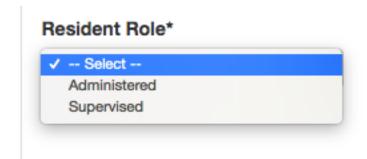


Case Log Definitions: A Guide for Fellows and Program Directors

Recommendations from the Pediatric Anesthesiology Program Director's Association Case Log Task Force January 2013. (Edited 2019 by L. Furukawa to reflect changes enacted in 2015 and thereafter)

These recommendations represent an effort by pediatric anesthesia fellowship program directors to interpret the Accreditation Council of Graduate Medical Education (ACGME) case log system in a fair, appropriate, and consistent manner. They do not represent the opinions, views, or interpretations of the ACGME itself. Recommendations and definitions are organized by ACGME case log sections.

Resident Role:



Administered: Fellow plays an active role in the anesthetic and is not merely an observer. More than one fellow may act in the capacity of the administering anesthesiologist. **Supervised**: Fellow supervises more junior trainee or CRNA in either the entire anesthetic or in procedural aspects (line placement, PNB etc). PLEASE NOTE: the ACGME does NOT currently count supervised cases towards your required minimum

Age of Patient

A neonate is any patient less than 45 weeks post conception regardless of

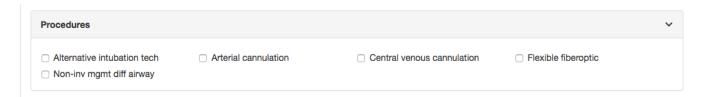
chronological age. Two categories exist for neonates – one for premature neonates (born prior to 37 wks PCA) and one for term (>/= 37 wks PCA)

ASA Status

One ASA status per case performed.

Case totals will be derived from this category.

Procedures



<u>Arterial cannulation</u>: you may log failed attempts. If you placed two arterial lines, the second can only be logged as a separate entry. If you supervised a line placement, record it as a separate entry with the role as "supervised". Do NOT record if the procedure was only observed.

<u>Central Venous Cannulation</u>: you may log failed attempts. If you placed two central lines, the second can only be logged as a separate entry. If you supervised a line placement, record it as a separate entry with the role as "supervised". Do NOT record if the procedure was only observed.

<u>Flexible Fiberoptic</u>: any use of the fiberoptic scope (eg: de novo fiberoptic intubation, fiberoptic intubation through LMA, visualizing through DLT)

<u>Alternative Intubation Technique</u>: Intubating devices different than direct laryngoscopy and fiberoptic intubation (mostly commonly but not limited to video laryngoscopy)

Non-invasive Management of the Difficult Airway: planning and management of a difficult airway without intubation. This category exists to help us identify difficult airway patients who do not undergo airway manipulations

Techniques for Anesthesia (check all that apply for case)

☐ Central neuraxis blocks	☐ General	 Intrathecal 	 Nerve stimulator guidance
Other pain therapy procedure	☐ Regional	☐ Sedation	Ultrasound guidance - pain
Peripheral Nerve Block			
Head/neck catheter	☐ Head/neck single shot	 Lower extremity catheter 	 Lower extremity single shot
Truncal catheter	☐ Truncal single shot	 Upper extremity catheter 	☐ Upper extremity single shot
Epidural, caudal			
☐ Catheter	☐ Single shot		
Epidural, cervical/thoracic			
☐ Catheter	☐ Single shot		
Epidural, lumbar			
☐ Catheter	☐ Single shot		

In the upper box, the trainee records the techniques used to provide anesthesia for the patient. This section is confusing and redundant so I propose that we use the following definitions

General includes any anesthetic involving loss of airway reflexes, and is generally but not always associated with placement of an airway device (e.g. endotracheal tube, LMA, etc.). Does NOT include sedation cases.

Sedation: includes anxiolysis, conscious sedation or deep sedation

Intrathecal includes either a spinal anesthetic as the primary technique or intrathecal injections to supplement general anesthetic. This may also be selected for acute or chronic pain procedures with or without a general anesthetic.

