



Guideline on pre-anaesthesia consultation and patient preparation

Background Paper

1. Purpose of review

PS07 Recommendations for Pre-Anaesthesia Consultation and Patient Preparation was last reviewed in 2008. The document review has incorporated the following events:

- 1.1 Updating the format to align with the other ANZCA professional documents.
- 1.2 Acknowledgement of changes in the regulatory environment, particularly Australian Health Practitioner Regulation Agency (AHPRA), Medical Board of Australia (MBA) and Medical Council of New Zealand (MCNZ) publications in the area of medical consultations.
- 1.3 Acknowledgement of scientific evidence of the benefits of timely preoperative assessment and management for issues such as cessation of smoking and treatment of anaemia.
- 1.4 South Australian Coroner's recommendations particularly in regard to higher risk patients having procedures performed in facilities that are capable of providing appropriate intra and post-operative care.
- 1.5 Fellow input regarding updating of fasting guidelines.
- 1.6 Recent media reports (2015) of adverse patient events in association with administration of large volumes of local anaesthetic drugs.

2. Background and discussion

2.1 Update and AHPRA

- 2.1.1 The title of PS07 has been changed from "Recommendations" to "Guidelines" for consistency with A01 Policy for the Development and Review of Professional Documents which describes the current categories of professional documents:

"Guidelines" offer advice on clinical and non-clinical aspects of the practice of anaesthesia and perioperative medicine, reflecting expert consensus and supported by other evidence when available.

"Policies" deal with matters within the authority and control of the college.

"Statements" define the position of the college on certain matters.

2.1.2 Since 2008 (last PS07 review) a number of new ANZCA professional documents have been developed (such as *PS59 Statement on Roles in Anaesthesia and Perioperative Care* promulgated in 2013) and others updated (*PS09 Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical or Surgical Procedures*, *PS12 Guidelines on Smoking as Related to the Perioperative Period* and *PS15 Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery*).

2.1.3 This review of PS07 also incorporates the latest data from *Safety of Anaesthesia: A review of Anaesthesia-related Mortality in Australia and New Zealand 2009-2011*¹. The reviewers also noted that Council is considering archiving the ANZCA Code of Professional Conduct.

2.1.4 Recent changes in the regulatory environment have also occurred with the formation of AHPRA and release of documents from the MBA and MCNZ. Of particular relevance are Section 2 “Providing good care”, Section 3 “Working with patients” and Section 4 “Working with other health care professionals” of the MBA document *Good Medical Practice: A Code of Conduct for Doctors in Australia*² dated March 2014.

2.1.5 In this version of PS07, an important distinction has been made between an “assessment” and a “consultation”. One of the definitions of “consultation” from the Macmillan Dictionary is:

“a meeting with an expert or a professional person to get advice or to discuss a problem, especially a meeting with a doctor”.

This was thought to cover the intent of the document and differentiate the pre-anaesthesia consultation from a pre-admission assessment, which may be carried out by another medical practitioner (who may be a trainee from another specialty), a nurse practitioner or administrative staff.

2.1.6 This 2015 revision also includes the aim to cover all practitioners such as trainees, other medical specialists, dentists and other health practitioners (e.g. Nurses), who may be involved in the provision of “anaesthesia” (in its broadest definition). The following is noted under the Health Insurance Act 1973 (Cth)³ section 3, clause 3:

“Where an anaesthetic is administered to a patient:

- (a) pre-medication of the patient in preparation for the administration of the anaesthetic; and
- (b) pre-operative examination of the patient in preparation for the administration of the anaesthetic, being an examination carried out during the attendance at which the anaesthetic is administered;

shall, for the purposes of this Act, be deemed to form part of the professional service constituted by the administration of the anaesthetic.”

2.2 South Australian Coroner’s recommendations

2.2.1 In February 2014 the South Australian Coroner handed down recommendations⁴ after investigating the deaths of two morbidly obese patients in a small private facility.

The recommendations include the following points:

- 2.2.1.1 Small private hospitals that have no on-site medical practitioners overnight, and no Intensive Care Unit backup should develop robust pre-admission processes in which higher risk patients are screened to ensure that they are not accepted for overnight admission unless they have been assessed as suitable for that facility by a medical specialist or anaesthetist, well in advance of the planned admission date.
- 2.2.1.2 The process by which higher risk patients are referred for pre-anaesthesia assessment is streamlined and last minute changes to operating lists resulting in a different anaesthetist taking over immediately before surgery should be avoided.
- 2.2.1.3 Awareness should be raised amongst medical practitioners and nurses about the inherent risks of postoperative respiratory depression occurring in obese patients in particular, who may or may not have a diagnosis of sleep apnoea and who are receiving, or have received, opioid analgesia.

