The pre-anaesthetic consultation

Consultation by an anaesthesiologist is essential for the medical assessment of a patient prior to anaesthesia for surgery or other procedures. Its purpose is to ensure that the patient is in the optimal state for anaesthesia and surgery, anaesthesia management is planned and informed consent for the anaesthesia procedure is obtained.

1. General Principles
   1.1 The pre-anaesthetic consultation should take place at an appropriate time prior to anaesthesia so that any necessary therapeutic or investigatory measures can be performed, and the patient is given adequate time to consider the anaesthesia management plan.

   1.2 Early assessment may not always be possible, but assessment is still necessary prior to commencement of anaesthesia.

   1.3 The patient may undergo a screening questionnaire and/or assessment by appropriately trained medical practitioners or nursing staff, as long as (4) below is followed.

   1.4 A pre-anaesthesia consultation must be done by the anaesthesiologist administering the anaesthesia, even if another practitioner has previously assessed the patient.

   1.5 The pre-anaesthesia consultation should be done in a facility that provides privacy and equipment for clinical examination.

2. Guidelines
   2.1 The pre-anaesthesia consultation should include:
      2.1.1 introduction of the anaesthesiologist;
      2.1.2 identification of the patient;
      2.1.3 confirmation of the nature of the procedure and where applicable, the site at which it is to be performed;
      2.1.4 a medical assessment of the patient, including:
         2.1.4.1 obtaining a medical history, including that of previous anaesthesia and surgery;
         2.1.4.2 performing a clinical examination;
         2.1.4.3 reviewing current and recent medication, including drug allergies;
         2.1.4.4 review of investigation results and medical notes.
         2.1.4.5 ordering of appropriate investigations
         2.1.4.6 consultation with colleagues in other medical or surgical disciplines where appropriate.
      2.1.5 an attempt to satisfy the psychological needs of the patient regarding anaesthesia;
      2.1.5.1 This should include the discussion of the choice of anaesthesia in the light of patient’s preferences, risks and benefits, the patient’s medical status, and any other adjunctive procedures that might be necessary during the course of the anaesthesia.
2.1.5.2 The patient should also be appropriately informed of the plan for post-operative analgesia and the need for ICU care.

2.1.6 the ordering of appropriate pre-medication including the continuation or discontinuation of the patient’s existing medications;

2.1.7 specific pre-operative instructions including smoking cessation and pre-operative blood donation;

2.1.8 a summary of the pre-anaesthesia consultation which should be made in the patient’s medical records, including the American Society of Anaesthesiologists (ASA) status;

2.1.9 the obtaining of informed consent. Risks and possible outcomes of anaesthesia management should be discussed and documented;

2.1.10 appropriate documentation and communication when the planned procedure is delayed, postponed or cancelled as a result of the pre-anaesthesia consultation;

2.1.10.1 The reasons for the actions must be documented in the medical record, and communicated both to the patient and to the relevant members of the healthcare team.

3. The pre-anaesthesia assessment clinic

3.1 The pre-anaesthesia assessment of the patient may be conducted as an outpatient visit in a clinic.

3.2 The medical direction of the pre-anaesthesia assessment clinic must be under an anaesthesiologist.

3.3 The pre-anaesthesia assessment can be performed and instructions given by suitably trained medical practitioners or nursing staff, in accordance to institutional policy.

3.3.1 Access to consultation with an anaesthesiologist must be ensured at all times.

3.4 The pre-anaesthesia assessment clinic should be appropriately staffed and equipped to screen, assess, and provide information to patients.

3.5 Processes for referral of patients for further investigations or optimisation should be in place.

3.6 Anaesthesiologists must be able to access the results of screening, pre-operative assessments, investigations done through the pre-anaesthesia assessment clinic at an appropriate time to decide on the definitive anaesthesia management for the patient.