

Staff Anesthesiologist Baffled By Necessity To Personally Place An IV

STANFORD, CA - Dr. Stav Señor, attending anesthesiologist at a large tertiary-care facility affiliated with a prolific medical school and residency program, was caught in a pinch when placed in truly unfamiliar territory.

With his senior resident called to a Code Blue, and his two fellows running concurrent rooms, Dr. Señor was called upon to start a case without his trainees. However, things quickly became uncomfortable when the seasoned veteran anesthesiologist approached the patient, intent on initiating his anesthetic, and realized there was no IV set up. Clearly perplexed, the doctor asked the OR nurse why the patient didn't have access.

"That's normally your job, Dr. Señor," Nurse Joy calmly replied. "The Anesthesia team always starts the case by ensuring the patient has functional IVs."

"Well I knew that," the attending retorted, "But how does it get there?"

Dr. Señor clarified, "I'm excellent at delegating responsibility and telling people what to do, but I'm not so familiar with how some of these things actually get done."

The doctor spent about 15 minutes fishing around in the anesthesia workstation for the correct equipment, before finally approaching the patient's exposed arm. Five unsuccessful pokes later, the dual cardiac-thoracic trained expert was sweating. "I can cannulate for ECMO, but it's been 3 decades since I've put in a 18G IV! I think someone's changed the needles!"

Dr. Señor's resident soon returned from his duties at the code to find his staff flustered and diaphoretic. "Thank god you're back!" The attending moaned. "A couple more minutes, and I was going to have to cancel the case."

After a successful induction, Dr. Señor left the operating room muttering to himself, "There really should be a bigger billing code for this."