

# Pediatric Remote Anesthesia Request Posting Slip

Fax to 410-502-5312

Must be completely filled out or request will not be honored.

## Procedure

Procedure(s): \_\_\_\_\_

Location: \_\_\_\_\_

Time required: \_\_\_\_\_

Procedure Attending: \_\_\_\_\_

Scheduling Phone: \_\_\_\_\_

Scheduling Fax: \_\_\_\_\_

Requesting

Service: \_\_\_\_\_

Requesting Attending

Physician: \_\_\_\_\_

Nurse/PA/Physician Contact

Number: \_\_\_\_\_

Urgency of procedure:

Emergent (within 24 hours)

Urgent (within 2-3 days)

Soon (with 1 week)

Routine (when time available)

Why is case emergent or urgent?

Patient condition

Delay of discharge

Surgeon availability

Other - explain

Please note that emergent or urgent requests might result in the cancellation of one of the requesting services' routine cases.

## Patient Information

Patient

Name: \_\_\_\_\_

Hospital

Number: \_\_\_\_\_

Date of

Birth: \_\_\_\_\_

Primary

Diagnosis: \_\_\_\_\_

Do not write below this line; anesthesiology use only

Case done

Case cancelled

Why cancelled:

Patient didn't show up

Case was cancelled – anesthesiologist informed

Case was cancelled – anesthesiologist **not** informed

NPO violation

Patient ill

Equipment malfunction/unavailable

Other - explain

Emergency case staffing:

Pulled attending from OR

Pain attending

Nonclinical attending

Double case coverage by remote attending

Routine case cancelled to accommodate emergency

Night call/weekend call

Staffing

Attending only

Resident & attending

Fellow & attending

CRNA & attending