

## Rapid Response in the Operating Room

Rapid response teams have proven effective for hospitalized patients in distress outside of critical care areas. The operating room (OR) functions as a critical care area, as no people are better equipped to resuscitate unstable patients in ORs than the anesthesiologists and attending surgeons. PA-PSRS staff wondered about the nature of inter-specialty consultations in the OR.

PA-PSRS staff examined 14 consecutive reports over a 4-month period that included mention of intra-operative consultations. Only 2 of the 14 consults were time-sensitive emergencies. One involved an emergency right ventricular repair for a patient receiving laparoscopic-guided radio-frequency ablation of the liver by a cardiothoracic surgeon. The second involved repair of a laceration of a major artery by a vascular surgeon as follows:

*Female with diagnosis of endometrial cancer admitted for lap. Tear in the external iliac artery when dissecting the pelvic lymph node. Vessel was clamped with vascular bulldog clamps for hemostasis. Charge nurse was informed. Vascular surgeon notified. Vascular surgeon promptly repaired external iliac artery.*

PA-PSRS staff suspect that the latter is not an unusual scenario.

To identify similar situations, OR managers and/or committees could review their intraoperative, time-sensitive emergencies requiring consultation from another surgical service. Probably, the most important will be vascular surgery assistance. If they have not done so already, managers and/or committees might consider setting up systems for rapid

response to ORs by vascular surgeons on call to cover these unique emergencies.

The other 12 consultations that were not time-sensitive emergencies were as follows:

- An ear, nose, and throat surgeon to do an esophagoscopy to confirm an esophageal laceration
- A general surgeon to evaluate infection in a leg with arterial insufficiency
- A general surgeon to consult during a hysterectomy
- A general surgeon to evaluate a Meckel's diverticulum during an abdominal hysterectomy
- A general surgeon to evaluate an unsuspected inguinal hernia during an excision of a hydrocele
- A urologist to evaluate the bladder by cystoscopy after a laparoscopic-assisted vaginal hysterectomy
- A urologist to evaluate the ureters after a laparoscopic-assisted vaginal hysterectomy
- A urologist to repair the bladder after a vaginal hysterectomy
- A urologist to repair a ureter after a sigmoid colon resection
- A hand surgeon to repair a partial laceration of the median nerve at the wrist
- A vascular surgeon to evaluate an old femoral-femoral artery bypass graft during an inguinal hernia repair
- A vascular surgeon to evaluate a ligated renal vein

# PENNSYLVANIA PATIENT SAFETY ADVISORY

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