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Review

Checklists of The Colombian Society of Anesthesiology and Resuscitation (S.C.A.R.E.) for managing critical events in the OR: Translation and evidence-based update[☆]



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Carlos F. Grillo-Ardila^l, On behalf of the team of Checklists Update for the Management
of Critical Events in the O.R. S.C.A.R.E. – Cochrane

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ABSTRACT

Introduction: Critical intraoperative events are rare and may sometimes be managed poorly and too late.

Objective: To translate and update the checklists developed by Ariadne Labs for management of critical events in the OR and to adapt the list for managing anesthetic toxicity, based on secondary clinical evidence.

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Keywords:

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Materials and methods: In order to translate and update the checklists, the recommendations given by Ariadne Labs were followed to change the original checklists in accordance with a systematic methodology that comprises three phases: (1) translation of the original lists, (2) systematic literature search, (3) evaluation and selection of evidence, (4) adaptation of the list for managing anesthetic toxicity, (5) changes, deletions, and additions to the translated lists, and (6) layout of the checklists.

Results: The 12 original checklists were translated into Spanish and a new list was adapted for managing toxicity from local anesthetic agents. As a result of the systematic literature search, 1407 references were screened, from which 7 articles were selected and included for evidence-based updating of the new checklists. The layout of the new lists was consistent with the design recommendations of the original lists.

Conclusion: 12 translated and updated checklists were submitted and a new list was adapted for the management of local anesthetics toxicity, based on a systematic literature review.

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Listas de chequeo de la Sociedad Colombiana de Anestesiología y Reanimación (S.C.A.R.E.) para el manejo de eventos críticos en salas de cirugía: Traducción y actualización basada en la evidencia

R E S U M E N

Palabras clave:

Anafilaxis
Quirófanos
Periodo intraoperatorio
Paro cardíaco
Bradicardia

Introducción: Los eventos críticos intraoperatorios son situaciones raras y su manejo en ocasiones podría ser inoportuno e inadecuado.

Objetivo: Traducir y actualizar las listas de chequeo para manejo de eventos críticos en salas de cirugía desarrolladas por Ariadne Labs y adaptar la lista para el manejo de la toxicidad por anestésicos locales, a partir de evidencia clínica secundaria.

Materiales y métodos: Para la traducción y actualización de las listas de chequeo se siguieron las recomendaciones de Ariadne Labs para la modificación de las lista de chequeo originales de acuerdo a una metodología sistemática dividida en fases: 1) traducción de las listas originales, 2) búsqueda sistemática de la literatura, 3) evaluación y selección de la evidencia, 4) adaptación de la lista para manejo de toxicidad por anestésicos locales, 5) cambios, sustracciones y adiciones a las listas traducidas, y 6) diagramación de las listas de chequeo.

Resultados: Se tradujeron al español las 12 listas de chequeo originales y se adaptó una nueva lista para el manejo de toxicidad por anestésicos locales. Como resultado de la búsqueda sistemática de la literatura se tamizaron 1.407 referencias, de las cuales se seleccionaron e incluyeron 7 artículos con los que se actualizaron las nuevas listas de chequeo con base en la evidencia. Las nuevas listas se diagramaron según las recomendaciones de diseño de las listas originales.

Conclusión: Se presentan 12 listas de chequeo traducidas y actualizadas y se adaptó una nueva para el manejo de toxicidad por anestésicos locales. Todo ello a partir de una revisión sistemática de la literatura.

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Introduction

Critical events in operating rooms are rare occurrences, but they can be stressing and potentially fatal, requiring timely, rapid and coordinated management for successful outcomes.¹⁻³ Under these circumstances, the response of the healthcare team may be crucial for patient survival.² Some observational studies on critical events requiring advanced cardiovascular life support (ACLS), have shown that the

compliance of the healthcare staff with the clinical management guidelines is poor and that in some cases the performance of the healthcare team fails to be timely and adequate.⁴ It has also been shown that after ACLS training, the health staff fails to recall most of the knowledge imparted.⁵⁻⁸

It has been estimated that the incidence of critical intraoperative events is 145 per every 100,000 surgeries.⁹ Considering that around 313 million surgical procedures are done every year around the world,¹⁰ and that by 2012 more than 5 million surgeries were performed annually in Colombia,¹¹ it may

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