

OPERATING ROOM MANAGEMENT OF EMERGENCY CASES

1. REQUEST - SURGEON

- 1.1 The booking of emergency cases is done by the Surgeon/Resident (may be given via telephone), indicating the surgical procedure, estimated length of procedure, diagnosis and priority of the case. The definition of the priority of emergency cases are as follows:

P1 - must be started immediately to avoid loss of life or limb;
P2 - must be **started within 6 hours** to avoid loss of life or limb;
P3 - must be started within 24 hours to avoid loss of life or limb.
- 1.2 To book an emergency case the Surgeon/Resident must notify the ACC/Control desk. After hours the charge nurse must be notified.
- 1.3 The clerical staff will immediately notify the coordinating care facilitator of P1 or P2 cases. The care facilitator/charge nurse will immediately notify anesthesiologist of P1 and P2 cases to coordinate timing.

If patient on isolation precautions notify at time of booking.

2. CLERICAL RESPONSIBILITIES

- 2.1 **Patients will not be placed on the emergency list until patient ready, i.e. admitted to hospital, consent, blood work, ECG, fasting, all consults completed and Surgeon is available.**
- 2.2 Enters the request on the scheduling board and wait list including the surgical procedure, diagnosis and priority.
- 2.3 Reviews all emergency bookings with Coordinating Care Facilitator.

3. SEQUENCE OF CASES

- 3.1 Emergency cases will be performed in sequence of receipt booking of and in accordance with the priority classification - P1, 2, or 3.
- 3.2 No advance bookings of emergency surgical cases will be accepted.
- 3.3 **Cases may be performed out of sequence if time becomes available and the required case time is within the limits of the available time.**

- 3.4 Disagreements arising out of the sequencing of cases will be resolved collaboratively by: Chair of the O.R. Committee, the Site Chief of Anesthesiology and the Clinical Manager.

The On-Call Anesthesiologist after hours will assist with resolution of disagreements.

- 3.5 P1 cases occupy the first available room. P2 cases will bump into the elective room of same surgical service, providing the time criteria is met.

3.5.1 For the General Campus only:

When a particular surgical service does not have an operating room available on that day, the following services will be used for the bumping process:

- Gynecology / GYN ONC
- ENT / Ophthalmology
- Plastics / General Surgery
- Renal Transplants bump Urology or GEN SURG alternating
- Ortho will bump Ortho emergency room
- Thoracic will bump General Surgery
- Donor retrievals will bump the Ortho emergency room

3.5.2 For the Civic campus only:

When a particular surgical service does not have an operating room available on that day, the Clinical Manager, and Site Chief of Anesthesiology or delegate, will determine the most appropriate service to bump.

- 3.6 If the service requiring bumping has a case in progress and the P1 (Emergency) cannot be delayed until the case finishes, the affected service will take priority in that room when the case underway is finished.

- 3.7 If a Surgeon is upgrading the priority classification of their patient a medical justification is required. **The Surgeon with the upgrade must speak to the Surgeon being bumped, otherwise the upgrade will not be accepted.**

- 3.8 P3's must be completed by 2300 hrs daily.

- 3.9 If a surgeon needs to remove a patient from the emergency list (i.e. patient requires further tests, or consultation), the case is removed from the board and must be re-booked by the surgeon as a new case.

- 3.10 After 2300 hrs only cases of Priority 1 and 2 will be started in the O.R. If any cases of Priority 3 remain on the list after 2300hrs the list will be suspended and these patients will retain their position on the list for the subsequent day. NOTE: If at 2000hrs a surgeon will not be able to commence his P-3 case due to OR volume, he/she may suspend the case retaining order of priority for the following day.
- 3.11 If a Surgeon is offered time and declined the time the case will be moved to the bottom of the emergency list. If the time is offered and declined a second time, the case will be permanently removed from the emergency list.
- 3.12 The decision to call in a second team will be made collaboratively by the nurse in charge and the anesthesiologist on call. The decision is based on the Priority 1 and Priority 2 bookings.
- 3.13 If General Campus, at 1500hrs on Friday afternoon, there are 14 hours or more of non-elective cases listed the Chair of the O.R. Committee, the O.R. Clinical Manager, the Site Chief of Anesthesiology will confer and may make arrangements to schedule another team to run a second room to handle the workload on Saturday. This is not the standby second team.