

# **HEALTH SERVICES AGENCY**

## **JOB DESCRIPTION**

Consultant Anaesthetist

<b>JOB TITLE</b>	:	Consultant Anaesthetist
<b>DIVISION</b>	:	Hospital Services
<b>SALARY POINT</b>	:	SG17 – SG18
<b>RESPONSIBLE TO</b>	:	Consultant-in-Charge
<b>SECTION</b>	:	Anaesthetic

## **QUALIFICATION AND EXPERIENCES**

- Graduation from a recognised medical school
- Postgraduate qualification in internal medicine or equivalent
- Post specialisation experience in sub-speciality and experience in running an anaesthetic unit

## **DUTIES AND RESPONSIBILITIES**

- Preoperative assessment and check up of patients in Operating Theatre as a part of preoperative care anaesthesia management.
- Post anaesthetic care, treatment and follow up of patients in Recovery Room.
- Supervision of transfer of patients from Operating Theatre to Recovery Room/ICU/Ward.
- Preanesthetic evaluation in SOPD, or in the ward, as needed for the operation list for the Operating Theatre room next day (check up in the wards and issue necessary orders for any investigation which have not been done, and check blood requirement, any medication, any consultation if required and premedication.
- Anaesthesia management – Work in weekly rotations in the operating room number (1-2-3-4) according to the internal agreement among anaesthetists.
- Perform various types of anaesthesia as required (general, IVA regional) under necessary monitoring and to all categories of patients, etc.
- The anaesthetist is in charge of his operating room , must make sure that his patient is properly prepared and ready for the said intervention:
- laboratory results, ECG, chest X-ray, cross-match.

- The anaesthetist should:
  - a) decide on the protocol of anesthesia to be administered, according to the type of intervention, physical status of patient and practice of surgeon;
  - b) Take all the necessary precautions; IV lines, urinary catheter, naso gastric tube, ECG, SaO<sub>2</sub> etc...
  - c) Take notes of all parameters; saturation O<sub>2</sub>, anomaly of ECG, vital signs, urine output/hour, blood loss;
  - d) Anticipate if the patient should need intensive care (ICU) or transfer to the ward;
- e) Watch closely the patients in the recovery room
- These measures (procedures and control) are important for the safety of the patient and for a better adaptation to the anaesthetic protocol, while maintaining control over the blood volume (according to the cardiopulmonary and renal status and the ventilation. The operative care follow up reflects the quality of reanimation during the intervention, thus maintaining a better metabolic state (caloric/hydration). Moreover, it is very important that within the operating team (surgeons and anaesthetists), reanimation is the reserved domain of the anaesthetists.
- Close observation of the operating field and taking note of the different stages of intervention are necessary (communication between the surgeon and anaesthetist!)
- The patient should be monitored and followed up postoperatively in the ward by the anaesthetist.