Regional: Although "regional" may encompass use of spinal, epidural/caudal and/or PNB, the resident shall select this option when a peripheral nerve block is used (alone or in combination with general anesthesia or sedation) and in the lower boxes, select the appropriate PNB.

Central Neuraxis Block: The resident will select this option is an epidural or caudal (single shot or catheter) was used alone or in combination with general anesthesia, sedation, or neither. They will select the appropriate central neuraxis block in the boxes below

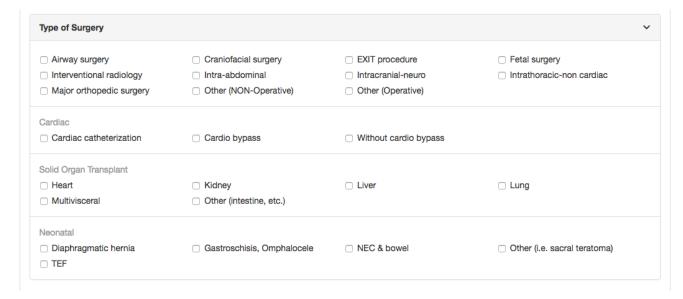
Other pain therapy Procedure: includes acupuncture, trigger point injection, etc

Peripheral nerve block The trainee will select the appropriate peripheral nerve block used, whether in combination with general anesthesia or alone if done on a regional only rotation or for a chronic pain patient.

Ultrasound guidance for pain procedure: include any time ultrasound is used to facilitate placement of a block or catheter

Nerve stimulator guidance: include any time a nerve stimulator is used to facilitate placement of a block or catheter

Type of Surgery



Airway Surgery (excluding T&A): Diagnostic or therapeutic procedures on the upper or lower airways

Examples to Include	Does not include
 Microdirect laryngoscopy and bronchoscopy Flexible bronchoscopy Laser surgery on the airway 	 Tonsillectomy/adenoidectomy Cleft palate repair Difficult airway for non-airway surgery

 Tracheostomy 	
 Choanal atresia repair 	
 Tracheal reconstruction 	
 Other laryngeal or 	
tracheal procedures	

Cardiac with CPB – all cases done with CPB. Do NOT also log in "IntraThoracic non-cardiac"

Examples to Include	DOES NOT INCLUDE
 Congenital cardiac surgery with CPB Airway, thoracic, mediastinal, and great vessel procedures with CPB 	 Any case NOT utilizing CPB Patients having surgery while on ECMO

Cardiac without CPB: DO NOT also log in "IntraThoracic non-cardiac"

Examples to Include	Do not Include
 PDA ligation PA banding BT Shunt Glenn/Fontan Coarctation of the Aorta Vascular ring Sternal explorations Pericardial procedures Pacemaker procedures 	 Thoracotomy or tumor resection or Nuss procedure Congenital cardiac patients for non-cardiac surgery Cardiac MRI or CT Cath lab procedures

Craniofacial Surgery (excluding cleft lip and palate)

Examples to Include	Does not Include
 Synostosis repair/cranial reconstruction Maxillary or mandibular reconstruction Resection of large soft tissue mass of head or neck Other major facial bone surgery 	 Small bony lesion removals Rhinoplasty Injection of facial AVMs or lymphatic malformations Cleft lip and palate

EXIT Procedure: Ex Utero, Intrapartum

Examples to Include	Does not Include
EXIT	Fetal Surgery

Fetal Surgery:

Include	Do not Include
Fetal Surgery	EXIT procedure

IntraAbdominal (Intracavitary; excl inguinal hernia). All intraperitoneal procedures both open and laparoscopic

Examples to Include but not limited to	Does not Include
 Pyloric stenosis Intra-abdominal organ resections Appendectomy Gastrostomy 	 Extracavitary and retroperitoneal procedures Percutaneous gastrostomy

 Intraabdominal tumor 	 Percutaneous liver or
resections	kidney biopsies
 PD catheter 	
Intraabdominal	
transplants	

IntraCranial-Neuro (excluding shunts)

