**Appendix 3:** Verbatim textual responses to survey question, “If there is anything further you would like to share regarding this clinical issue, or this survey, especially to help us understand, kindly comment here.”

PACU, post-anesthesia care unit; NMB, neuromuscular blockade; NDMR, non-depolarizing muscle relaxant; OCP, oral contraceptive; NMT, neuromuscular transmission; OR, operating room; TOF, train of four; VUMC, Vanderbilt University Medical Center; BCP, birth control pill; RN, registered nurse; VPEC, Vanderbilt Preoperative Evaluation Center.

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| --- | --- |
| **Anesthesiology Residents** | * I would have chosen a "not applicable" option for the questions regarding what PACU nurses and discharge packets communicate, because I do not know.
 |
|  | * Na
 |
|  | * My primary training regarding NMB reversal seem to have sent me the message that inadequate reversal is associated with post-op pulmonary complications, which can carry a high morbidity and mortality. As such, I almost always use suggamadex, believing that the benefits outweigh the risks. I wish that I had more time and more training on discussion suggamadex with patients preoperatively. I don't feel that it is emphasized.
 |
|  | * An official statement by the department would be appreciated in regards to using neostigmine in women of childbearing age or those on OCP's. Additionally, the newer NMT monitors are in most, but not all OR's, leading many students (especially SRNA's) to rely on the fact that twitch count is all that is needed prior to reversal and not twitch height or percent...
 |
|  | * no
 |
| **Student Nurse Anesthetists** | * N/A
 |
|  | * n/a
 |
|  | * Perhaps ask anesthesia providers to make it a part of the preop conversation. Also, the reason I don't calibrate the TOF monitors is because anesthesiologists rush the induction process. Last, it is common practice to push 200mg of sugammadex at Vanderbilt. In pediatrics, we always calculate the dose. After having done my pediatric rotation, I will no longer be pushing 200mg for every patient. I plan on calculating the correct dose for each patient.
 |
|  | * N/a
 |
|  | * Easy survey format
 |
| **Certified Registered Nurse Anesthetists** | * Honestly, i have no idea what the practice is of PACU nurses regarding teaching before patient discharge. I wasn't given a N/A choice on those questions about PACU RN teaching. So, my answers about that are a guess.
 |
|  | * We should be educating our patients on the possible interaction with contraceptives more effectively.
 |
|  | * In our facility, with my role on the anesthesia team, it is often not I that discusses sugammaddex and birth control with my patients. Therefore, I am oftentimes reliant on other team members to communicate this to my patients.
 |
|  | * Monitoring is paramount when administering NDMR, most at VUMC seem to just use sugammadex as "save all." Paralyze patient then just give it when case over. BCP and sugammadex use should be discussed before all anesthetics that will require NDMR use.
 |
|  | * na
 |
|  | * No
 |
| **Attending Anesthesiologists** | * My neutral response to questions about resident teaching and RN communication with patients and handouts being given to patients reflects that I DONT KNOW about these aspects. I would have preferred an option of "Unsure or don't know". However, perhaps my lack of knowledge on these aspects of departmental practice reflects sub-optimal communication within the department for new faculty.
 |
|  | * My use of hand-held twitch monitors is preferred but is based on availability.
 |
|  | * Important to understand context of patient condition, medically, emotionally, intellectually, their reason for being on hormonal birth control, etc. These are all important factors when determining how to discuss this topic, and how to make decisions.
 |
|  | * no
 |
|  | * You need to have an "n/a" option. I have no idea what the PACU nurses discuss.
 |
|  | * I feel it is safe to dose sugammadex based on TOF count or PTC alone if a recommended dosing threshold is met (i.e., 2/4 on TOF=2mg/kg, 2 PTC=4mg/kg). If depth of blockade is in between or deeper than these levels such that the appropriate dose is unclear, then I feel quantitative monitoring for TOF ratio is indicated to confirm full reversal prior to emergence. While preferable to calibrate the monitor prior to administering NMB, I think it is acceptable to use without calibration.
 |
|  | * I think the suggamadex and birth control interaction is an important topic and should not be minimized. However, I do think there is some false narrative here. OCP pills are affected by numerous other medications, first on the list being antibiotics. We don't counsel patients or give a hand-out about this even though this is a much longer-standing interaction and every patient will receive these and other potentially interfering drugs. Multiple children have been born as "whoops" babies due to changes in medication or the addition of an antibiotic. At some level, there must be some responsibility on the part of the patient to understand that OCP is not a 100 percent effective method and that there are numerous things that can interfere with the chance of becoming pregnant. On the topic of concerns about reproductive rights and informed consent for anesthesia, how many practitioners discuss/counsel mothers of young children who are breast feeding? I do whenever I am aware of the issue but none of my usual questions are designed to uncover breast feeding nor does VPEC highlight this. I am not aware of a field in the EPIC portal that readily flags this for me when working a patient up. Yet there are multiple meds that we should be counseling our breastfeeding patients to pump and dump.
 |
|  | * I rarely counsel my female patients regarding interference with hormonal contraceptives because I rarely have any female patients of childbearing age. They are usually much older.
 |
|  | * I believe strongly that women should be counseled PRE-operatively and given the choice...but I never do it! I'm not sure why I forget. I don't think telling a patient in PACU after hours of anesthesia is ethical, because I doubt they remember it. They go home with so much paperwork, they may not pay attention to the sugammadex sheet. I need to be better about this.
 |
|  | * no thanks!
 |