Review PS7 (2008)

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

ABN 82 055 042 852

RECOMMENDATIONS FOR THE PRE-ANAESTHESIA CONSULTATION

1. INTRODUCTION

The terms "pre-anaesthesia consultation" and "anaesthesia" in this doument refer not only to situations pertinent to the administration of general anaesthesia but also includes those related to regional anaesthesia/analgesia and sedation. Although this document is primarily directed to Anaesthetists, these recommendations should be followed by any suitably trained practitioner responsible for performing anaesthesia (see PS2 *Statement on Credentialling and Defining the Scope of Clinical Practice in Anaesthesia*) 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)
- normal homeostatic mechanisms (particularly cardio-respiratory physiology)

Consultation by a medical practitioner is essential for the medical assessment of a patient prior to anaesthesia (see TE6 *Guidelines on the Duties of an Anaesthetist*). This pre-anaesthesia consultation should:

- ensure the patient's state of health has been optimised
- plan the anaesthesia (including pre- and post-) management
- allow appropriate prior discussion with the patient and/or guardian
- obtain informed consent for the anaesthesia and related procedures .

Adequate pre-anaesthesia consultation has been identified as an important factor in patient safety. Medical practitioners must also be aware of patient autonomy and a patient's rights to privacy as set out in the Privacy Act 1993 (NZ), the Privacy Act 1998 (Cth) and the Privacy Amendment (Private Sector) Act 2000 (Cth). (see also ANZCA Code of Professional Conduct and PS26 *Guidelines on Consent for Anaesthesia or Sedation*).

These requirements are also reflected in the New Zealand Code of Rights for patients issued by the New Zealand Health and Disability Commissioner, and the soon to be introduced Australian Charter of Healthcare Rights, foreshadowed by the Australian Government.

2. GENERAL PRINCIPLES

2.1 The process involved in delivering a safe and effective pre-anaesthesia consultation will vary with the type of practice and environment in which the medical practitioner responsible for the anaesthesia works.

2.2 Even if a pre-anaesthesia consultation has been performed by some other person, 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.

2.3 The use of written or computer-generated questionnaires, screening assessments, documented telephone consultations by medical or nursing staff as part of a pre-admission process may be used so long as the requirement of 2.2 is followed.

2.4 The consultation must take place at an appropriate time prior to anaesthesia and the planned procedure in order to allow for adequate consideration of all factors. This is particularly important where:

- there is significant patient co-morbidity,
- major surgery is planned
- there are specific anaesthesia concerns.

2.5 The difficulties inherent in adequately assessing patients admitted on the day of surgery or medical procedure must be recognised. Ideally such patients should be assessed prior to admission. Otherwise admission times, list planning and session times must accommodate the extra time required for pre-anaesthesia consultations. (see PS15 *Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery*).

2.6 In some circumstances, early consultation will not be possible (e.g. emergency surgery, and in emergency and critical care departments) but the consultation must not be modified except when the overall welfare of the patient is at risk.

2.7 Pre-anaesthesia consultation facilities must include appropriate equipment, hand washing/disinfecting facilities (see PS28 *Guidelines on Infection Control in Anaesthesia*) and space to allow for a consultation and clinical examination in privacy, as well as support people if required by the patient. An appropriately equipped consulting room or single bed hospital room is ideal. For elective procedures, it is not appropriate for this consultation to occur in the operating theatre. It may be possible for such consultation to occur in the holding/waiting bay, anaesthesia room or recovery area as long as issues regarding patient confidentiality, privacy, the presence of support people if required, autonomy, religious and cultural sensitivities are adequately addressed. (see also PS26 *Guidelines on Consent for Anaesthesia or Sedation* and the Australian Society of

Anaesthetists PS03 *Minimum Facilities for Preanaesthesia Consultations*)

3. GUIDELINES

The pre-anaesthesia consultation should include:

3.1 Identification and introduction of the medical practitioner responsible for the anaesthesia to the patient.

3.2 Confirmation with the patient of the patient's identity, procedure (and side where appropriate) and the proceduralist involved.

