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, which involves the administration of drugs and performing related procedures that have the potential for alteration of a patient's conscious state (including all levels of sedation through to anaesthesia) and normal homeostatic mechanisms (particularly cardio-respiratory physiology).

The main purpose of the consultation is to ensure that the patient is in the optimal state for anaesthesia and surgery, as well as to prepare a plan for peri-operative management. However, it will also include other aspects of anaesthetic management listed under the recommendations. The skills and judgment required for the pre-anaesthetic consultation are different from and additional to those involved in the administration of the anaesthetic.

It is essential that patients are appropriately selected for the facility in which their procedure is to be performed, taking into consideration their co-morbidities and the services and support available in the facility. The facility must be appropriately staffed and equipped both for the provision of anaesthesia and surgery as well as throughout the period of postoperative stay.

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 anaesthesiologist 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 documented and conveyed to the anaesthesiologist performing the anaesthetic. The medical practitioner responsible for administering the anaesthesia must be satisfied that all elements of that consultation have been adequately addressed and, if necessary, repeat any elements about which there may be doubt.

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 Pre-anaesthesia consultation facilities must include appropriate equipment, hand washing/disinfecting facilities and space to allow for a consultation and clinical examination in privacy.

2.4 Written or computer-generated questionnaires, screening assessments, documented telephone consultations by medical or nursing staff could be used as part of a pre-admission process.

2.5 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.

2.6 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 still a necessary part of the overall management of the patient, except when the overall welfare of the patient is at risk.

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 previous anaesthesia records (if indicated), any current medication, the results of any relevant investigations and arrangement of any further therapeutic or investigatory measures which are considered necessary. The assessment and arrangement may understandably lead to delay, postponement, reappraisal or even cancellation of the planned procedure.

3.4 Consultation with colleagues in other disciplines where appropriate.

3.5 Consideration of the facilities, equipment, and staffing with respect to the proposed procedure and patient co-morbidities to ensure that appropriate levels of care are available throughout the patient admission: preoperatively, intraoperatively

and postoperatively. Prior to any procedures, the anaesthetist must be satisfied that necessary postoperative monitoring and staffing, both in terms of numbers and skill set, are available.

3.6 A general discussion with the patient (or guardian, if present, in the case of children or the mentally incompetent) of those details of the anaesthetic management which are of significance to the patient. This would usually include the conduct of anaesthesia/sedation, pain management, post-operative management plan, the relevant complications and risks, and provide the patient with an opportunity for questions and/or provision of educational material. This educational material may be in the form of written pamphlets, video recordings or audiotapes given to the patient in a timely manner. This discussion may also be helpful in reassuring the patient. An interpreter should be provided if necessary.

3.7 Obtaining informed consent for the anaesthesia and related procedures, including invasive procedures, blood and product transfusion, procedures and plans for pain management and where appropriate, informed financial consent after the discussion as in 3.6. (Please refer also to HKCA document P17 Guidelines on providing information about anaesthesia).

3.8 The provision of information regarding medication management and ordering / modification /cessation of any additional medications considered necessary.

3.9 Instruction for fasting.

3.10 Optimization of Patients: Information about patient's optimization plan should be relayed to parent team and/or nursing staff as appropriate after completion of the pre-anaesthetic consultation.

3.11 A contemporaneous documentation of the pre-anaesthetic consultation.

4. REFERENCE

Guidelines on Pre-Anaesthesia Consultation and Patient Preparation. ANZCA PS07 (2017)