

GUIDELINES ON THE PRE-ANAESTHETIC CONSULTATION

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1. Introduction

Consultation by an Anaesthesiologist is essential for the medical assessment of a patient prior to anaesthesia for surgery or other procedures. The main purpose of the consultation is to ensure that the patient is in the optimal state for anaesthesia and surgery but will also include other aspects of anaesthetic management listed under the recommendations. The skills and judgement required for the pre-anaesthetic consultation are different from and additional to those involved in the administration of the anaesthetic.

Fellows of the Hong Kong College of Anaesthesiologists are trained to perform such assessments.

2. General Principles

- 2.1 The pre-anaesthetic consultation should wherever possible be performed by the anaesthetist who is to administer the anaesthetic. When this is not possible, there must be an adequate mechanism for the findings of the consultation to be conveyed to the anaesthetist performing the anaesthetic.
- 2.2 The consultation should take place at an appropriate time before anaesthesia and surgery, to allow for adequate consideration of the many factors involved.
- 2.3 The particular features of management of anaesthesia for Day Surgery make it imperative that the principle contained in 2.2 be observed, just as it should be for inpatient management.
- 2.4 Notwithstanding the Principles above, it is acknowledged that early consultation is not always possible, e.g. emergency surgery.

In such circumstances however the medical assessment of the patient by the anaesthesiologist prior to the commencement of anaesthesia and surgery is till a necessary part of the overall management of the patient.

3. Recommendations

The pre-anaesthetic consultation should include:

- 3.1 Identification of patient
- 3.2 Confirmation with the patient (or guardian, if present, in the case of children or the intellectually impaired) of the nature of the procedure and their consent for anaesthesia
- 3.3 A concise medical history and clinical examination of the patient. This assessment should include a review of any current medication, the results of any relevant investigations and arrangement of any further therapeutic or investigatory measures, which are considered necessary.
- 3.4 Consultation with colleagues in other disciplines where appropriate.
- 3.5 A general discussion with the patient (or guardian, if present, in the case of children or the intellectually impaired) of those details of the anaesthetic management which are of significance to the patient. This discussion may also be helpful in reassuring the patient.
- 3.6 The ordering of pre-medication if considered necessary.