3.3 An appropriate medical assessment of the patient including medical history (which may be assisted by a questionnaire and/or review of available patient notes), clinical examination, review of any medications, the results of any relevant investigations and arrangement for any further investigations or therapeutic measures which are considered necessary. This medical assessment may lead to delay, postponement or even cancellation of the planned procedure.

3.4 Consultation with professional colleagues if required.

3.5 A discussion with the patient (and/or guardian) of those details of the anaesthetic management which are of significance to the patient. This would usually include the conduct of the anaesthesia/sedation, pain management (see PS45 *Statement on Patient's Rights to Pain Management*), the relevant potential 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 but given to the patient in a timely manner.

3.6 Obtaining of informed consent for anaesthesia/sedation and related procedures. This should include consent regarding the type of anaesthesia, any invasive procedures, pain management and other medication plan and, where appropriate, informed financial consent (see PS26 *Guidelines on Consent for Anaesthesia and Sedation*).

3.7 The ordering of any medications considered necessary.

3.8 Contemporaneous written notes documenting the consultation and informed consent which should become part of the medical record of the patient. (see also ANZCA Code of Professional Conduct, PS6 *Recommendations on the Recording of an Episode of Anaesthesia Care* and also PS 26 *Guidelines on Consent for Anaesthesia or Sedation*).

REFERENCES

Safety of Anaesthesia in Australia: A Review of Anaesthesia Related Mortality 2000-2002 Gibbs N, Borton C (eds) 2006

General Guidelines to Medical Practitioners on Providing Information to Patients Australian Govt Publishing Service 1993

Consent and Anaesthetic Risk Jenkins K, Baker AB Anaesthesia 2003(58) 962-984

Australian Society of Anaesthetists Position Statement Minimum Facilities for Pre-anaesthesia Consultation ASA PS03 (2004)

Rovenstine Lecture: Patient Values, Hippocrates, Science, and technology: What We (physicians) Can do versus what We Should do for the Patient Hug CC Anesthesiology 2000: 93 (2); 556-564

Australian Charter of Healthcare Rights developed by The Australian Commission on Safety and Quality in Healthcare July 2008

RELATED ANZCA DOCUMENTS

TE6 *Guidelines on the Duties of an Anaesthetist*
PS2 *Statement on Credentialling and Defining the Scope of Clinical Practice in Anaesthesia*
PS3 *Guidelines for the Management of Major Regional Analgesia*
PS6 *Recommendations on the Recording of an Episode of Anaesthesia Care*
PS9 *Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical or Surgical Procedures*
PS15 *Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery*
PS26 *Guidelines on Consent for Anaesthesia or Sedation*
PS28 *Guidelines on Infection Control in Anaesthesia*
PS41 *Guidelines on Acute Pain Management*
PS45 *Statement on Patient's Rights to Pain Management*
ANZCA Code of Professional Conduct

COLLEGE PROFESSIONAL DOCUMENTS

College Professional Documents are progressively being coded as follows:

TE Training and Educational
EX Examinations
PS Professional Standards
T Technical

POLICY *– defined as 'a course of action adopted and pursued by the College'. These are matters coming within the authority and control of the College.*

RECOMMENDATIONS *– defined as 'advisable courses of action'.*

GUIDELINES *– defined as 'a document offering advice'. These may be clinical (in which case they will eventually be evidence-based), or non-clinical.*

STATEMENTS *– defined as 'a communication setting out information'.*

This document has been prepared having regard to general circumstances, and it is the responsibility of the practitioner to have express regard to the particular circumstances of each case, and the application of this document in each case.

Professional documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure that the practitioner has obtained the current version. Professional documents have been prepared having regard to the information available at the time of their preparation, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that professional documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

Promulgated:	*1984*
Reviewed:	*1989, 1992, 1998, 2003*
Date of current document:	*August 2008*

College Website: http://www.anzca.edu.au/