

Anesthesiologist's role in Covid-19 Pandemic

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physicians play a much wider role than just putting people to sleep for surgery.

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ABOUT THE STUDY

An anesthesiologist is a doctor who gives a patient medication so they do not feel pain when they are undergoing surgery. However, these specialist physicians play a much wider role than just putting people to sleep for surgery.

They are also involved in a range of other medical procedures, including carrying out assessments in critical care units, dealing with emergency situations, and giving advice about pain management. Anesthesiologists are involved in around 90 percent of the more than 40 million surgical procedures that are carried out under anesthetic each year in the United States. This involvement may include direct care of the patient or supervision of Certified Registered Nurse Anesthetists (CRNAs) or Anesthesia Assistants, who also play a key role in the field.

ROLE OF ANESTHESIOLOGIST

In 2016, there were over 30,000 anesthesiologists employed in the US and many more who were self-employed. The anesthesiologist provides pain relief before, during and after surgery, but they also fulfill a number of other important roles.

Before an operation, a patient will meet with the anesthesiologist for an evaluation. The anesthesiologist will make a plan for the operation that takes into account the individual needs of the patient. On the day of the operation, the anesthesiologist supervises the administration of medication so that the patient will not experience pain.

However, the anesthesiologist does not physically provide most anesthetics. They supervise either a CRNA or Anesthesia Assistant while they provide the anesthetic. CRNAs often work independently without supervision as well. During the COVID-19 pandemic, anesthesiologists are facing long hours, additional training, the fear of bringing sickness home to their families, and

the emotional toll of being the compassionate bedside friend to seriously ill people whose family members can't visit them.

In some clinical settings, the role of anesthesiologists is temporarily shifting with the current COVID-19 pandemic. Those changing roles are affecting everything from how anesthesiologists are keeping themselves safe during patient care to how they are coding and billing for their services.

PERSONAL PROTECTIVE EQUIPMENT

One recommendation from the panel was for physicians to use N95 masks only with patients who are suspected of having COVID-19, and to use additional personal protective equipment (PPE), such as eye shields and surgical masks, to protect the providers and the N95 masks. However, since testing for COVID-19 has not been available either universally or promptly, making it impossible to identify all patients who are positive for COVID-19, the ASA, along with the Anesthesia Patient Safety Foundation (APSF), American Academy of Anesthesiologist Assistants (AAAA) and American Association of Nurse Anesthetists (AANA), have since updated those recommendation to include wearing N95 masks or similarly protective equipment, such as powered air-purifying respirators (PAPRs), in all diagnostic therapeutic and surgical procedures.

POSTPONE NONESSENTIAL SURGERIES

Another important recommendation from the panel was that nonessential surgeries be postponed to conserve ORs, PPE, hospital staff, and other resources for urgent COVID-19 cases.

FROM OR TO ICU

With ORs sitting empty and many procedures postponed, some experts are calling for the transformation of ORs into intensive care units and anesthesiologists, among other clinicians, into intensivists to meet the need of critical COVID-19 patients.

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