

Northside Anesthesia Clinicians
CallBack Guidelines
Updated 9/18/2023

The anesthesia department recommends that the backup anesthesia coverage be called in under the following circumstances:

Anesthetist Management

1. 3 ORs running or 2 high acuity ORs running with a 3rd OR starting, call in the backup anesthetist.
 - Note: If an OR will finish within 30 minutes, then consider the time it will take for backup anesthetist to arrive and clinical expertise to make decision.
2. Prior to calling in the backup anesthetist, have a physician to physician conversation regarding the acuity of the OB patients. This conversation should also involve how long before they need to make incision (the decision to incision time).
3. Speak with the labor and delivery OR charge nurse at the start of the pm shift. Ask how many rooms they can run and how many first assists they have, discuss any differences and work together on collaborative solutions.
 - Note: L&D can usually run at least 2 ORs.

MD Back-up

1. Call in the back-up anesthesiologist if you have approximately 4 patients waiting for a labor epidural.
 - Target wait time for patients is less than 30-45 minutes for an epidural.
2. Call in the back-up anesthesiologist if you have 3 ORs running, inclusive of C-Section ORs, and any patient pending a labor epidural that cannot be achieved within 30 minutes.
 - This is to ensure that there is an MD immediately available for OR cases. The acuity of the OR cases is a factor in determining if the epidural can be achieved within 30 minutes.