

Anesthesia Transport /NORA Guide Minneapolis

Anesthesia Transport / NORA Guide: Minneapolis

Transport Cart

Plug in the transport cart regularly. Data will not flow from the transport monitor if the CCE is powered off.

CCE

 $Reboot\,Transport\,Cart\,CCE\,before\,each\,case\,to\,improve\,wireless\,connectivity.$



Begin this process while setting up the rest of the room as this process can take up to 5 minutes. Check all connections. Specifically ensure that the USB from the CCE box is connected to the back of the patient monitor (this is often disconnected when the patient monitor is moved off the transport monitor platform in CT and ANW Radiation therapy). Review the <u>Anesthesia Device Connections Troubleshooting Guide.</u>

• Start ALL cases using induction room anesthesia computer following standard workflow.

Monitor Association

When associating to monitors, it will save time to select the gas machine from the induction room and the transport patient monitor. To change the associated monitors:

- 1. Click Task on the toolbar.
- 2. Click Associate Devices.
- 3. The **Select Device** window displays and monitors can be added or removed.

		Select Device			
	M Transport Heme/Onc M R	Selected Devices			
View Document Window Helr	MP-TR-B450-CQ MODEL 1	MP-TR-B450-CR MODEL 1	MP-TR-B450-CS MODEL 1	Device	
Select Case Ctrl+L Select Blank Record				<	
ect Remote View Cases Ctrl+R				Remove	
issociate Devices	Other			OK Cancel	

Note: If planning to travel with a laptop (e.g., CT scan), turn on laptop, login, and open SaAnesthesia BEFORE beginning the case. Do not select patient but leave laptop open and set aside. This takes up to 5 minutes and will save time later.

Questions or need assistance? Call Children's IT Service Desk 24/7 at 952-992-5000 or 4-5000 internally Copyright © 2024 Children's Minnesota. All rights reserved. Some content is based on the intellectual property of Cerner Corporation and used with permission. All other trade names and registered trademarks are the property of their respective owners. This content is designed for general use with most patients; each clinician should use his or her own independent judgment to meet the needs of each individual patient. This content is not a substitute for professional medical advice, diagnosis, or treatment.



Anesthesia Transport / NORA Guide Minneapolis

Macro Selection

Carefully select the appropriate macro for each case. Additional macros can be added to the record to facilitate specific workflows. Examples:

- **Restore Basic Vital Parameters Macro**: If **Unselect All** was <u>not</u> previously checked in the **Suspend Case** window before suspending the case, vitals will stop displaying. To restore this connection, click **Macros** on the toolbar and select the **Other** tab. Select the **Restore Basic Vital Parameters** macro.
- Add On Imaging: Select this macro on a combination case with an OR component to add the pertinent radiology actions to the To Do list.

Sedation/Radiology Procedure Action

To designate a reading Radiologist or Procedurist to the scan or procedure:

- 1. Click Brain under MRI Procedure.
- 2. Click Select.
- 3. Click Other.
- 4. Type in name of the reading Radiologist or Procedurist in the **Personnel** field.

			Action De	tails			- 0
	C	Add Sed	ation/Radi	ology Proc	edure		
Primary Degenits #1 Abnored part ALL wheed remains AML wheed remains	Developmental delay	Fracture Heads	dia Naaring loss un	contect			Value
Primary Disgnosis #2 Professphila Lymphona Masshead and reck Mass a	respectful Neoplasmbra	Respirem beam	inspectived Secures	NOS Neuroblaston	europedied Other		MRI Procedure: Bra
Seduration and Seduration Seduration (SCHO) ADD/SADD Preding table // Seduration Seduration (SCHO) ADD/SADD Add/Seduration (SCHO) Ad	Alvess 20 Preduce Define Spine Arm	P Boremarrou/N reduction Joint die Leg Right Left	econst CV6/92CC Isoation-reduction L Bilateral Match	Overs and LP C acception repair Lass contrast Other	Dest tube Uver brooke extra repair Nal bed re	Rand Sroper Transcentese gaar] [Other]	2 🖀 🟯
CT Procedure mead Cervical Spine Chest Abdomen Pelvie With control	wit Other						
Herescopy PICC Interplacement G-table change 3-Table placement Other Other Studies PET Scan Nuclear medicine scan DEXA scan MRU Other	25		Select Person	el .		×	
Final Radiology Diagnosis Final diagnosis	Annothesiologiet (CRNA) BRNA						
	Atman MD, Christopher	Angel MD, Michael B	Castro MD, Chandra J	Clark MD, Kristin E	Colins MD, Michael M		
	Dassenko MD, David A	Ion MD, Tuta	Jochman MD, John D	Kaus MD, Sarah	Kowalsky MD, Richard A		
	Kromer MD, Kelly B	LeBard MD, Scott E	Maresh MD, Jill	McCormick MD, Paul C	Mickelson MD, Christopher A		
	Miller DO, Blaine R	Moran MD, Francis	Nicolai MD, David A	Rekuski MD, F Ryan	Stene MD, Erk		
	Tanaka MD, Taro	Tomasson MD, Jon			Salart Parson		
			-	Personnel	Sector Const		
			4	1		Cercel	
3	Other				Cance		
Tame: 0730 .							
6.45 7.00		1-15	16		7.45	8.00	£15 62,000
							OK Can

This workflow can also be used with other imaging studies and procedures such as LP or Bone Marrow.





Anesthesia Transport / NORA Guide Minneapolis

Process Workflows – Minneapolis

MRI

- 1. At the completion of induction before transport, suspend the case and click **Unselect All** on the **Stop Data** window.
- 2. Upon arrival in MRI, open patient record and the MRI monitors will auto-associate. To manually document missing vitals, click **Document** on the top toolbar and scroll down to select **Value**. Ensure vital signs charted with no gaps >10min.
- 3. When departing MRI, suspend and click Unselect All on the **Stop Data** window.
- 4. Upon arrival at PACU, complete PACU workflow and manually document missing vitals as outlined above ensuring no gaps >10min.

Nuc Med

- 1. At the completion of induction before transport, suspend the case and click **Unselect All** on the **Stop Data** window.
- Upon arrival in Nuc Med, open patient record on a WOW (workstation on wheels can use the one located in the MRI 1.5T control room,) and open the record, click **Task**, and scroll down to select **Associate Devices**. (The monitors will be labelled RAD M1 M9). To manually document missing vitals, click **Document** on the top toolbar and scroll down to select **Value**. Ensure vital signs charted with no gaps >10min.
- 3. When departing Nuc Med, suspend the case and click Unselect All on the **Stop Data** window.
- 4. Upon arrival at PACU, complete PACU workflow and manually document missing vitals as outlined above ensuring no gaps >10min. **Anesthesia Monitor**.

СТ

- 1. Confirm that CCE was rebooted and check connections.
- 2. Turn on laptop, login, and open SaAnesthesia before beginning case. Leave laptop open and set aside.
- 3. At the completion of induction before transport, suspend the case and click **Unselect All** on the **Stop Data** window.
- 4. Open the patient record in SaAnesthesia on a laptop and associate the transport monitor to the record. Data will continue to flow. Medication and action charting can be continued on the laptop.
 - If the laptop locks, log back in as needed
 - If CCE does not transmit vitals, refer to pages 3-7 of <u>Document an Anesthesia Record</u> to manually enter or recover values.
- 5. **Return to PACU: Complete** or suspend the case on the laptop.
 - Return to OR: Suspend and reopen case on the OR computer.