Management of chronic medication
Please check with your local ethics service or governing body about the process requirements for auditing your own practice.

| Background | Continuation of long-term drug treatment before and after surgery may be required to prevent destabilisation of chronic conditions. Sudden discontinuation of some drugs may lead to withdrawal syndromes. In particular, there is an increased risk of myocardial infarction (MI) and death associated with the peri-operative cessation of beta-blockers. The rate of non-surgical complications increases with the time that patients are without their regular medications. There are some medications that should be stopped peri-operatively, and often specific medication plans are required peri-operatively (Warfarin, diabetic medications).

Patients will often be given advice over the phone or at pre-operative clinics without being seen by an anaesthetist. Sometimes patients are given a letter specifying which medications they should take or are contacted the night before surgery to remind them of which medications they should take.

This audit can be undertaken at point of care and therefore can be completed with little extra effort required. |

| Aim and objectives | To ensure that optimal pre-operative medication is administered. |

| Research evidence/ best practice | A record of a patient's current medication, preferably a written record, should be available to the anaesthetist. The anaesthetist should also be alerted to any significant drugs and/or therapies the patient is taking on a regular basis. There should be local guidelines/management plans that define the ingestion of medications pre- and post-operatively including while ‘nil by mouth’. This guidance must include advice on the management of cardiac drugs, diabetic drugs, drugs of dependence, anticoagulant drugs and non-prescription drugs.

These guidelines/management plans should be followed for inpatients and patients arriving on the day of surgery. Effective mechanisms to communicate and reinforce the guidelines/management plans should be used. |

| Suggested indicators | Percentage adherence to guidelines/medication management plans. |

| Standards and criteria for best practice | 100% adherence to guidelines/management plans or documented deviation |

| Method | Data series for approximately 50 patients.
Rates of adherence to guidelines/management plans or documented deviation.
Reasons for failure to follow guidelines should be gathered to inform future practice. |


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| This audit guide is adapted from Crawford, J. ‘Premedication and management of chronic medication’ In: Royal College of Anaesthetists. *Raising the Standard: a compendium of audit recipes*, 2012; p.74-75.  
The Royal College has kindly granted ANZCA permission to use this material.  
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**Associated documents:**

- Management of Chronic Medication Data Collection Form
- Management of Chronic Medication Results Summary & Conclusions Form