PATIENT SAFETY, PRACTICE MANAGEMENT, HISTORY & EDUCATION

A-1165  Room G, 10/17/2000 9:00 AM - 11:00 AM (PS)
Sevoflurane and Dry Lime: Is the Carbon Monoxide Formed a Reaction Product from Hexafluorooisopropanol? Uwe H. Warnken, chemist; Heimo Wissing, MD; Harald Foerster, MD, Dr. of Anesthesiology, Inst. for Experimental Anaesthesiology, Frankfurt/Main, Germany. An in vitro experiment with soda lime and hexafluoroisopropanol was performed. The CO production was determined.

A-1166  Room G, 10/17/2000 9:00 AM - 11:00 AM (PS)
The Incidence of Lower Extremity Neurologic Complications Following Spinal Drainage Catheter Placement in Fully Heparinized Patients Jason B. Wells, M.D.; Meg A. Rosenblatt, M.D.; Linda Shore-Lesserson, M.D., Anesthesiology, Mount Sinai School of Medicine, New York, NY, United States. No permanent neurologic sequelae resulted from spinal drainage catheters in 37 fully heparinized patients.

A-1167  Room G, 10/17/2000 9:00 AM - 11:00 AM (PS)
Activated Thrombelastography: Can it Predict Postoperative Blood Loss in Low- and High-Risk Cardiac Surgery? Stefan Wirtz, MD; Christoph Schmidt, MD; Hugo Van Aken, MD, PhD; Florian Fritzschec, MS, Michael Booke, MD, PhD, Anesthesiology and Operative Intensive Medicine, University of Muenster, Muenster, Germany. In heart surgery activated thrombelastography fails to predict postop blood loss.

A-1168  Room G, 10/17/2000 9:00 AM - 11:00 AM (PS)
Quistorp and “Anaesthesia” in 1718 A.J. Wright, M.L.S.; R.J. Defalque, M.D., Anesthesiology, University of Alabama School of Medicine, Birmingham, AL, United States. In 1718 Quistorp published De Anaestesia, or, “Anaesthesia, a state of insensibility.” The work links anesthesia as described by Greek and Latin authors and its modern practice.

Practice Management & Patient Safety

A-1169  Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)
Effect of Data Directed Interventions on Operating Room Efficiency Susan Black, M.D.; Mark F. Frankena, M.D., Anesthesiology, University of Florida, Gainesville, FL, United States. To improve efficiency in starting nonsurgical procedures causes for delay were identified and specific interventions initiated. Review of 2 years of data suggested small improvements resulted.

A-1170  Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)
Operating Room Extubation and Resource Utilization with a Clinical Pathway for Infrarenal Aortic Surgery Kathleen H. Chatinberg, M.D.; Stephen D. Surgenor, M.D.; Michael L. Beach, M.D., Dept of Anesthesiology, Dartmouth Medical School, Hanover, NH, United States. We conclude that operating room extubation is not associated with a significant change in either resource consumption or re-intubation rate.

A-1171  Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)
Gastrointestinal Events in Surgical Inpatients: Rates by Major Organ Systems Connie Chen, Pharm.D.; Seema Dedhiya, M.S.; Lisa Wester, M.S., Global Health Outcomes, Searle, Skokie, IL, United States. GI events in surgery patients were reported in all major organ system groups and ranged from 0.1% to 11%. Length of stay and costs were similar or higher in patients with GI events within groups.

A-1172  Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)
A New Approach to Evaluating the Safety and Efficacy of Pediatric Sedation Services Joseph P. Cravero, MD; George T. Blike, MD; Kate Wbalaen, RN; Kristin King; Jens Jensen, MS, Anesthesiology, Dartmouth Hitchcock Medical Center, Lebanon, NH, United States. Videotape analysis of pediatric procedural sedation yields a new method for evaluating the safety and efficacy of sedation services.

A-1173  Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)
Strategy to Decide Whether to Move the Last Case of the Day in an Operating Room to Another Empty Operating Room to Decrease Overtime Costs Franklin Dexter, M.D., Ph.D., Anesthesiology, University of Iowa, Iowa City, IA, United States. Statistical method uses historical case duration data from OR information systems to assist OR managers in deciding whether to move a case from one OR to another.

A-1174  Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)
Cuffed Oropharyngeal Airway (COPA), 700mL Bag - Alternatives for Basic Ventilatory Life Support? Volker Doerger, MD; Peer Knacke, MD, Peter Schmucker, MD, Department of Anesthesiology, University Hospital, Lubeck, Germany. Both the COPA and BM do not prevent gastric inflation; but might provide sufficient oxygenation with either self-inflating bag when ventilating with FiO2, 1.0.

A-1175  Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)
Can Anesthesiologists and Lawyers See Eye to Eye on Medical Malpractice Issues Kirstin M. Erickson, MD, Matthew Kumar, MD; Barry A. Harrison, MD; Gerard S. Kamath, MD; Gurinder Vasdev, MD, Anesthesiology, Mayo Clinic, Rochester, MN, United States. Lawyers compared to anesthesiologists are not biased in determining medical malpractice, indicating anesthesiologists do see eye to eye with lawyers.

A-1176  Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)

A-1177  Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)
Variables Predicting Longer Than Usual Induction-to-PACU Times and Higher Costs in Patients Undergoing Bilateral Tympanoscopy Tube Placement J.N. Harwood, M.D., Anesth. Dept., Wake Forest University School of Medicine, Winston-Salem, NC, United States. Surgical personnel and the use of preoperative oral midazolam influences costs associated with outpatient tympanoscopy tube placement.

A-1178  Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)
Operating Room Turn-Around-Time: Immediate Gains after Institution of an Efficiency Program and the Importance of Regular Follow-up Per-Olof Jarnberg, MD, PhD; Melody Montgomery, RN, MBA; Penny Stevens, RN, MS, Anesthesiology, Oregon Health Sciences University, Portland, OR, United States. Maintaining an improvement of OR efficiency is dependent on continued monitoring and feedback.