2.3 Fasting guidelines

- 2.3.1 Several Fellows expressed concerns regarding the currency of ANZCA fasting guidelines (contained in *PS15 Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery*) including whether ASA 3 and 4 patients were more at risk, and the possibility of prolonged fasting resulting in potential deleterious effects on patients.
- 2.3.2 In 2011 both the American Society of Anesthesiologists (ASA) and the European Society of Anaesthesiology (ESA) produced updated fasting guidelines^{5, 6} based on consensus and literature review. The ESA in particular emphasized the need to avoid prolonged fasting and indeed encourage intake of clear fluids up to two hours prior to anaesthesia.
- 2.3.3 Specific mention has been made of “chewing gum” in the revised PS07. The risks of allowing gum are related more to the presence of a foreign body rather than increased gastric content. The Australian and New Zealand web-based anaesthetic incident reporting system (webAIRS) have published instances where chewing gum was noted as a cause of an adverse airway event.⁷
- 2.3.4 In view of the above issues, there was some discussion about creating a new policy document specifically on fasting guidelines. It was noted however that there are an increasing number of professional documents and they are not catalogued according to area of relevance. A decision was made to develop fasting guidelines as an appendix to PS07, as the pre-anaesthesia period of care is where instructions on fasting are given to patients. The intention is that this appendix can then be updated/amended as necessary without requiring a revision of the entire document.

At the next review of the appendix, consideration may be given to including the provision of clear carbohydrate rich fluids, specifically developed for peri-operative

use, up to two hours before an anaesthetic. There is not yet clear research indicating that these fluids are of proven benefit.

- 2.3.5 Bariatric surgery as a potential contributor to delayed gastric emptying/oesophageal motility disorder has also been included for specific consideration. There was discussion in particular about anecdotal and some European case reports regarding aspiration in patients with adjustable gastric bands.

2.4 Reports of adverse patient events in association with administration of large volumes of local anaesthetic

- 2.4.1 Under Section 3 Scope of PS07, the following statement appears:

“...these guidelines should be followed by any practitioner responsible for administering drugs that have the potential for alteration of a patient’s conscious state, at all levels of sedation through to general anaesthesia, as well as techniques requiring the use of large volumes of local anaesthetic.”

- 2.4.2 In 2015, two highly publicized incidents of young patients suffering convulsions and /or cardiac arrest whilst undergoing procedures under local anaesthesia and “conscious” sedation occurred in NSW. At the time of this update of PS07, both incidents were under investigation.

- 2.4.3 The facilities in which these incidents occurred were not licensed for procedures that required more than “conscious” sedation.

- 2.4.4 Large volumes of local anaesthetic may be used in such facilities to avoid the need for deeper sedation or general anaesthesia. The term “large volumes” is meant to imply doses that are close to the upper limits of recommended dosage that could result in plasma levels that may cause systemic side effects (in particular to the cardiovascular and central nervous systems). The risk of inadvertent intravascular injection increases with increasing volumes, particularly where repeated injections are used for infiltration.

- 2.4.5 Regardless of the regulation and licensing of facilities, patient safety is paramount. Any facility in which large volumes of local anaesthetic are used needs to have the necessary equipment and staff who are adequately trained and skilled to deal with an adverse event.

- 2.4.6 The intent of the abovementioned clause in the Scope of PS07 is to highlight to practitioners involved that, similar to the SA Coroner’s recommendations, ensuring appropriate facilities for patient care includes planning for potential adverse outcomes. It ties in with the statement in section 2 Purpose:

“...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.”

2.5 The paediatric patient

There are specific age dependent considerations with respect to the pre-anaesthesia assessment and preparation of the paediatric patient. The location, nature and timing of the

medical assessment will need to consider the developmental stage, the level of awareness and understanding of the procedure as well as the anxiety level of the patient and the family. The consultation may vary from full informed consent with a child (although ability to sign consent will be determined by jurisdictional requirements), to consultation independent of the child due to age, understanding or anxiety levels. The assessment should build rapport and minimise anxiety in a manner which provides developmentally appropriate understanding of the anaesthetic process.

3. Summary

PS07 was revised based on the advice from the document development group. The current revision has considered the pre-anaesthesia consultation in the context of its impact on safety and patient outcomes. The recommendations in the guidelines are based on the application of the general principles in recognition of recent changes in practices and demands, as well as advances in technologies.

Related ANZCA documents

- A01 Policy for the Development and Review of Professional Documents
- PS09 Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical or Surgical Procedures
- PS12 Guidelines on Smoking as Related to the Perioperative Period
- PS15 Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery
- PS59 Statement on Roles in Anaesthesia and Perioperative Care

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Further reading

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Safety and Quality Committee

ANZCA regional and national committees

Australian Society of Anaesthetists

Faculty of Pain Medicine Board and regional committees

ANZCA Trainee Committee

Relevant Special Interest Groups (SIGs)

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