



# Guidance on the provision of anaesthesia services for Pre-operative Care

When considering the provision of anaesthesia, the Royal College of Anaesthetists recommends that the following areas should be addressed. The goal is to ensure a comprehensive, quality service dedicated to the care of patients and to the education and professional development of staff. The provision of adequate funding to provide the services described should be considered.

## Summary

- A care pathway for pre-operative assessment should be available for all patients undergoing elective surgery.<sup>1-3</sup>
- Pre-operative assessment should take place early in the patient's journey so that all requirements for essential resources and obstacles can be anticipated before the day of the operation.<sup>2-4</sup> In the case of emergency surgery, assessment should take place as early as is possible.
- Before undergoing an operation that requires general or regional anaesthesia provided by an anaesthetist all patients must be met by an anaesthetist.<sup>1</sup>
- Ideally, the anaesthetist who will actually give the anaesthetic should visit the patient before the operation.<sup>1</sup>
- Sufficient time must be made available in the patient care pathway for the anaesthetist to cover the essential points of pre-operative assessment; job plans should incorporate adequate programmed activities for pre-operative anaesthetic visiting and assessment.<sup>1,2,4</sup>
- Each trust should have agreed written policies, protocols or guidelines on the following aspects of pre-operative care:
  - ◆ pre-operative fasting<sup>1,3</sup>
  - ◆ thromboprophylaxis (including timing of administration of thromboprophylactic agents to patients undergoing regional anaesthesia)<sup>5-7</sup>
  - ◆ pre-operative investigations<sup>1,3</sup>
  - ◆ pre-operative blood ordering schedule.<sup>3,8,9</sup>
  - ◆ Use of the World Health Organisation Surgical Safety Checklist.<sup>10</sup>
- All patients should be fully informed about the planned procedure.<sup>11,12</sup>
- All patients undergoing elective procedures should be provided with easily understood information covering anaesthesia and post-operative pain relief before admission to hospital.<sup>13,14</sup>

## Introduction: The importance of pre-operative anaesthetic care

- Pre-operative assessment is an important part of patient care; it establishes that the patient is fully informed and consents to undergo the procedure, and is as fit as possible for the surgery and anaesthetic.
- Good pre-operative assessment and screening enable identification of all essential resources and obstacles to discharge for patients, and thereby minimise late cancellation of operations, assisting overall patient care and efficiency of operating lists.
- Business planning by trusts and anaesthetic departments should ensure that necessary time and resources are directly targeted towards pre-operative assessment.
- Pre-operative consultation with an anaesthetist is essential for the medical assessment of a patient before anaesthesia for surgery or any other procedure. Nursing and other trained staff play an essential role when, by working to agreed protocols, they screen patients for fitness for anaesthesia and surgery.

- Pre-assessment clinics are not a substitute for consultation with the anaesthetist responsible for providing care on the day of surgery.
- The anaesthetist should develop a plan for the anaesthetic and discuss it with the patient, or in the case of children also with a parent or other responsible adult.
- These guidelines apply to the care of all patients who require anaesthesia or sedation provided by an anaesthetist. In exceptional circumstances, such as emergency surgery, these guidelines may need to be modified and the reasons for so doing should be documented in the patient's record.

## Levels of provision of service

### 1 Staffing requirements

- 1.1 Any patient who is to undergo a procedure requiring the services of an anaesthetist must be assessed by an anaesthetist before the procedure.
- 1.2 Anaesthetists need time to cover the following essential points in the pre-operative anaesthetic assessment:
  - correct identification of the patient
  - interview and medical case notes review for past medical and anaesthetic history
  - examination, including airway assessment
  - obtaining results of relevant investigations
  - discussion and explanation of the anaesthetic technique
  - instructions for pre-operative fasting, proposed pain relief method, expected sequelae, and possible major risks (where appropriate)
  - establishing the patient's understanding of and consent to the procedure (see 7.1–7.4)
  - documentation of details of discussion in the anaesthetic record
  - prescription and ordering of any pre-operative medication.
- 1.3 An anaesthetic pre-operative assessment service must involve consultant anaesthetists. When patients attend a dedicated pre-operative assessment clinic, an anaesthetist should attend or be available and this should be recognised as a commitment of anaesthetists.
- 1.4 Local protocols should determine the grade and experience of the nurse accompanying the patient to the operating department.

### 2 Support services and facilities

- 2.1 Patients should be admitted to a ward or alternative facility in sufficient time for the operating list on which they are scheduled. This is essential to enable the anaesthetist who will be administering the anaesthetic to complete an adequate pre-operative assessment as detailed in 1.2. If patients are not available in sufficient time before their operation for the anaesthetist to conduct a satisfactory pre-operative assessment, it is possible that surgery will be delayed or postponed until such time as an assessment is possible.
- 2.2 There must be a locally agreed hospital policy for pre-operative investigations, pre-operative fasting schedules and continuation of regular medication.<sup>14</sup>
- 2.3 There must be a locally agreed protocol for administration of thromboprophylactic agents to patients undergoing surgery, including identification of patients at low, moderate and high risk, and a recommended prophylactic method for each group. This should include reference to those patients likely to receive regional anaesthesia.<sup>7</sup>
- 2.4 Patients should be adequately clerked before their final anaesthetic assessment, and the findings documented. Such clerking may be undertaken efficiently in a pre-admission clinic.
- 2.5 Written guidelines should cover the policy for collection of patients from the ward, as well as the hand-over by ward staff to a designated member of the operating department staff.
- 2.6 Operating lists should be made available to the anaesthetist well before the list starts.
- 2.7 Operating lists should include details of the patient's operation, date of birth or age, hospital identification number and the ward in which they are located. A robust system must be in place for the identification to and by the surgeon as to the side of the operation. The RCoA endorses the use of the World Health Organisation's Surgical Safety Checklist as the instrument for promoting team working, reliability and patient safety.<sup>15</sup>
- 2.8 The whole operating team must agree to any change to a published operating list.
- 2.9 Anticipated difficulty with anaesthesia should be brought to the attention of the anaesthetist as early as possible before surgery. This includes planned admission to a critical care unit, the need for special skills such as that of fibre-optic intubation, or known history of anaesthetic complications.

