Appendix

ORTHOPEDIC SPINAL FUSION – OPERATING ROOM TEAM EXPECTATIONS

**SURGERY**
- Attending present for patient flip
- Assistance moving OR table to correct position
- Orthopedic Fellow prepped prior to case
- Attending to start alcohol prep while fellow scrubs

**OR NURSING**
- Scrub & Circulator able to open packs without picking up patient from PACU
- Circulator to call Preop RN for patient handoff via phone & notify anesthesia that patient is ready for pickup
- Patient prep in parallel with anesthesia & neuromonitoring
- Planned lunch coverage to minimize interruptions during crucial surgical timepoints

**PACU NURSING**
- Anesthesia may place preop IV
- Nursing phone handoff with OR Circulator with notification to anesthesia that patient is ready for pickup
- Face-to-face handoff with Anesthesia, who will confirm consent & sign EPIC handoff

**ANESTHESIA**
- Pick up patient in preop and transport to OR
- Preop IV placement if possible
- Patient prep in parallel with nursing & neuromonitoring
- Anesthesia provider #1: intubate & place 2nd IV
- Anesthesia provider #2: arterial line placement
- Standardized anesthetic management
- In the event of normal neuromonitoring signals, no neuro exam prior to leaving OR is required

Fig. E-1
Operating-room team expectations for orthopaedic spinal fusion. The goal is a shared understanding of the multidisciplinary effort with open communication to facilitate a smooth surgical day. EPIC is an electronic medical records system. PACU = postanesthesia care unit.