Stephen Alerhand MD

Resident, Department of Emergency Medicine

Incoming Fellow, Division of Emergency Ultrasound

Icahn School of Medicine at Mount Sinai

**Regional Anesthesia Elective Rotation**

**I – Rotation Goals**

By the end of the rotation, the fellow or resident should be able to:

1. Recognize indications for nerve blocks that may be performed in the emergency department (ED) setting
2. Understand the risks, benefits, and contraindications to performing regional anesthesia
3. Appreciate the motor, sensory, and nerve anatomy that guides specific nerve block procedures and desired anesthesia
4. Identify relevant nerves, muscles, and vessels using bedside ultrasound
5. Choose the appropriate anesthetic and dosing for specific nerve blocks
6. Feel confident performing the following nerve blocks in the ED:
   1. Femoral nerve block
      1. Hip fractures
   2. Ulnar/median/radial forearm nerve blocks
      1. Complicated lacerations, burns, foreign body removal
   3. Posterior tibial nerve block
      1. Complicated lacerations, burns, foreign body removal
   4. Popliteal sciatic nerve block
      1. Tib/fib fractures (discuss with Ortho due to relatively higher risk of compartment syndrome)
   5. Intercostal nerve block or serratus anterior plexus block
      1. Rib fractures
   6. Brachial plexus blocks (interscalene, supraclavicular, infraclavicular, axillary)
      1. Interscalene location for humerus and clavicle fractures
7. Appropriately document the nerve block in the patient chart, and use skin marker to document the time and location of the procedure on the patient’s skin.

**II – Objectives**

Fellows and residents will meet these goals by:

1. Reading the requisite material (including but not limited to that below)
2. *Watching video tutorials* (including but not limited to that below)
3. Observing nerve blocks in the pre-operative setting
4. Performing nerve blocks as permitted in the pre-operative setting
5. Practicing nerve blocks in the Simulation Lab

**III – Recommended Reading**

Online reading and tutorials:

- New York School of Regional Anesthesia (http://www.nysora.com/)

- SonoGuide (http://www.sonoguide.com/nerve\_block.html)

- Ultrasound Guided Regional Anesthesia (http://www.usra.ca/)

- Neuraxiom (http://www.neuraxiom.com/)

YouTube video tutorials

- *ThePainSource: enter “SonoSite” and the desired nerve block*

- NYSORA

**IV: Rotation Logistics**

Contact person

Michael Anderson, Assistant Professor of Anesthesiology

Michael.Anderson@mountsinai.org

Where to report

Guggenheim Pavilion, 3rd Floor, Pre-Operative Area

Green Operating Room Scrub Access

Fill out the attached sheet, have Dr. Peter Shearer sign, and email to uniformsupport@mountsinai.org. Call the Linens Department to confirm.

Guidelines for the typical day

- Arrive to the Pre-Operative Area by 7 AM.

- On the operating room schedule for the day that is located on the counter, scan for those procedures where regional nerve blocks will be used (Orthopedic/Hand). Usually, one or two operating rooms will be devoted to these throughout the entire day. This schedule can also be found online the evening prior on the Sinai Anesthesia intranet.

- Find the anesthesia resident (or attending) listed on the schedule for these procedures and introduce yourself.

- Learn by observing the nerve block performed by the anesthesia resident, supervised by the attending. Though less commonly, you will sometimes be encouraged to perform the procedure yourself. Keep in mind that the anesthesia residents themselves need the practice, and just like emergency medicine residents with intubations, it is not common for them to give them away. Showing enthusiasm, knowledge, and personal/communicative skills can help.

- After the nerve block, whether performed in the Pre-Operative Area or the Operating Room, you can use the computers in the Pre-operative Area while you wait for the next procedure.