Anesthesia Checklist for EP Procedures

• HVSSU vs PACU recovery

[] MD-to-MD communication in advance of case(s) with EP docs.
[] Anesthesia type: GA vs MAC/sedation (see Appendix below regarding Epic bookings)
 Procedure type & duration Patient factors Is any amount of patient movement tolerable? Discuss paralysis need & timing Will breath-holds be needed? Discuss low TV/high RR Should the patient be mostly awake to maintain adrenergic drive for which arrhythmic are more likely to occur during an ablation? Discuss arrhythmia induction
[] Regional block
[] Additional medications
 Heparin - goal ACT when applicable Isuprel Adenosine Antibiotics Contrast Glycopyrrolate (if PFA) Nitroglycerin (if PFA) Nodal blockers (metoprolol) Antiarrhythmics (amiodarone, ibutilide)
[] Lines
 IV access (EP can usually provide central lines during ablations if poor access) If IJ, tape the ETT to the left IV fluids (limit if heart failure history, avoiding urinary catheter, etc) Blood pressure monitoring / if arterial access needed Urinary catheter
[] Fluoroscopy
[] Disposition
Inpatient vs outpatient

APPENDIX

GA-MAC/sedation spectrum

- Completely awake
- "Conscious sedation"/MAC (i.e. midazolam, opioids, +/- dexmedetomidine). True MAC requires a responsive patient. These patients will likely still move & talk but can be directed.
- **GA with native airway** (i.e. propofol sedation). These are often booked as MAC, however, the anesthesia group will often classify these cases as GA if a patient is not responsive (which is the definition GA—even if no advanced airway is used). These patients generally don't move.
- **GA with SGA** *aka LMA* (anesthetic gas). This is booked as GA. Patients typically don't move unless under a light plane of anesthesia.
- **GA with ETT/paralytic** (anesthetic gas). The most classic GA booking. Patients will not move.

Bottom line:

- Book MAC when no ETT or LMA will be likely placed (i.e. can tolerate some amount of patient movement).
- **Book GA** when an advanced airway will be placed (i.e. essentially no patient movement can be tolerated).