

PROJECT TOOTH FAIRY: GUIDE FOR ANAESTHETISTS

Where to go?



Arriving by tube:

Cross the road as you come out of Whitechapel station and turn right. Walk past the old hospital and the dental institute is on your left after the pedestrian crossing and before the next road junction.

If you have a working ID card:

Walk past the entrance lobby and enter via the door at the end marked “education centre”. Take the lift to the 2nd floor and follow the signs to clinic 7 or Paeds GA suite.

Or come through the basement corridor from the main building and into the basement of the education centre. The lift to 2nd floor is on your right just after you come in.

If you don't have a working ID you will need to come in via the main entrance lobby (which doesn't open until 0830) or call someone to let you in!

Getting changed:

The toilets are doubling as changing rooms at the moment. Scrubs are in the coffee area just outside. Shoes are available there sometimes, or bring your own. There are some small lockers for shoes/clothing. If you wish to lock you will need to bring a padlock. There isn't really anywhere for bags, so those are coming into the procedure rooms at the moment.

Documentation and pre-assessment:

Prescriptions go in the “pink book”. There is a space on the page inside the cover for post op analgesia and prescribing Ametop/LMX if required. The nursing staff won't put magic cream on unless it is prescribed.

Anaesthetic charts are separate.

Any pre-assessment from the dental clinic (by dentists) should be printed out in the notes. If not it is on CRS - one of the nurses should be able to open it for you if you don't have access. Most of the children have not been pre-assessed by anaesthesia at the moment.

Gowns:

The kids are coming in their street clothes as there is nowhere to change them.

I have been asking them to take off excess jumpers and putting a gown over the top of their clothes when they are asleep. They tend to roll over onto the bloody patch on the inco in recovery and mess up their top otherwise. There are gowns on the shelves where the scrubs are.

Some Safety stuff:

Scavenging: sometimes gets switched off at night. The panel to switch it on is on the procedure room wall with a green switch and three lights.

Ventilation is really noisy (although much better than it used to be). If you can't hear it, it's not working!

CRASH trolley In the waiting area just outside the entrance to the procedure rooms.

Difficult airway trolley: In recovery.

Infection Control: All patients are "Amber" ie none of them have been Covid swabbed before they come for the procedure. FFP3 masks are provided.

Emergency alarms: There are pull alarms in all the procedure rooms. These can currently be heard in recovery, the coffee areas and the max fax clinic, but not in the other procedure rooms. If you need another anaesthetist, ask one of the recovery staff to fetch one from the other room.

Anaesthetic machines and gases:

The new Drager machines have now been installed in PTF. Please make sure you know how to use them - they are the same as the ones in main theatres, just a smaller footprint. We are not giving TIVA in PTF at present.

There are two syringe drivers for emergency transfer in recovery, which could also be used if necessary (although they are rarely plugged in, so you may need to send for one from main theatres).

Emergency transfer:

If a child requires admission, or emergency transfer for PCCU/resuscitation, they can be moved through the corridor under the hospital to the main building.

Signs are in place to direct you - there is a lift to the basement then another set of signs direct you to the main lift bank where you can choose ED resus (ground floor), PCCU (floor 6), or paed wards (7th floor).

There is a transfer bag containing emergency equipment in recovery.

If in doubt and you need anaesthetic/ODP assistance from the main building, call the 6th floor co-ordinator, or the on-call anaesthetic registrar.

If in serious trouble 2222 should bring a rapid response, as the resus office is in the basement of the dental hospital.

Isolated site:

The dental hospital is classed as an isolated site, and there should always be a float anaesthetist be it a consultant or trainee, ie one theatre should be doubled up. If not, please do not start more than $n-1$ lists where n = no. of anaesthetists on the floor.

Two anaesthetists should remain in the building until the last airway is out in recovery, and one should remain until the last child is ready to leave.

Premedication:

There is no facility to keep kids in recovery for a prolonged period in the dental hospital, so premedication should be restricted to a single agent (midazolam). If a child requires more than one agent, or a single premed fails then they should be cancelled and rebooked for the main building. There are plans afoot to change this in the near future and allow more flexibility to more treat children with learning or behavioural difficulties, but this is the rule for now.

There needs to be a registered paediatric nurse available for a premed to be administered as the child will have to be monitored in one of the side rooms or the step down area depending where

space is vacant. If they are short and there is no-one available they can be monitored by an anaesthetist, but they must be free of other responsibilities, or the child will have to be postponed until staff are available.

Useful numbers:

Theatre co-ordinator, 6th floor: 45663

Paeds Anaesthetic registrar on-call: 45661 / blp 1061

Fasting fails:

A common issue on these lists! The fasting policy is:

6 hours for food and formula milk

4 hours for breast milk

1 hour for clear fluid.

In general if a child on the morning list is going to be fasted before 11:30 or a child on an afternoon list will not be ready before 16:00, then they should be rebooked. Some discretion can of course be exercised with this, especially if you have cancellations, but please check with recovery first - they have to admit the afternoon patients once the morning ones leave, and an overrun in the morning can have a significant knock-on to the afternoon.