Examples to Include	Does not Include
 Intracranial tumor resection Drainage of subdural hematoma Neurovascular surgery Epilepsy and movement disorder surgery Posterior fossa decompression 	 ICP measurement device as sole procedure Neuroradiology procedures Shunts and shunt revisions Synostosis repair and cranial reconstructions – listed under craniofacial

IntraThoracic-non cardiac (Intracavitary)

Examples Include	Does not Include
 Thoracotomy Thoracoscopy Mediastinal surgery Nuss Procedure 	 PDA ligation BT shunt Other cardiac procedures Ravitch procedure (extrathoracic rib cage revision)

Major Orthopedic

Examples to Include	Does not Include	
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- Spine fusion
 Amputation
 Tumor resection with limb resection
 Pelvic surgery
 - Pelvic surgeryMajor long bone surgery
 - Joint replacement

- Knee arthroscopy
- Minimal blood loss bony procedure (with or without tourniquet)
- Fracture reduction and pinning
- Casting

Cardiac Catheterization – procedures performed in the cardiac interventional radiology suite

Examples to Include but not limited to:	Does not Include
 Diagnostic catheterization Cardiac biopsy Electrophysiology procedures Cardiac interventional radiologic procedures 	 Cardiac CT or MRI Nuclear Medicine perfusion studies

Interventional Radiology Procedure: Non-cardiac procedures which take place in the interventional radiology suite

Examples Include but not limited to	Do not Include
 Diagnostic and 	
therapeutic neuro-	
interventional	
procedures	
 Vascular access 	
 Pain procedures 	
requiring fluoroscopy	

Neonatal Emergencies (including Neonatal-other): patients less than 45 weeks post conceptual age having emergency surgery

Examples include but not limited to	Do not Include
 Gastroshisis/oomphalocele TEF NEC and bowel emergencies Myelomeningocele Vein of Galen malformation 	Elective procedures

Solid Organ Transplants:

Examples to Include	Do not Include
Heart	
Kidney	
• Liver	
• Lung	
 Multivisceral 	
Other	

Other (Operative): All operative/invasive procedures that are not in another category

Examples include but not	Do not include
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limited to	
 T&A Myringotomy tubes Cleft palate Strabismus surgery Surgically implanted central lines Endoscopic procedures Bone Marrow Harvest Lumbar puncture I&D Chest Tube 	Any procedure in which no skin barrier is broken and no body cavity is entered

Other (non operative): Procedures in which no skin barrier is broken and no body cavity is entered

Examples to include but not limited to	Do not Include		
 Auditory brainstem evoked potentials MRI/CT Echocardiography Radiation Therapy 	Procedures in which the skin barrier is broken or a body cavity is entered		

Acute and Chronic Pain Management: This category chronicles the fellow's experience while on the pain service



Acute Post-operative Initial Consultation: Straightforward new onset postoperative or medical situational) somatic pain managed with some combination of opioids, NSAIDS, regional or neuraxial local analgesics or planned systemic neuropathic preventive meds for a shorter period of time in patients who are preprocedurally fairly straightforward from a pain management perspective. Examples may include but are not limited to:

- a. postoperative consultation/PCA after major surgery
- b. Consultation for oral meds or PCA for a medical or trauma patient who may be nonoperative (sickle cell disease with minimal baseline narcotic use)

Initial PCA Orders: Initial orders only. Do not record subsequent encounters

Chronic Initial Consultation: Consultation for a patient who has more complex overall needs or a long term pain problem not principally due to a short term issue or event as described above, or with more complex features in a short term situation. Consultation results in customized specific input requiring more than a baseline PCA order or single "usual plan range" recommendation. Often includes adjuvant medications, consideration of psychology, other team supports, pain service longer term followup etc. Examples may include but are not limited to:

- a. Patients weaning from narcotics or benzodiazepines
- b. Heme-onc patients with severe pain control issues. Medical team has maxed out doses of usual medication.
- c. Patient whose chief complaint of pain is of weeks or months in duration and workup has not delineated a clear somatic cause, or has failed prior therapy
- d. Patient with high baseline opioid use/tolerance now coming for a major inpatient stay

Follow-Up Consultation: Follow up consultation of the above category patient