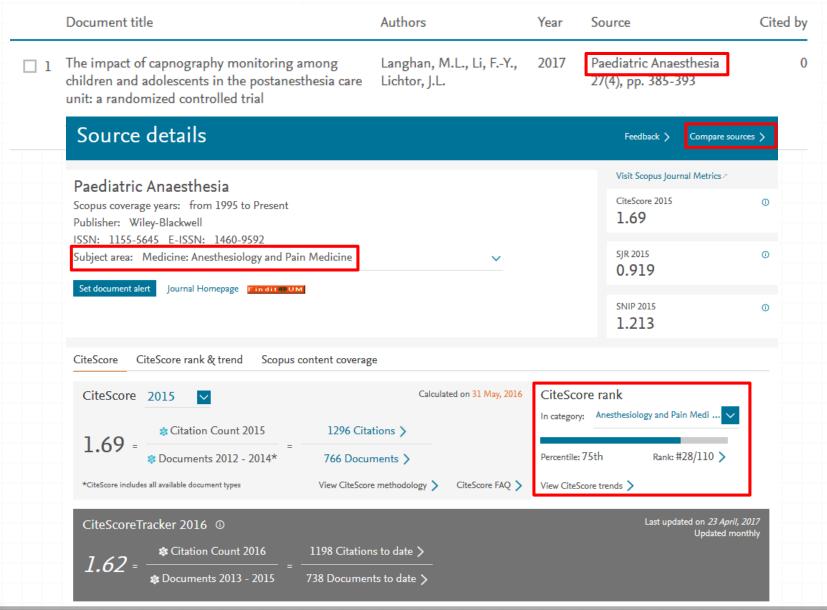
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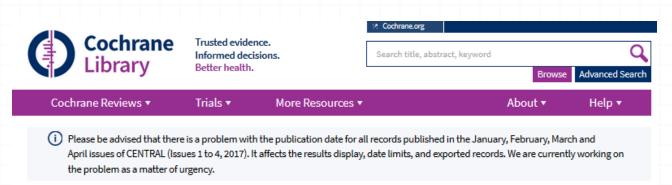
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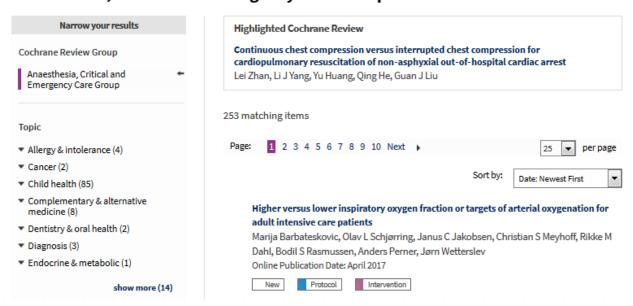
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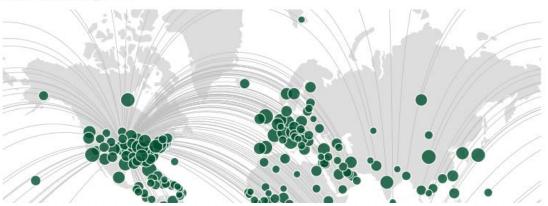


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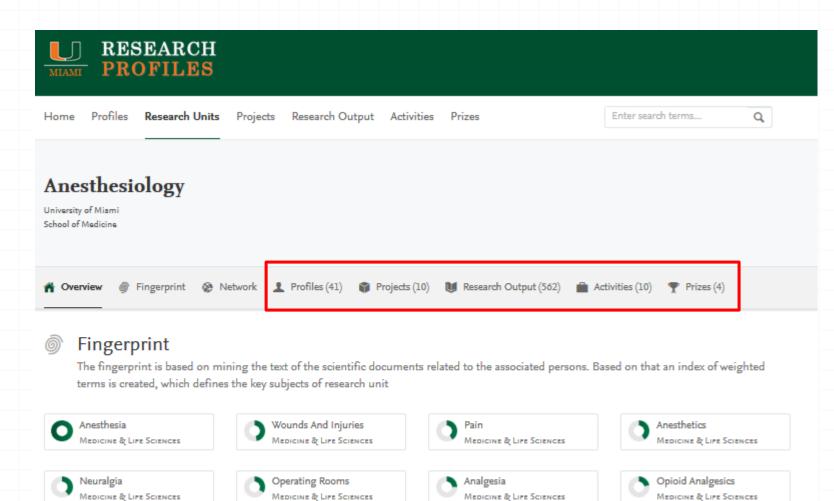
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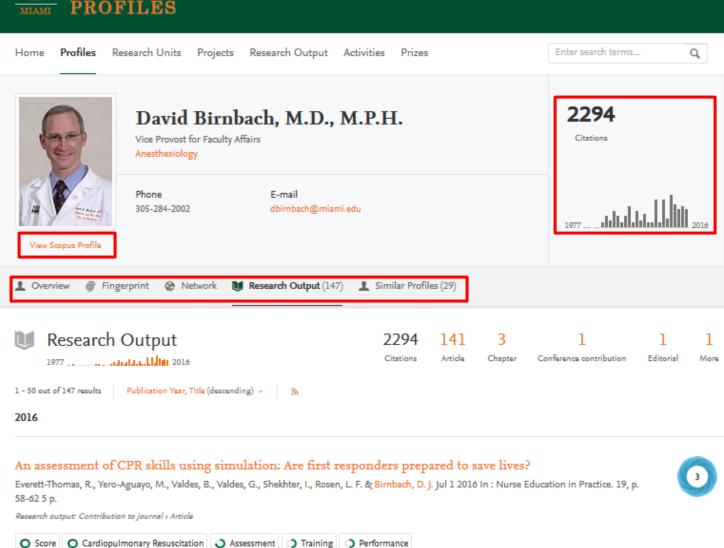
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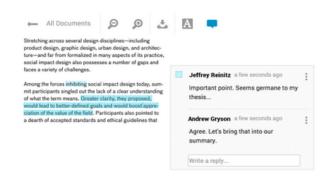
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Guide for Residents

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Open Access Journals

Anesthesiology

Internal Web Pages

Department of Anesthesiology, Perioperative Medicine and Pain Management at the University of Miami School of Medicine

Jackson Health System Anesthesiology Residency

E-book Collections

Calder Library's Anesthesiology E-book Collection

AccessMedicine (McGraw-Hill medical books)

ClinicalKey (Elsevier books)

Anesthesiology Journals

By Impact Factor (via <u>Journal Citation Reports</u>).

Pain (TOC via PubMed)

Anesthesiology (TOC via PubMed)

Regional Anesthesia and Pain Medicine (TOC via PubMed)

British Journal of Anaesthesia (TOC via PubMed)

European Journal of Pain (TOC via PubMed)

Anesthesia and Analgesia (TOC via PubMed)

Clinical Journal of Pain (TOC via PubMed)

Anaesthesia (TOC via PubMed)

Websites

American Academy of Pain Medicine (AAPM)

American Society of Anesthesiologists (ASA)

Annual meeting, research, careers, and clinical information. Information for residents and medical students

American Society of Interventional Pain Physicians (ASIPP)

Health policy, meetings, publications, state societies, CME.

American Society of Regional Anesthesia and Pain Medicine (ASRA)

Consensus statements, patient education, and publications.

International Association for the Study of Pain

Links to chapters, SIGS, educational materials such as curricula for various healthcare professionals, national and international policy statements, Conferences, terminology, history.

Society of Academic Anesthesiology Associations (SAAA)

SOAP - Society for Obstetric Anesthesia and Perinatology

Thank you!



Contact us at: reference@med.miami.edu 305-243-6648