**2.10** A pre-operative blood-ordering schedule should be agreed with the local transfusion service for each procedure.

### 3 Areas of special requirement

#### Children

**3.1** The special needs of children must be considered at all stages of peri-operative care (see Chapter 8: Guidance for the provision of paediatric anaesthesia services).<sup>17</sup>

#### Elderly patients

**3.2** Pre-operative assessment of some elderly patients may need cross-specialty advice involving anaesthetists, surgeons and physicians. The development of this team approach requires time and resources that must be recognised and provided.<sup>18</sup>

**3.3** A team of senior surgeons, anaesthetists and physicians needs to be closely involved in the care of elderly patients who have poor physical status and high operative risk.<sup>19</sup>

#### Patients with diabetes mellitus

**3.4** Diabetes is the most common endocrine disease encountered before surgery. Fasting times, the surgical stress response and inactivity can all have a negative impact on blood sugar control.

**3.5** Fasting times for patients with diabetes should be kept to a minimum; they should ordinarily be first or early on the operating list.

**3.6** Regular measurement of blood sugar levels is essential.

**3.7** Locally agreed regimens for blood sugar control of diabetic patients should be in place.

### 4 Training and education

**4.1** Training of anaesthetists includes attaining the competency to perform medical assessment of patients before anaesthesia for surgery or other procedures.

**4.2** The RCoA has established essential knowledge, skills, attitudes and workplace objectives needed in the area of pre-operative assessment in training to attain a Certificate of Completion of Specialty Training (CCST) in anaesthesia.<sup>20</sup>

**4.3** The pre-operative assessment service should enable multidisciplinary training for medical students, nurses, specialist doctors in training and allied health professionals.<sup>3</sup> Educational materials are available to facilitate this.<sup>21</sup>

### 5 Research and audit

**5.1** The NHS Modernisation Agency has outlined measurable key performance indicators in theatre management and pre-operative assessment.<sup>3</sup>

**5.2** Regular audits of the following aspects of pre-operative care may include:

- effectiveness of pre-operative information provided to patients
- pre-operative documentation of consultation by anaesthetists
- consent to anaesthesia
- effectiveness of pre-operative assessment services
- adequacy of surgical clerking
- pre-operative visiting
- pre-operative airway assessment
- pre-operative fasting in adults
- pre-operative medication
- thromboprophylaxis
- choice of technique: general, local or regional anaesthesia.

### 6 Organisation and administration

**6.1** Business planning by trusts and anaesthetic departments should ensure that necessary resources, including enough time, are targeted towards pre-operative assessment.

**6.2** Pre-operative screening requires careful co-ordination and communication with individual surgeons, medical records and out-patients' clinics. Contact with a patient's general practitioner may establish the need for appropriate pre-operative investigation or treatment, to select admission time and to avoid postponement or cancellation. An identified individual should be responsible for overseeing the adequacy of these processes.<sup>2</sup>

### 7 Patient information

#### Consent

**7.1** The competent patient has a fundamental right, under common law, to give, or to withhold, consent to examination, investigation and treatment.<sup>11</sup>

**7.2** No other person can consent to treatment on behalf of any other adult.<sup>22</sup>

**7.3** Doctors may treat a patient who is not competent without consent provided it is necessary and in the patient's best interests. Where a patient is not competent, there should be a mechanism for appropriate documentation as to why a procedure under consideration is in the patient's best interests. This should include any evidence obtained from discussion with the family or

other carers relating to whether a patient might reasonably have consented if competent.

- 7.4** In the case of children under the age of 16 years, consent should be given by the parent or guardian. In England and Wales, a child who is deemed 'Gillick-competent' under the age of 16 years may give, but not withhold, consent.<sup>23,24</sup>

### Information

- 7.5** Patients should be fully informed about the planned procedure.
- 7.6** All patients undergoing elective procedures should be provided with easily understood information materials covering anaesthesia and post-operative pain relief before admission to hospital.<sup>13,14</sup>
- 7.7** The anaesthetist should explain what the patient will experience before and after anaesthesia,<sup>11</sup> and include any choices of anaesthetic technique and details of post-operative management.
- 7.8** The anaesthetist should invite and answer questions from the patient or, if appropriate, the patient's relatives.
- 7.9** The anaesthetist should document in the patient's case notes that all of the above have been properly performed.

### Patients consenting to be subjects of research

- 7.10** A patient's consent to participate in research projects should be obtained by those conducting the study and not by the anaesthetist providing care for the operation. Consent must be obtained on a separate signed document and approval should be sought from the anaesthetist who will be delivering the anaesthetic to the patient.<sup>3</sup>

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### Further reading

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