



Short Communication

RELEVANCE OF WHATSAPP ANAESTHESIA GROUP IN CLINICAL PRACTICE

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INTRODUCTION

Anesthesiologists encounter patients who are scheduled to undergo a surgery or a procedure under sedation (monitored anesthesia care - MAC)/ anesthesia in the perioperative period. Every surgical patient has to undergo a pre-anesthesia checkup (PAC), followed by operative procedure, followed by transfer to a post-operative care unit or intensive care unit (ICU) followed by discharge. The initial PAC involves history taking, general physical examination, systemic examination, airway and spine examination, any known drug allergy, previous operation, or procedure done under sedation/anesthesia, review of patient's medical records, and noting the investigations already done on surgeon's advice. At times, the anesthesiologists ask for specific consultation (cardiologist, nephrologist, endocrinologist, pulmonologist, gastroenterologist etc.) depending on the severity of systemic disease and special investigations (such as X-ray-chest/neck/spine, pulmonary function test, liver function test, renal function test, echocardiography, arterial blood gas analysis, CT scan or MRI etc.) depending on the clinical scenario. ASA-PS classification is then assigned depending upon the fitness of the individual and associated comorbidities. We at our institution in our unit have a whatsapp group which includes all the post graduate residents, senior residents and consultants where we discuss the perioperative management of our patients, being constantly connected also mean help can be sought and offered immediately in times of need. We take snapshots of difficult cases like patients with difficult venous access, difficult airway, and difficult spine, deranged investigations, difficult to interpret ECG, difficult to interpret x-ray findings and post it in our group so that everyone comes to know about those particular cases, and help can be offered with respect to difficult to interpret things.

The anesthesiologist anesthetizing the patient might not necessarily be the same who cleared the patient during PAC, in such scenario, he/she can get to know about the patient after reviewing the PAC form from the WhatsApp group. In the post-operative period, most of our patients are sent to post-operative care unit and either get discharged if procedure is done under MAC, or sent to ward if posted for intermediate-major risk surgery and few patients will be sent to ICU depending on the perioperative clinical condition. The resident posted in that particular case usually follow the patient posted in his/her OT, take a record of hemodynamics, blood investigations, other special investigations and can jot down from a chart from ward/ICU, take a snap shot and post in the group. Likewise if we have a high risk surgery which was done in the day can be discussed on a common platform and every member of the WhatsApp team can go through the same and can come up with the common consensus regarding the further line of management and any special task required for the same. At the end of the day, resident who goes for PAC of the next day listed cases summarizes in brief about the cases, any investigation which needs to be corrected, further investigation which can be sought for. Similarly in ICU setting, when the resident in charge has to be in continuously in touch with the consultant-in charge of ICU, and by means of WhatsApp, we share scan reports, blood investigations, ECG changes, or can make brief video of the USG/ Echo report and share it on WhatsApp to be in constantly touch with. Likewise when the patient gets discharged from hospital, usual follow-up is done by surgeons and same can be discussed with the surgeon through WhatsApp for follow up of patients for chronic pain, and clinical condition etc.
