Tips for Anesthesia

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1. *Pre-Op Assessments:* The night before, I would compile a brief anesthetic history on all of my patients for the day and print them out. I used a resident's template on Epic—I suggest finding your favourite one and using it. On the day of surgery, I would do a pre-op assessment (last meal, last drink, last relevant meds, issues with anesthesia, dental work/issues, airway exam, heart + lungs, etc.).

2. *Pre-Op:* I would help set up the room, including masks, airway/intubation stuff, tape, suction, etc. If the preceptor preferred, I would draw up and label drugs (e.g., propofol, succinylcholine). Once the patient entered the room, I would place monitors (ECG, BP cuff, finger sat monitor). If the patient did not have an IV, I would start it.

3. *Intra-Op:* I would often be sent on break to study some topics for discussion later. Occasionally, the preceptor would ask me questions about anesthetic considerations relevant to the case. Most of the time, they bought me coffee ± a snack.

4. *Post-Op:* I would remove relevant monitors and drive the bed to the PACU.

5. *Procedures:* Get good at bag-mask ventilation, placing IVs, and fibreoptic intubation. Also make sure you know how to size LMAs and endotracheal tubes.

6. *Other stuff:* Expectations are to show up early, see your patient for pre-op assessment, and be generally familiar with the perioperative period from an anesthesia perspective. Brownie points if you know common drug dosages, ask about patients about GERD and OSA pre-op, and are generally pleasant to work with. Anesthesia was super chill—when the preceptor let me go early, it wasn't a test or a trick. Go live your best life in anesthesia 😊

7. *Use electronic resources:* I used the following resources to prepare and study for and during this rotation.
    a. Ottawa Anesthesia Primer.
    b. Anesthesia chapter in Toronto Notes.
    c. UpToDate.