

A. Procedure Requirement:

1. All cases must be prepared to go to the Operating Room prior to booking "Pink Slips".
2. Surgeons must be immediately available for all Category I patients.
3. All required information must be provided at the time of booking the pink slip.

The attending surgeon or chief resident will be the responsible party for ensuring booking accuracy and availability.

4. If a surgeon is not available at the time offered for Category I and Category II patients appropriate backup coverage must be available. If unavailable, the case will be re-classified to the next lower level. Policy violations will be referred to the appropriate departmental and institutional committee for corrective action.

A. Communications

1. All cases should be phoned into the OR Core Desk 212-241-1990.
2. The Clinical Nurse Manager, Anesthesiology Clinical Director and/or their designees will review all information to ensure appropriate classifications and scheduling.

B. Procedure

1. All Category I patients will gain immediate access to the next appropriate and available OR.
2. Category II patients will gain access to the operating room according to the following:
 - a. Bumping elective cases of the same surgeon
 - b. Bumping elective cases of the same service
 - c. Bumping elective cases of another service as required and determined by the Anesthesia Clinical Director and the Clinical Nurse Manager or designees

C. Monitoring

1. All Category I and II pink slips will be reviewed monthly by a member of the Executive Committee, the committee for appropriateness and timeliness.
2. Data will be reviewed for identification of policy violations. Policy violations will be referred to the appropriate department and institutional committee for corrective action.

D. Abortions

Termination of Pregnancy (T.O.P.), Pregnancy Interruption Services (P.I.S.) Dilatation and Aspiration (D&A), Dilatation and Evacuation (D&E) are commonly used terms to describe abortion of a fetus. When a clinical decision is made by the

physician to perform one of these procedures (either electively or emergently) the case must be scheduled with as much notice as possible. At the time the procedure is scheduled, the person taking and entering the case details into the computer system MUST contact the covering O.R. manager and inform him or her of the nature of the case. It is essential that successful contact with a covering manager is made-if the listed Clinical Nurse Manager cannot be reached, the communication must be escalated via the following chain of command, Senior Director, Perioperative Services, > Senior V.P. Perioperative Services, > Physician Chair for OB-GYN, > covering Hospital Administrator. The person taking the case information must inform the covering clinical team of the nature of the case, that it is a D&A, D&E, T.O.P. It is the legal right of any individual to refuse to participate in these procedures. In the event that members of the covering / assigned team are not prepared to participate in the team, a covering manager MUST be notified as soon as this information is known so that alternative coverage can be arranged. A list of staff and managers who have agreed to participate in T.O.P., P.I.S., D&A, and D&E cases (based on questionnaire at time of hiring) shall be kept at the O.R. core desk along with contact telephone numbers. This list should be used to find coverage for the case. In an emergency situation and where members of the team refuse to participate, it is essential that the process to find alternative personnel is started as soon as possible and that a manager senior to the covering Clinical Nurse Manager is informed at the time this information becomes known. The Clinical Nurse Manager for Maternal Child Health may also be contacted to determine if staffing resources from MCH can be sent to cover the case.

Appendix I
Examples of Case Categories

A. Category I- Life or Limb Threatening

1. **General Vascular Surgery**
 - a. Post-op hemorrhage when patient is hemodynamically unstable
 - b. GI bleed-when patient hemodynamically unstable
 - c. Perforated viscus (free perforation) with defuse peutonites
 - d. Mesenteric arterial embolies or thrombosis
 - e. Septic patient form intra-abdominal process where patient is in septic shock
2. **Orthopedic Surgery**
 - a. Acute joint dislocations
 - b. Injuries with vascular or neurologic compromise
3. **Plastic Surgery**
 - a. Free flap failure (bleeding/clot)
 - b. Bleeding (acute) following almost any procedure
 - c. Airway emergency (i.e. Following cleft palate)
 - d. Life threatening infections (necrotizing fascitis)
 - e. Expanding hematomas with impending tissue death (i.e. facelift)