

Extubation of patient post lap appendix

DOPS

Created: 8th February 2023

IAC/IAOC Code

Code	Description
No code have been chosen	

Title

Extubation of patient post lap appendix

Approved by Assessor

Name	Position	GMC No.
Joseph Samuel Lipton	Consultant	7014377

Created by Learner

Name	Stage	GMC	CRN
South London 2021 Trainee		0000000	

Key Capabilities

EPA 2: Provide general anaesthesia for an ASA I/II patient having uncomplicated surgery

Key Capabilities

EP_02_01

Pre-operative preparation

Relates knowledge underpinning EPA 1 (Anaesthetic Pre-operative Assessment) to safe perioperative care planning

Understands the scope of practice as an inexperienced practitioner and seeks help appropriately

Recalls starvation policies for administration of general anaesthesia

Demonstrates working knowledge of commonly used anaesthetic equipment, including the anaesthetic machine, standard monitoring and airway equipment

Demonstrates working knowledge of the commonly used anaesthetic drugs (preparation / dose / effects / side-effects / cautions):

Induction agents

Antiemetics

Muscle relaxants/reversal agents
Sympathomimetics/anticholinergics
Volatile anaesthetic agents
Analgesics

Show details

EP_02_02

Intra-operative Care

Performs airway management including the following techniques:

- Mask ventilation
- Supraglottic airway insertion
- Endotracheal intubation using direct and video laryngoscopy

Performs a Rapid Sequence Induction

Conducts anaesthesia with controlled and spontaneous ventilation

Understands the physiological effects of general anaesthesia

Manages the risks posed to patients when positioning them for surgery, in particular related to pressure areas, peripheral nerves and other delicate structures

Follows infection prevention and control procedures in the operating theatre

Manages tracheal extubation, including common complications occurring during emergence from anaesthesia; eg, laryngeal spasm

Show details

Date

14 September 2021

Description procedural skill

- Management of emergence and extubation in a patient following lap appendix

Summary of reflective discussion between anaesthetist in training and trainer

- Understanding aspiration risk and the significance of extubation as a high risk moment
- Pre-extubation checks and preparation
- Assessment of neuromuscular blockade and reversal
- Pre-oxygenation
- Positioning for extubation
- timing of extubation

Managed this very well - waited until the patient was fully awake and extubated safely

Suggestions for future development

- You have demonstrated the ability to manage tracheal extubation safely
- You understand the risks that must be managed at extubation and the strategies we use to minimise them

Supervision level

2b - Supervisor within hospital for queries, able to provide prompt direction/assistance

Supporting Documents

No supporting documents have been added.

Approval

This entry was approved on 8 February 2023 by **Joseph Samuel Lipton**

Personal reflections

No reflections have been recorded for this form.

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