

to align on a new process and workflow. As anesthesiologists, we are extremely facile with new technologies, as they are at the core of our practices. We are also experts in patient safety, and our peers in medicine look to us for guidance on how to apply technology to time-sensitive situations. We are in a prime position to advocate for the thoughtful review and alignment of communication tools. Our recommendation is to do exactly that.

The primary take-away from this case report and analysis is that there is still a place for phone calls, and with these new technologies, closed-loop communication becomes even more critical. Remember, when in doubt, picking up the phone or going to the bedside is always the right choice. ■

Recommendations

- Partner with your organization to align on a consistent method of communication for notifications and urgent communication. Develop this into a formal policy.
- Try to reduce the number of methods of communication. Ideally there would be one asynchronous method and one phone-based method.
- Train on your preferred communication methods and make sure they are reliable. Understand how “breakthrough” messages work and when to use them.
- Onboard new members to your group to ensure they are part of the paradigm and have the equipment and software logins required.
- Consider the legal and confidentiality aspects of your communication platforms. Discourage use of SMS or iMessage texts for clinical care.
- Avoid “message tennis” – when things become complicated or are clearly acute, transition to a phone call or in-person communication.
- Practice closed-loop communication. The sender is always responsible for making sure the patient receives the care that is needed. If there is no response to a message, escalate to another person.
- If you are medically directing or supervising an anesthesia care team, proactively discuss and agree on communication methods for the day.

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ACE Question

A 76-year-old woman presents for urgent exploratory laparotomy. She has been receiving several medications for the management of dementia. Which of the following medications is MOST likely to interfere with neuromuscular blockade?

- (A) Citalopram
- (B) Memantine
- (C) Donepezil

As the population ages, more patients are receiving drugs for the treatment of dementia. Many of these drugs have possible interactions with perioperative medications. The indication for some of the commonly used medications is based on a presumed link between loss of cholinergic input and dementia.

Anticholinesterase medications are also frequently used in the treatment of dementia (e.g., donepezil). These medications may prolong paralysis from succinylcholine and impact nondepolarizing muscle relaxants by decreasing or reversing their effects. In order to avoid this interaction, stopping these dementia medications a day before surgery has been suggested. For most medications in this category, the elimination half-life is short enough that this can be con-



sidered. Donepezil has a half-life of 70 hours and should ideally be discontinued two to three weeks prior to anesthesia.

If nondepolarizing muscle relaxation is needed, the patient may require higher doses of neuromuscular blockers.

If a patient receives anticholinesterase for dementia treatment until the time of surgery, perioperative management would include avoidance of succinylcholine. High-dose rocuronium or vecuronium with sugammadex reversal could be used instead.

Citalopram and memantine are unlikely to interfere with neuromuscular blockade. ■

References:

1. Alcorn S, Foo I. Perioperative management of patients with dementia. *BJA Education*. 2017;17(3):4-98. doi:10.1093/bjaed/mkw038
2. Cottrell JE, Patel P, eds. *Cottrell and Patel's Neuroanesthesia*. 6th edition. Philadelphia, PA: Elsevier; 2017:402-3.

Answer: C

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